

PAHO Pan American Health Organization

World Health Organization Regional Office for the Americas

PAHO 120th Anniversary

MPOX
MULTI-COUNTRY OUTBREAK RESPONSE

REGION OF THE AMERICAS

Report n. 6, 16 December 2022

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MPOX

SITUATION IN NUMBERS

Region of the Americas

As of 14 December 2022 (16:00 EST)

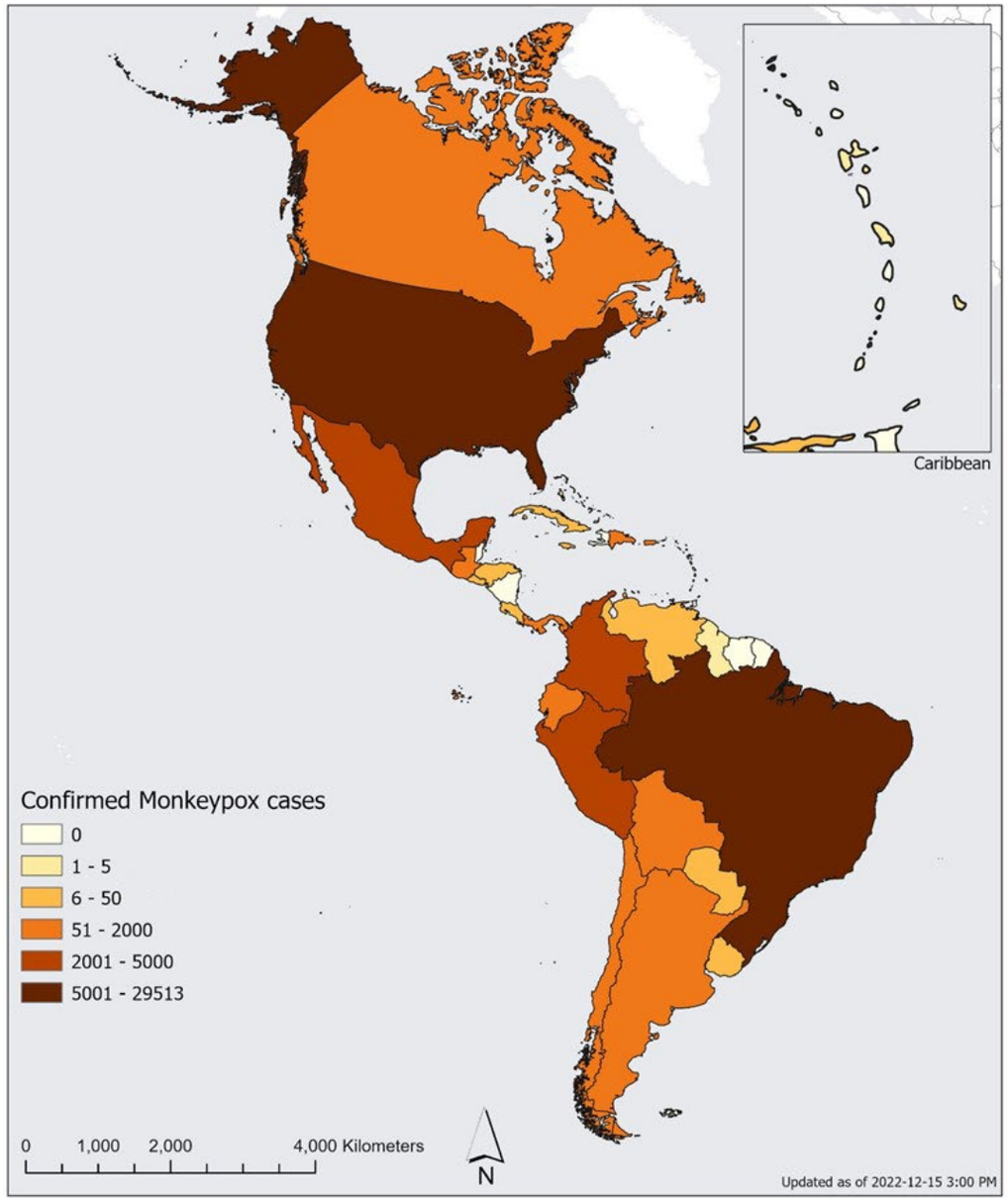
Total as of 14 Dec 2022	**55,903** confirmed cases	**Last 7 days** 8 to 14 Dec 2022	**272** new confirmed cases	**47%** decrease in cases
31 countries/territories with confirmed cases	**44** deaths		**0** new deaths	**0** newly affected countries

Global WHO Risk Assessment[1]: Moderate | Risk Assessment for the Americas[1]: High

On 28 November 2022, following a series of consultations with global experts, WHO has begun using a new preferred term "mpox" as a synonym for mpox. WHO will adopt the term mpox in its communications, and encourages others to follow these recommendations, to minimize any ongoing negative impact of the current name and from adoption of the new name.

