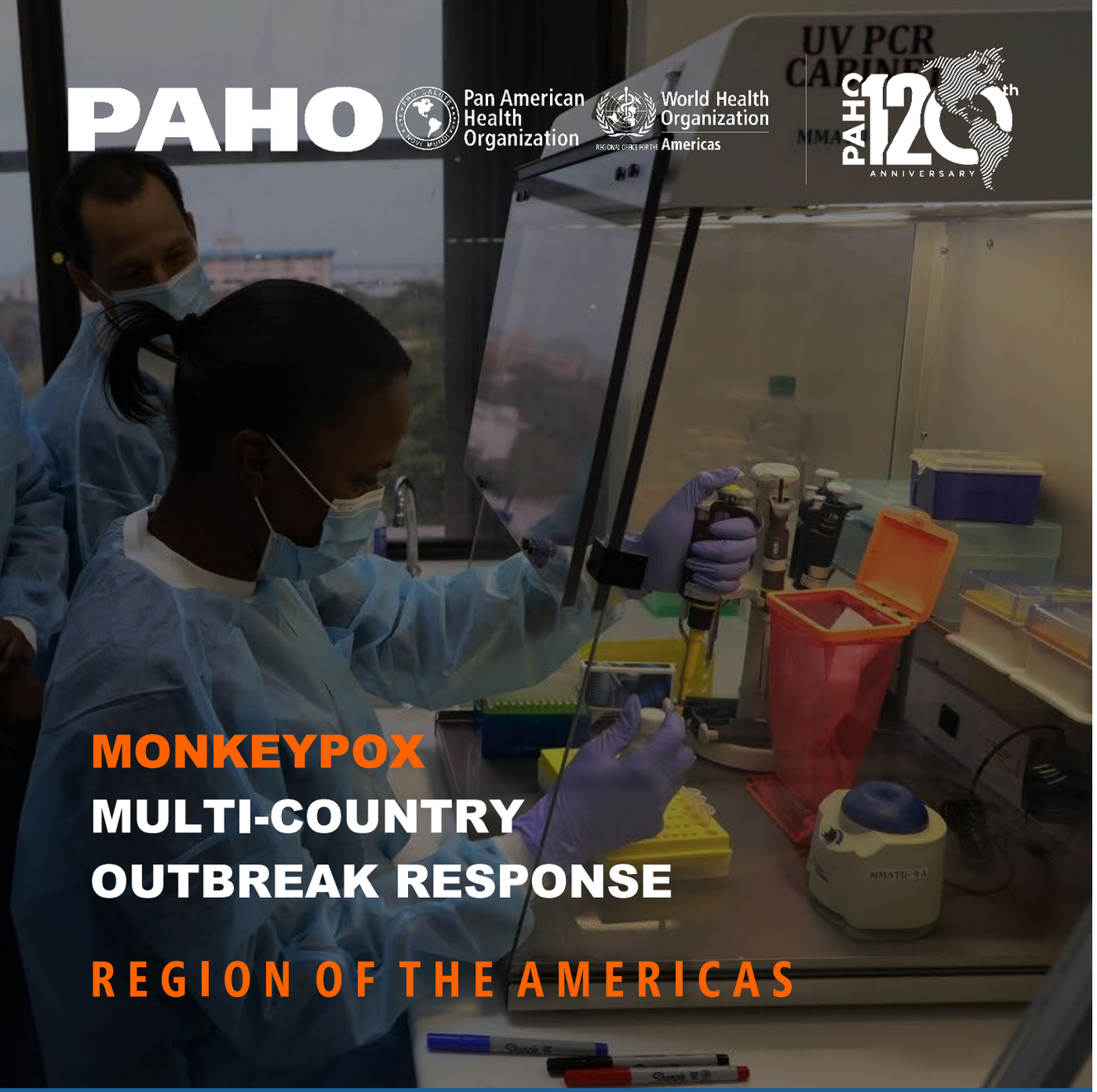


PAHO Pan American Health Organization

World Health Organization Regional Office for the Americas

PAHO 120th Anniversary

MONKEYPOX MULTI-COUNTRY OUTBREAK RESPONSE

REGION OF THE AMERICAS

Report n. 1, 23 September 2022

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WHO global resources

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for resources and more information

MONKEYPOX

SITUATION IN NUMBERS

Region of the Americas

As of 21 September 2022 (16:00 EST)

Total as of 21 Sep 2022		Last 7 days 14 to 21 Sep 2022		
39,356 confirmed cases	**5** deaths	**3,576** new confirmed cases	**1** new deaths	**11%** increase in cases
31 countries/territories with confirmed cases				**0** newly affected countries

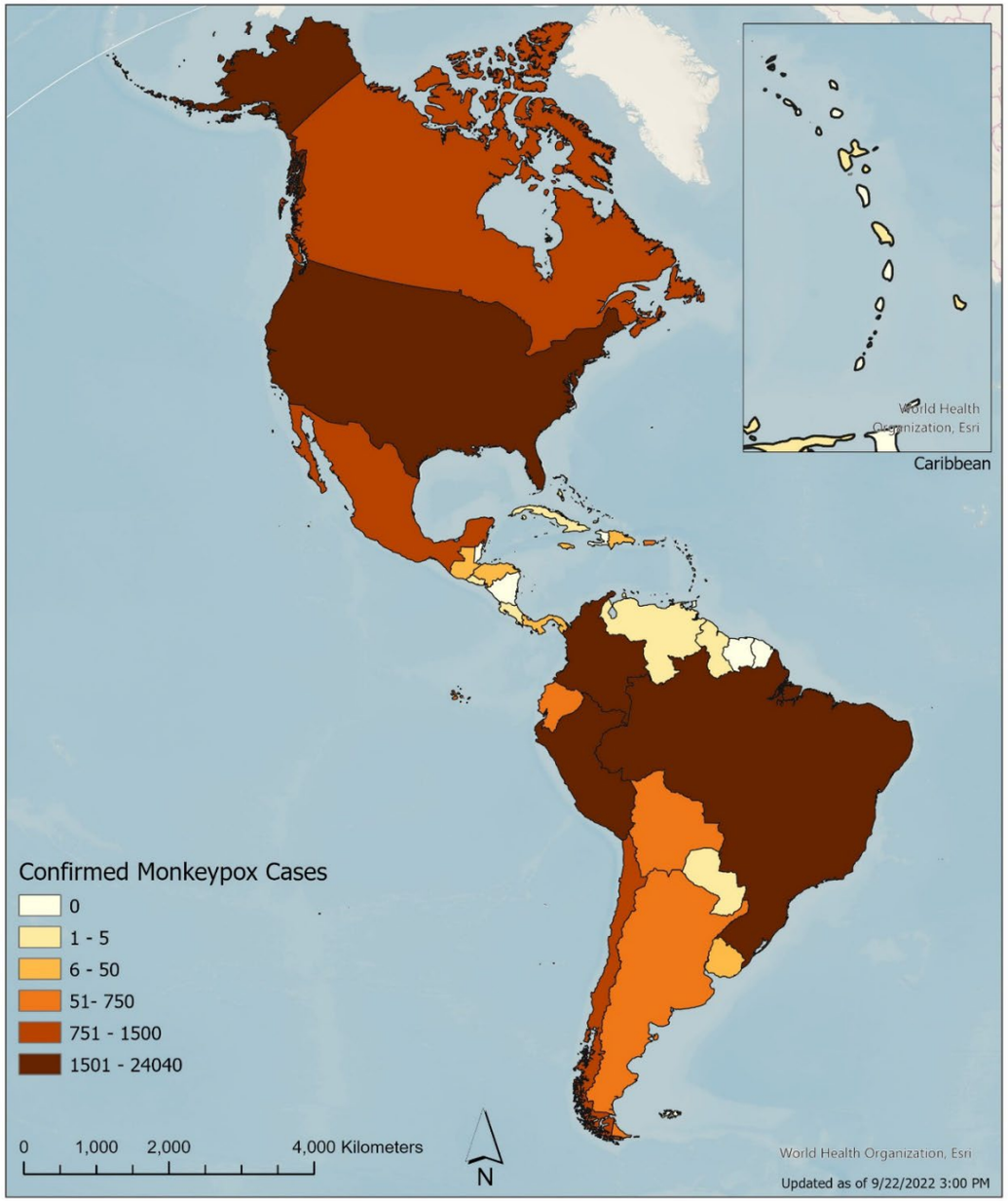
Global WHO Risk Assessment[1]: Moderate | Risk Assessment for the Americas[1]: Moderate

Globally, 64,550 confirmed cases of monkeypox from 105 Member States: 61% in the Region of the Americas, 38% in the European Region, <1% in the Africa Region, <1% each in the Eastern Mediterranean Region, Western Pacific Region, and South-East Asia Region (Figure 1).

- 4,237 additional cases, 7% increase in the last 7 days.
- 97% (31, 752/32,607) of cases with available data are male, the median age is 35 years (IQR: 30 – 42). <1% (299/33,847) of cases with available age data are aged 0-17 years, including 87 cases aged 0-4 years. Males between 18-44 years old account for 78% of cases with available data.

In the Americas, 39,356 cases confirmed from 31 countries and territories. 5 deaths have been confirmed in the Region of the Americas (one additional since the previous report). Five countries in the Region account for 96% of confirmed cases (37775/39356): United States of America, Brazil, Peru, Colombia and Canada.