As of 14 November

- **Globally**, 82,828 confirmed cases of mpox, including 65 deaths, from 110 Member States across all 6 WHO regions: 67% in the Region of the Americas, 31% in the European Region, 1% in the African Region, and ≤1% each in the 3 remaining WHO regions (*Figure 1*).
  - The number of new weekly reported cases in epidemiological week (EW) 49 compared to EW 48 (% variation) decreased by 46%.
  - In the past 7 days, 12 countries reported an increase in the weekly number of cases, with the highest increase reported in Mexico. 73 countries have reported no new cases in the past 21 days.
  - 97% of cases with available data are male, the median age is 34 years (IQR: 29 – 41). 1% of cases with available age data are aged 0-17 years, including 148 cases aged 0-4 years. Males between 18-44 years old account for 80% of cases with available data.
- In the **Americas**, 55,903 confirmed cases were reported from 31 countries and territories. 44 deaths have been confirmed in the Region of the Americas.
  - The number of new weekly reported cases in EW 48 compared to EW 47 (% variation) decreased by 47%.
  - Six countries in the Region are among the top 10 countries globally with the highest number of confirmed cases, and account for 94% of confirmed cases within the Region: Brazil, Canada, Colombia, Mexico, Peru, and the United States of America,
  - 22,323 (95%) of confirmed cases with available information are male. Most cases with available information are aged 20 to 45 years old and self-identify as men who have sex with other men.
  - 10 countries in the Region have reported 655 confirmed cases among persons ≤18 years old, including 25 cases among infants.



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Annex 1. Geographical distribution of confirmed cases of mpox in the Region of the Americas. As of 14 November 2022 (16:00 EST).

PAHO/WHO response to mpox in the Americas

On 23 May 2022, the Pan American Health Organization (PAHO) activated its standard emergency procedures (SEPs) and established an incident management support team (IMST) to ensure a timely response to the mpox outbreak in the Region of the Americas and lead preparedness efforts in Member States. Under International Health Regulations (IHR) (2005), on 23 July 2022, the World Health Organization (WHO) Director-General declared the mpox outbreak a Public Health Emergency of International Concern (PHEIC) and issued recommendations to countries to implement a coordinated response, stop transmission, and protect vulnerable groups.

WHO has issued interim guidance to guide countries in reinforcing their surveillance, case investigation, and contact tracing to break the chains of transmission and stop the outbreak. The first case in the Americas was confirmed on 18 May 2022. Since then and as of the date of this reporting, cases have been confirmed cases in 31 countries and territories in the Americas.

Together with WHO, PAHO is working to improve access to a vaccine approved in 2019 for use in preventing mpox, which is not yet widely available.

As of the date of this reporting, the majority of mpox cases were confirmed in gay and bisexual men, and other men who have sex with men. Therefore, PAHO has been working actively with civil society and targeted communities across the Region of the Americas to provide information about symptoms and raise awareness about preventive measures.

On the News

Following a series of consultations with global experts, WHO will begin using a new preferred term "mpox" as a synonym for monkeypox

Both names will be used simultaneously for one year while "monkeypox" is phased out

When the outbreak of mpox expanded earlier this year, racist and stigmatizing language online, in other settings, and in some communities was observed and reported to WHO. In several meetings, public and private, individuals and countries raised concerns and asked WHO to propose a way forward to change the name.

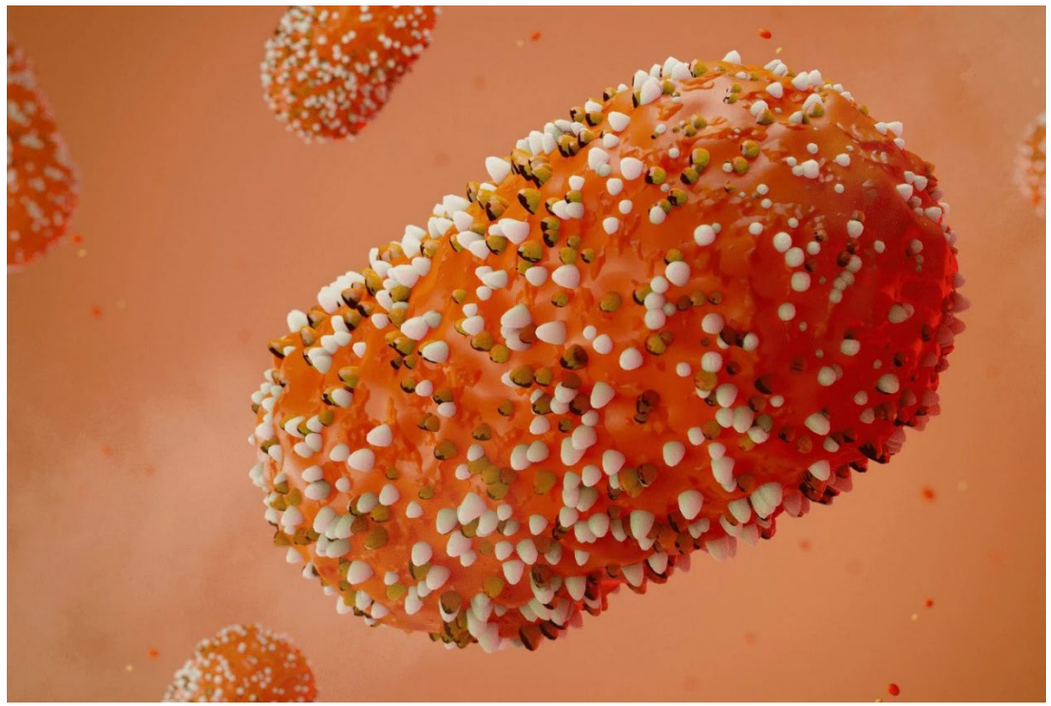
WHO held consultations to gather views from a range of experts, as well as countries and the general public, who were invited to submit suggestions for new names. Based on these consultations, and further discussions with WHO's Director-General Dr. Tedros Adhanom Ghebreyesus, WHO recommended the adoption of the new synonym, mpox, in English for the disease.

Mpox will become the preferred term, replacing monkeypox, during and after a transition period of one year. This serves to mitigate the concerns raised by experts about confusion caused by a name change in the midst of a global outbreak. It also gives time to complete the ICD update process and update WHO publications.

Various advisory bodies were heard during the consultation process, including experts from the medical, scientific, classification, and statistics advisory committees, which consisted of representatives from government authorities of 45 different countries.

WHO will adopt the term mpox in its communications and encourage others to follow suit to minimize any ongoing negative impact of the current name.

Read the full article here.



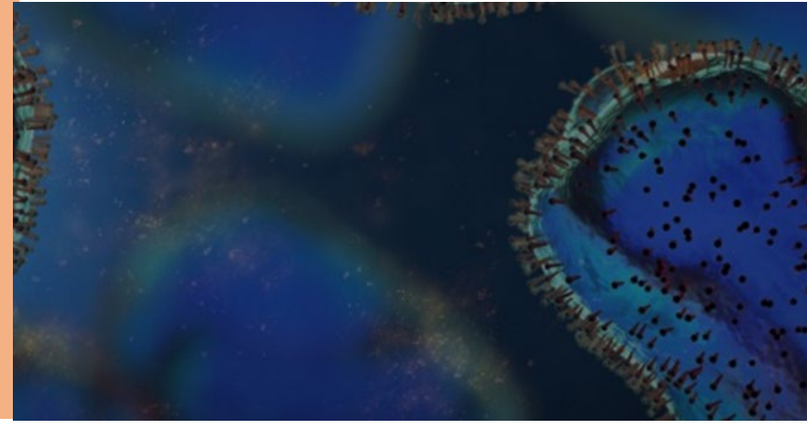
Naming the disease

Human monkeypox was given its name in 1970, before the publication of WHO best practices in naming diseases, published in 2015. According to these best practices, new disease names should be given with the aim to minimize unnecessary negative impact of names on trade, travel, tourism or animal welfare, and avoid causing offence to any cultural, social, national, regional, professional or ethnic groups. Assigning new names to new and, very exceptionally, to existing diseases is the responsibility of WHO under the International Classification of Diseases (ICD).

Source: World Health Organization.

PAHO/WHO response highlights

through 4 November 2022



Engaging and protecting communities

Risk communication and community engagement ▪ Community engagement and response in at-risk populations ▪ Mass gatherings & POE

In the **Bahamas** during the reporting period, PAHO shared flyers with health care facilities and organizations serving high-risk groups (men who have sex with men, sex workers, and health care workers). The material provided vital information about mpox, measures for recovering at home, and key facts for sex workers.

In November, PAHO conducted missions to **Guatemala** and **Honduras** to strengthen epidemiological surveillance and the response to mpox centered around key populations (gay, bisexual and other men who have sex with men, or GBMSM) and in the context of an integrated response with national health programs that work with these populations.

In **Ecuador** during the reporting period, PAHO supported the Ministry of Health (MoH) in the creation of social media material about mpox that can also be used by other countries; in the publication of a press release on mpox; and in communication about the first case of mpox in the country.

In **Uruguay** during the reporting period, visits were made to key places such as saunas, movie theaters, and bars, where personnel trained by PAHO provided information on mpox to attendees, handed out information brochures, and distributed condoms.

Clinical care and infection prevention and control, including protection of health workers

Clinical management ▪ Infection prevention and control (IPC) ▪ Health services

On 11 November 2022, PAHO presented the second session of the webinar "Strengthening Capacities for IPC and Clinical Management of Mpox in the Caribbean." PAHO is hosting weekly webinars open to all healthcare providers and medical allies. These webinars include presentations on topics critical for successful management of the disease. Topics included the presentation of updated information about the epidemiological situation, the most recent PAHO/WHO IPC and clinical management recommendations, and the experiences of Caribbean countries in managing mpox cases. The webinar was presented in English, French, Portuguese, and Spanish, and included the participation of 103 persons from across the Region.

On 22 November, the Organization held the webinar "Management of Severe Mpox in Brazil and Colombia." The event aimed to strengthen the national capacities of countries in Latin America and the Caribbean in management of mpox cases, while sharing lessons learned through countries' responses; 136 people attended the webinar.

On 1 December 2022, PAHO published "Interim Guidance: Infection Prevention and Control for the Management of Mpox in People in Situations of Vulnerability such as Prisons and Other Custodial Facilities". This document is intended to provide direction to the application of the principles and practices of infection prevention and control for the management of persons infected or suspected of being infected with mpox in situations of vulnerability such as prisons and other custodial facilities. The publication will also be translated and published in Spanish and Portuguese.

On 8 December 2022, PAHO presented the webinar "Occupational exposure and disease transmission of Mpox". The aim of the event was to strengthen national capacities of countries in Latin America and the Caribbean in the prevention of mpox transmission as a result of occupational exposure in health care workers, while sharing lessons learned within the context of the mpox situation. In addition, this session was intended to serve as a dissemination of information and a platform for discussing and exchanging experiences. Participants included country communicable disease, epidemiology, surveillance, vaccination and immunization focal points and teams, health care professionals and national and health facility infection prevention and control focal points. 267 persons attended the event.

On 15 December 2022, PAHO together with the Regional Coordination Mechanism of Central America, delivered a webinar to update on mpox. The objectives of this session were to provide information about the status of the outbreak, diagnostic methods, surveillance, and vaccination strategies, as well as clinical treatment can help improve the response to mpox in the subregion.

In **Brazil** on 12 November 2012, a PAHO team participated in the VI Congress of Infectology of the state of Ceará and gave a class on diagnosis, treatment and prevention of mpox. PAHO also provided technical support to state and municipal health secretariats in IPC and clinical management of mpox, including severe cases. Additionally, PAHO exchanged experiences with the Colombian MoH in the vaccination protocol established by Brazil for the prevention and control of mpox.

In **Costa Rica** on 24 November 2022, PAHO supported decision-making by the MoH and the Central Committee of Pharmacotherapy by presenting the available evidence on the use of tecovirimat treatment to manage mpox cases.

Collective intelligence for detection and containment

Laboratory diagnostics ▪ Surveillance, case investigation, and contact tracing ▪ Information management and risk assessment ▪ Human-to-animal transmission (pets)

In **Brazil**, in partnership with the MoH, the National Council of Health Secretaries, and the National Council of Municipal Health Secretaries, PAHO launched the course Go.Data Basics for mpox. The course aims to support the emergency response to the disease, seeking to facilitate outbreak investigation, case follow-up, and contact tracing. A PAHO team went on a mission to the state of Maranhão, on 8 and 9 November 2022, to provide Go.Data training to health professionals from the state. On 16 and 17 November 2022, the team went to the state of Tocantins to provide training for professionals of the Center for Strategic Information in Health Surveillance (CIEVS).

In **Chile**, PAHO is providing technical cooperation to improve the interoperability of the Go.Data tool and EpiVigila. The aim is to facilitate the investigation and notification of cases and follow-up of contacts and their presentation on the dashboard.

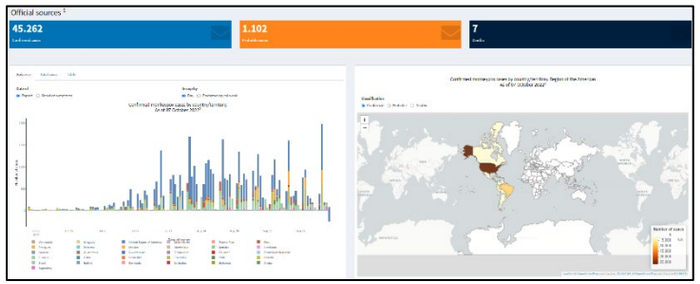
In the **Eastern Caribbean Countries**, a health surveillance meeting was held with all countries and the United Kingdom Overseas Territories (UKOTs) from 1 to 4 November 2022, touching upon laboratory and epidemiological surveillance for mpox, main challenges and progress in these areas. Important technical updates were provided to member states.

In **Guatemala**, PAHO conducted a technical visit to the Infectious Diseases Clinic of the Roosevelt Hospital, the Sexually Transmitted Infections Health Center, and the AIDS Friends Collective (CAS), the main sites where mpox cases have been identified in the country. In addition, PAHO held meetings with Guatemala's Epidemiology Department, the National Health Laboratory, the HIV Program, and Social Communication and Risk Management Units to discuss the epidemiological situation of the outbreak, the gaps in access to testing, and strategies to strengthen the timely detection of cases.

In **Honduras** on 24 November 2022, PAHO provided technical cooperation for the organization of a national workshop for civil society organizations on mpox epidemiological surveillance guidelines. More than 12 NGOs that are part of the national response to HIV participated in the event.

In **Mexico**, PAHO concluded The Go.Data Advanced Course for Outbreak Investigation and Contact Tracing, in collaboration with the National Institute of Public Health (INSP) and the National Center

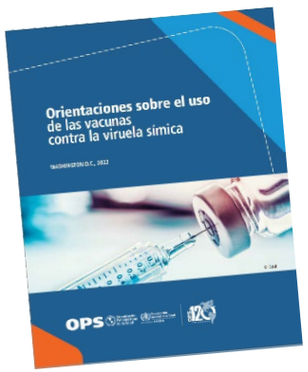
for Preventive Programs and Disease Control (CENAPRECE). The course was held at the INSP training platform from 7 to 17 November 2022, and 66 participants from 29 states were trained.



PAHO has developed a mpox cases dashboard to facilitate data visualization, analysis, and follow-up. The dashboard is available in English, French, Portuguese, and Spanish.

Countermeasures and research: secure access to supplies

Immunization ▪ Vaccines access ▪ Strategic health supplies ▪ Regulatory issues ▪ Research



On 1 November 2022, PAHO published the Spanish version of "Guidance on the use of mpox vaccines." The document addresses different aspects of the use of vaccines to assist primary public health interventions in stopping human-to-human transmission of mpox. The document provides useful and accessible information about mpox vaccines in order to facilitate the implementation prevention strategies, based on the epidemiological context of countries affected.

On 14 November 2022, PAHO published an update of "Therapeutic options for mpox: evidence x synthesis," available in Spanish. The publication includes the results of a systematic rapid review of available evidence. Evidence of four potential therapeutics was synthetized from available randomized and non-randomized controlled trials and observational studies. As new evidence emerges, PAHO will continue updating the publication and corresponding recommendations.

During the reporting period, the PAHO Ethics Review Committee approved a study protocol on the effectiveness of the evaluation of post-exposure prophylactic mpox vaccination, which has been disseminated among country offices. The Organization also delivered training for research ethics committees in Costa Rica, co-organized with national authorities.

At the request of Member States, the PAHO Revolving Fund has secured 130,000 doses of third generation mpox vaccines with manufacturer Bavarian Nordic for countries and territories in Latin America and the Caribbean. Mass vaccination is not recommended, but vaccines can be helpful in preventing infection post-exposure. PAHO was the first WHO Region to make vaccines available to countries as part of the emergency response to the mpox outbreak, with the delivery of 9,800 doses to Brazil on 4 October 2022. As of 29 December 2022, the PAHO Revolving Fund had delivered 65,800 doses to the following countries: Bahamas, Brazil, Chile, Ecuador, El Salvador, Honduras, Jamaica, Panama, Peru, and Trinidad and Tobago.

In **Honduras**, PAHO provided technical cooperation for the preparation of national guidelines for the introduction of the mpox vaccine. These guidelines include useful and accessible information on mpox vaccines to facilitate the adoption of prevention strategies adapted to the epidemiological situation, based on the recommendations of the VIII Ad Hoc Meeting of PAHO's Technical Advisory Group on Vaccine-Preventable Diseases. In this context, PAHO supported the organization of a workshop to socialize the national guidelines for the introduction of the mpox vaccine, which was held on 5 and 6 December 2022, with the participation of 60 focal points of the Expanded Program of Immunization (EPI) and epidemiologists of public and private health facilities.

Additionally, PAHO carried out a mission to **Honduras** to review the current situation in the country, support the integration of mpox to regular surveillance and promote an active surveillance strategy among key services offered to the population.



Figure 1. Workshop in Honduras shares latest guidelines for the introduction of the mpox vaccine. Credit: PAHO.

Emergency coordination and enabling functions

Project management, administration, planning and M&E ▪ Resource mobilization & liaison with external partners ▪ Procurement ▪ Operations support & logistics ▪ Liaison with internal partners

On 16 December 2022, PAHO held a webinar for Central American countries, covering aspects of epidemiological surveillance, risk communications, treatment (focus on severe mpox and pain management). Topics addressed also included civil society participation, a presentation about infodemic management, and PAHO's publication "The Silence that Hurts". The virtual event also showcased the experience of Peru in responding to mpox. 170 governmental, non-governmental participants and PAHO focal points attended the webinar.

In **Brazil**, PAHO supported the update of the third mpox contingency plan prepared by the MoH, addressing support to patients with mpox, clinical management, and the use of tecovirimat for treatment of the disease.

Gaps and challenges of countries in the Americas in facing the mpox emergency

GAPS

Engaging and protecting communities

- Low levels of knowledge among health care workers in community-based facilities and hospitals, including HIV/STI clinics, about detection and management of mpox. This is compounded by health care worker shortages across facilities and services.
- Limited to nonexistent risk communication in some countries, which has resulted in a low level of awareness and understanding of mpox and associated risks. Lack of expanded and diversified communication strategies, including risk communication, to raise awareness and reach the most at-risk populations.
- Lack of pre-existing coordination to reach the most at-risk populations.

Clinical care, IPC, and protection of health workers

- Need for the development and reinforcement of guidelines and protocols for clinical management, prevention, and control.

Collective intelligence for detection and containment

- Insufficient laboratory capacities, including early diagnosis and case monitoring tools.
- Existing surveillance systems are burdened by ongoing COVID-19 surveillance activities, and they need investment and enhancement to provide timely detection, reporting, and response.
- Limited resources for contact tracing and isolation of cases.
- Lack of appropriate data management tools to conduct timely analyses and share information.

Countermeasures and research: secure access to supplies

- Lack of clinical management capacity-building due to lack of previous cases. Health facilities can find themselves ill-prepared to provide appropriate care for suspected and confirmed cases.
- Difficulties with access to medicines, vaccines, and supplies, as well as appropriate storage facilities and conditions.

Emergency coordination and enabling functions

- Limited resources at the national level that can be dedicated to targeting the most vulnerable/at-risk groups.

CHALLENGES

Engaging and protecting communities

- There is concern that misinformation can spread easily and may stigmatize certain groups.
- Seasonal tourist events might generate an increase in cases.

Clinical care, IPC, and protection of health workers

- Stigmatization prevents potential cases from seeking health care at the early stage.
- Little evidence on treatment, especially regarding severe cases.

Collective intelligence for detection and containment

- Individuals with mpox do not always disclose all close contacts, presenting challenges for contact tracing.
- Low availability of updated data to perform epidemiological analyses, including data related to age, sex, date of symptoms onset, profession, source of infection, hospitalization, and other topics.

Countermeasures and research: secure access to supplies

- Limited vaccine doses and insufficient data on vaccination.
- Low availability of appropriate medicines for mpox treatment and lack of knowledge of drug interactions.

Emergency coordination and enabling functions

- Little exposure of the response to this emergency due to concurrent social and political circumstances at the national and global levels.



REGION OF THE AMERICAS

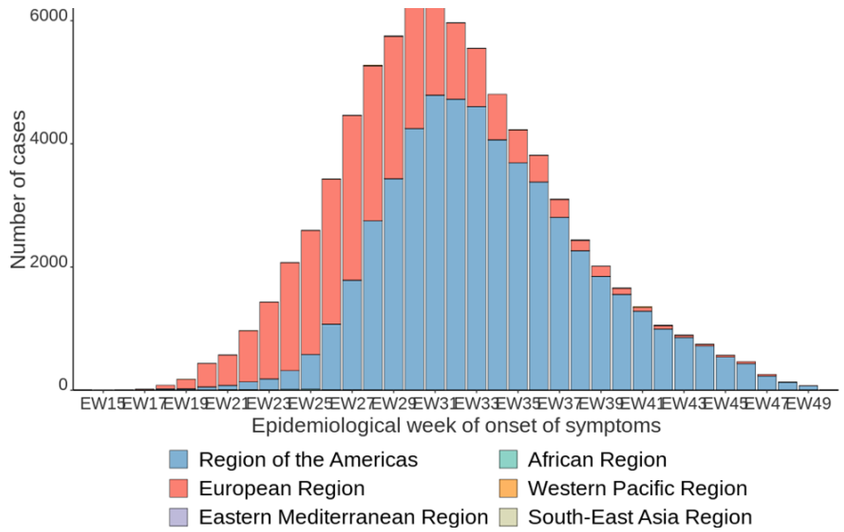
Epidemiological Update

In the Region of the Americas, as of 16 November 2022 (16:00 EST), there is a total of 55,903 confirmed cases of mpox, including 44 deaths in, the United States of America (20), Brazil (14) Mexico (4), Ecuador (2), Chile (2), Argentina (1) and Cuba (1), reported from 31 countries and territories (Table 1).

In the **Region of the Americas**, as of 16 November 2022 (16:00 EST), there are a total of 53,786 confirmed cases of mpox, including 31 deaths in: Brazil (12), United States of America (11), Mexico (4), Chile (1), Ecuador (2) and Cuba (1), reported from 31 countries and territories (*Table 1, Annex 1, Figure 2*). Six countries in the Region account for 93% of confirmed cases: United States of America, Brazil, Colombia, Peru, Mexico, and Canada (*Figure 3*). The number of new weekly reported cases in EW 45 compared to EW 44 (% variation) decreased by 19%. Compared to the 04 November 2022 report, 13 additional deaths were reported (Brazil, United States, Mexico, and Chile).

PAHO/WHO has received an anonymized line list from Member States regarding 50,576 confirmed cases. Of these, 20,958 cases had sex information available, of which 20,063 (95%) were male; 21,655 cases had age information, which ranged from 0 to 95 years old (median 32 years, mean 33.4 years) and 532 confirmed cases aged 18 years or younger were reported by 10 countries, including 19 cases among infants (<1 year-old); 43,639 cases reported dates of symptom onset in 2022, ranging from 14 January to 12 November 2022. Of 14,529 cases with available information on history of reported travel, 88% reported no recent travel. Among 30,535 confirmed cases with hospitalization information, 2,110 (7%) were hospitalized (including for isolation purposes). Of 16,010 cases with sexual orientation information, 11,631 (73%) were men who have sex with men (MSM). Of 967 confirmed cases reported among women, 31 correspond to pregnant women. Forty-eight of the cases among women required hospitalization (including for isolation purposes), five of these were pregnant.

Figure 1. Global distribution of mpox cases by epidemiological week (EW) of symptom onset. As of 14 December 2022.

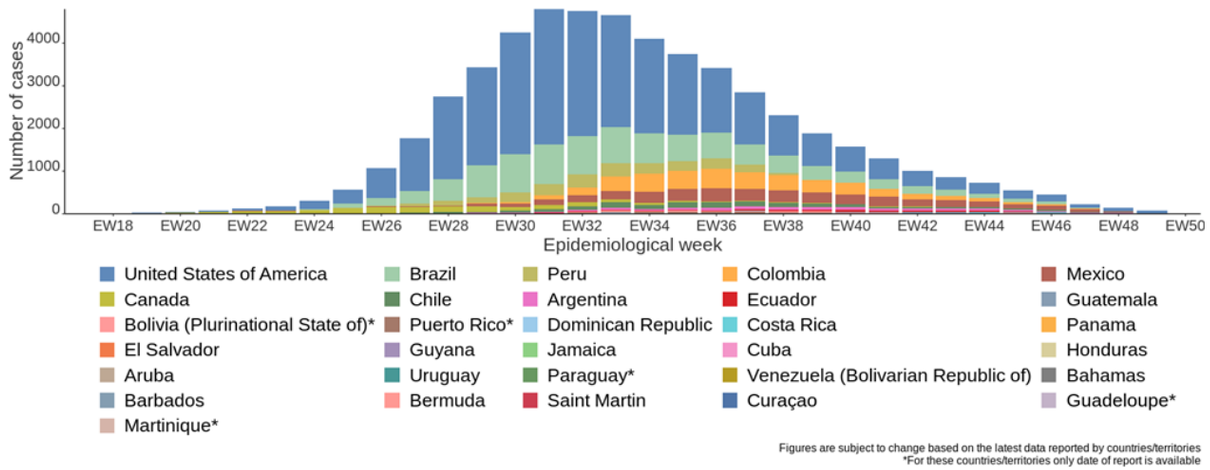


Source: Information received from the International Health Regulations (IHR) National Focal Points (NFPs) or published on the websites of the Ministries of Health, Health Agencies, or similar and reproduced by PAHO/WHO.

Table 1. Confirmed and suspected cases of mpox by country/territory in the Region of the Americas. As of 14 December 2022 (16:00 EST)*.

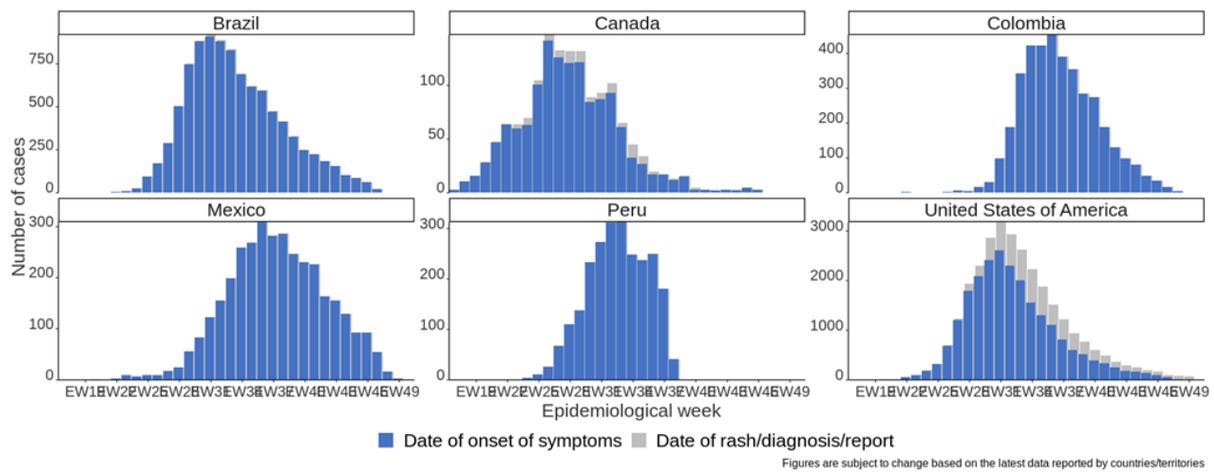
Country/Territories	Total cases	Total deaths	Total cases per 1M	Cases – EW49	Cases – EW48	% variatio
United States of America	29,513	20	89.2	81	431	-81.2
Brazil	10,264	14	48.3	135	165	-18.2
Colombia	3,908	0	76.8	19	58	-67.2
Peru	3,566	0	108.2	58	64	-9.4
Mexico	3,509	4	27.2	93	70	32.9
Canada	1,459	0	38.7	3	7	-57.1
Chile	1,356	2	70.9	28	34	-17.6
Argentina	985	1	21.8	28	50	-44
Ecuador	346	2	19.6	0	0	-
Bolivia (Plurinational State of)	261	0	22.4	1	7	-85.7
Guatemala	220	0	12.3	9	20	-55
Puerto Rico	207	0	72.4	2	0	-
Panama	63	0	14.6	0	8	-100
Dominican Republic	52	0	4.8	0	0	-
El Salvador	40	0	6.2	9	0	-
Paraguay	38	0	5.3	8	9	-11.1
Costa Rica	37	0	7.3	13	0	-
Jamaica	18	0	6.1	0	0	-
Uruguay	17	0	4.9	3	0	-
Honduras	11	0	1.1	0	0	-
Venezuela (Bolivarian Republic of)	10	0	0.4	0	0	-
Cuba	8	1	0.7	0	0	-
Aruba	3	0	28.1	0	0	-
Curaçao	3	0	18.3	0	0	-
Bahamas	2	0	5.1	0	0	-
Guyana	2	0	2.5	0	0	-
Bermuda	1	0	16.1	0	0	-
Barbados	1	0	3.5	0	0	-
Guadeloupe	1	0	2.5	0	0	-
Saint Martin	1	0	25.9	0	0	-
Martinique	1	0	2.7	0	0	-

Figure 2. Confirmed mpox cases by country/territory and epidemiological week (EW) of symptom onset for cases with available information in the Region of the Americas. As of 14 December 2022 (16:00 EST)*



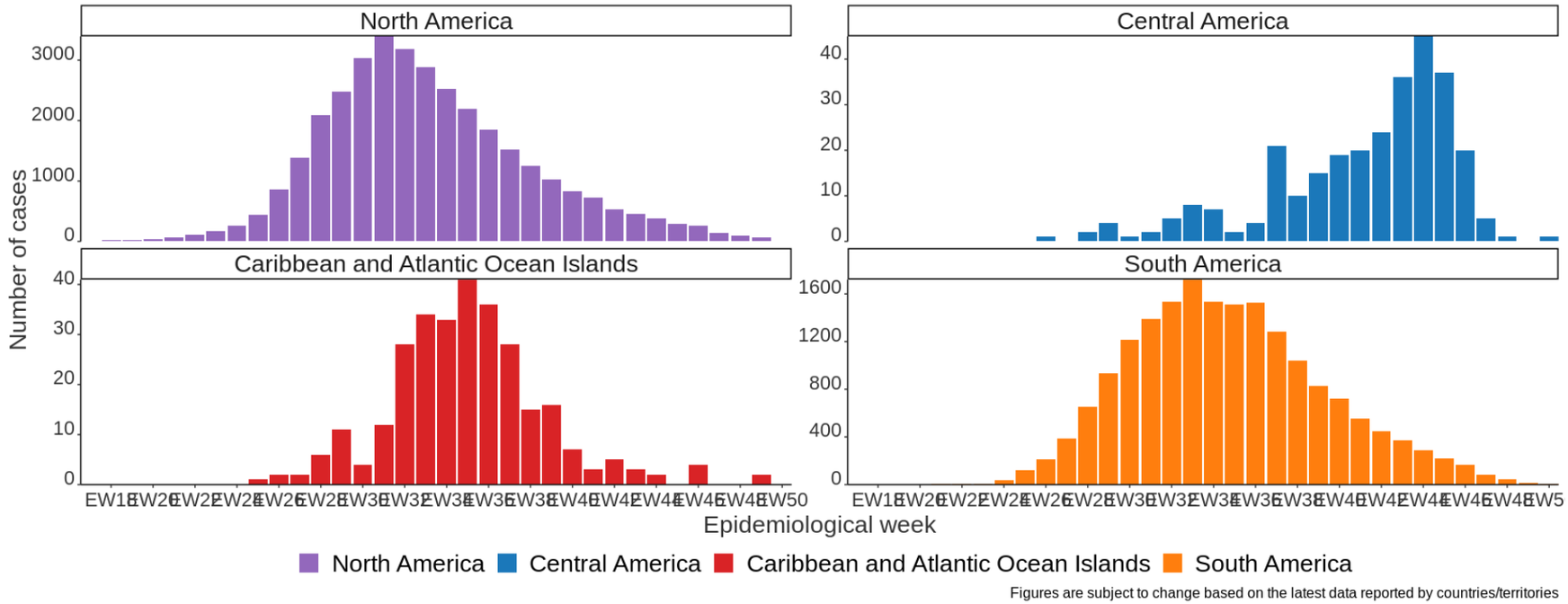
Source: Information received from the International Health Regulations (IHR) National Focal Points (NFPs) or published on the websites of the Ministries of Health, Health Agencies or similar at national or subnational levels.

Figure 3. Confirmed mpox cases by select countries and epidemiological week (EW) of symptom onset or rash/diagnosis/report in the Region of the Americas. As of 14 December 2022 (16:00 EST)*.



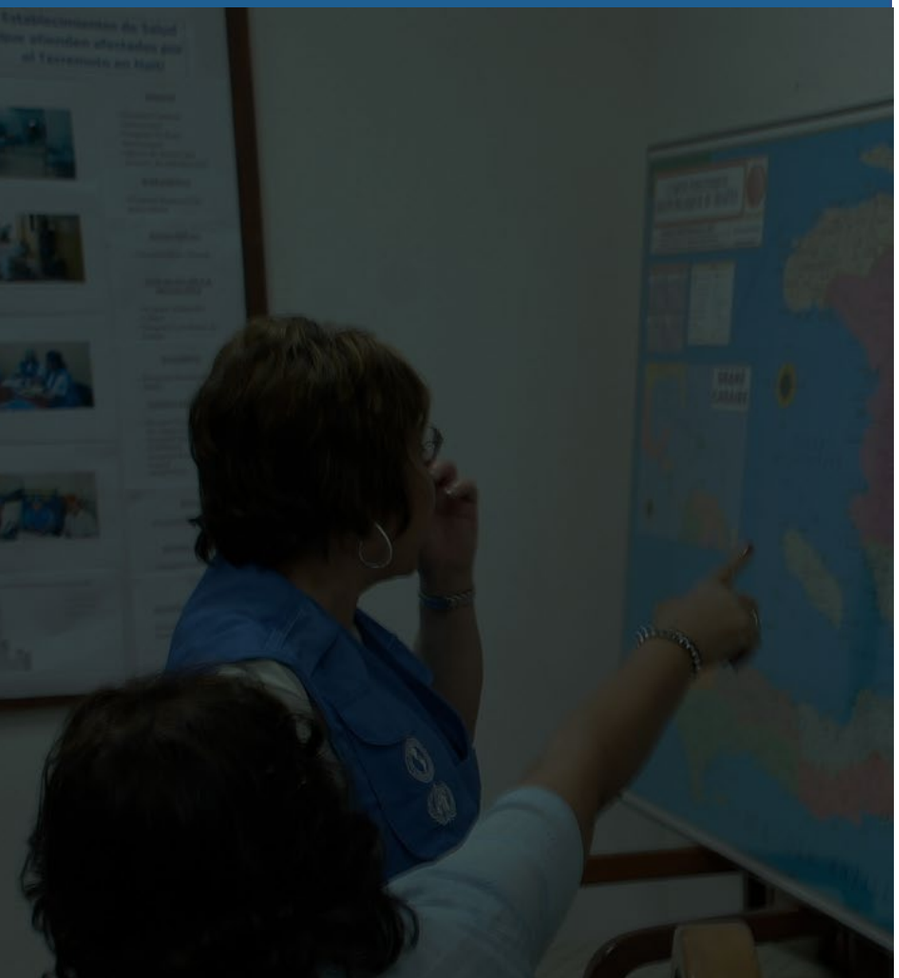
Source: Information received from the International Health Regulations (IHR) National Focal Points (NFPs) or published on the websites of the Ministries of Health, Health Agencies or similar at national or subnational levels.

Figure 4. Confirmed mpox cases by cases by subregion and epidemiological week (EW) of symptom onset or rash/diagnosis/report in the Region of the Americas. As of 14 December 2022 (16:00 EST)*.



Source: Information received from the International Health Regulations (IHR) National Focal Points (NFPs) or published on the websites of the Ministries of Health, Health Agencies or similar at national or subnational levels.

FUTURE OUTLOOK



Globally, the number of new weekly cases is declining, including in the Region of the Americas. The most at-risk populations have predominantly remained the same; however, cases among women, including pregnant women, as well as in children cannot be overlooked. The response should continue to have a key focus on communication with and engagement of at-risk communities, leveraging mass gatherings for communication and preventive measures, the timely detection and treatment of patients, and protection of health workers. Transmission chains should also be contained in close cooperation with affected communities. PAHO provides detailed recommendations on response actions through regular Epidemiological Updates.

Response Strategy and Donor Alert

PAHO and its strategic partners throughout the Americas, using a whole-of-society approach have launched a Response Strategy and Donor Alert to continue supporting Latin American and Caribbean countries.

An estimated US$1,284,000 is needed for the response plan to stem further transmission of mpox and mitigate the impact of the outbreak.

Donations will enable PAHO to:

- Ensure evidence-based information is communicated appropriately and that communities are engaged to prevent infection and combat misinformation.
- Ensure that the Member States have installed capacities to timely detect and contain the spread of mpox.
- Treat and protect health workers, ensuring that Member States receive evidence-based guidance and appropriate tools to manage cases of mpox adequately.
- Provide leadership, coordination, and logistical support for the emergency response phase of mpox epidemics in the Region.

Donate now: read the donor alert

STAY CONNECTED