- For the eighth consecutive week, the Americas has reported the highest number of new monkeypox cases globally. For the sixth consecutive week, the number of cases has exceeded that in the WHO European Region, which previously had the highest cumulative number of cases.
- 95% (8,918) of confirmed cases with available information are male – decrease of 2% since the previous report. Most cases with available information are aged 25 to 45 years old and self-identify as men who have sex with other men.
- In recent weeks, an increase in the proportion of women amongst the total number of confirmed cases has been observed.
- 8 countries in the Region have reported 197 confirmed cases among persons <18 years old: Mexico, Brazil, Peru, Dominican Republic, Chile, Canada, Ecuador and Colombia.
- 1,316 (9%) of 13,891 cases with available information were hospitalized.
- 85% of 4,816 cases in the Americas with available information are locally transmitted cases.



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The designations employed and the presentation of the material in these maps do not imply the expression of any opinion whatsoever on the part of the Secretariat of the Pan American Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Annex 1. Geographical distribution of confirmed cases of monkeypox in the Region of the Americas. As of 21 September 2022 (16:00 EST).

PAHO/WHO response to monkeypox in the Americas

On 23 May 2022, PAHO activated its standard emergency procedures (SEPs) and established an incident management support team (IMST) to ensure a timely response to the monkeypox outbreak 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 monkeypox 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 Region of the Americas was confirmed on 18 May 2022. Since then and as of the date of reporting, there 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 monkeypox, which is not yet widely available.

As of the date of reporting, the majority of monkeypox cases were confirmed in gay, bisexual men, and men who have sex with other men. Therefore, PAHO has been working actively with civil society and LGBTQ+ communities across the Region to provide information about symptoms and raise awareness about preventive measures. Nonetheless, there is a considerable number of confirmed cases in women (4.7%*), including pregnant women, that must not be ignored.

* As of 21 September 2022

PAHO/WHO Response highlights

through 23 September 2022

In the news

In June 2022, the Oswaldo Cruz Foundation (Fiocruz), the Brazilian Ministry of Health and PAHO **conducted training**, in Rio de Janeiro, Brazil, **on the detection and laboratory diagnosis of monkeypox,** in which experts from seven Latin American countries are participating. The training seeks to strengthen the capacities of laboratories in Bolivia, Colombia, Ecuador, Paraguay, Peru, Uruguay, and Venezuela to detect cases of this disease, given the outbreak reported in several countries around the world that are not endemic for monkeypox-- that is, countries in which the circulation of the monkeypox virus had not been previously notified.

During the activity in Rio de Janeiro, participants received **hands-on training in molecular detection** (real-time PCR) of the virus that causes monkeypox, and **review detection and diagnosis in the context of preparedness and response to potential outbreaks**. Detecting the virus is the first step in preventing spread, disrupting chains of transmission, and stopping an outbreak. To facilitate PCR testing, the Institute of Molecular Biology of Paraná (IBMP), in Brazil, **donated to the Pan American Health Organization reagents for the diagnosis of monkeypox**, which, in addition to others acquired by PAHO, were delivered to about 20 countries in Latin America and the Caribbean.

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The Organization also conducted training on the detection and laboratory diagnosis of monkeypox for laboratory technicians from Jamaica, the Bahamas, Guyana, Suriname, and St. Lucia on 15 and 16 June 2022. The in-person training was held at the National Public Health Laboratory. During the two-day training, **national laboratories in the Caribbean received PCR primers and probes for the testing of the monkeypox virus**. PAHO continues supporting the full implementation of the diagnostic methodology within all countries trained. The training for Caribbean countries was the second in a series of three training modules in the Americas.

READ MORE



Press Briefing

7 September 2022

"Stigma has no place in public health. It prevents those at risk from accessing information, getting tested, or seeking medical attention when they show symptoms."

Dr. Carissa F. Etienne

Click here to read the full remarks of the press briefing delivered by PAHO Director.

Engaging and protecting communities

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



On 5 July 2022, PAHO held the webinar Monkeypox and Mass Gathering. The session provided recommendations and resources for gatherings and parties during the current monkeypox outbreak. Presented by PAHO and WHO specialists, the webinar was mainly directed at health authorities and health workers, academics, and staff from international cooperation agencies. The recording is available on PAHO TV.

On 14 September 2022, PAHO organized a webinar to address monkeypox in vulnerable populations, focusing on the immunocompromised, pregnant women and children. Presentations were delivered by experts from Brazil, Spain, and the European Union. 270 persons participated in the event. PAHO also participated on a webinar organized by CVC and PANCAP and provided general information on monkeypox to civil society and LGBTQ+ organizations.

In **Brazil**, on 14-15 June and 10 August 2022, PAHO met with leaders from LGBTQ+ communities to provide guidance on monkeypox and prevention measures. The topics of two sessions included support to organizers of mass gatherings, which was aimed at LGBTQ+ audiences, and raising awareness of preventive measures. On 24 June and 18 August 2022, the meetings aimed to develop education strategies for the main risk groups affected by monkeypox in the country. [PHOTO]

In **Colombia**, PAHO is working in coordination with the MoH, civil society organizations and the Global Fund to create communication strategies aimed at the most at-risk populations. Additionally, PAHO supported both the development of capacity building sessions at the local level and the efforts of other organizations and health workers to disseminate information and raise awareness about monkeypox prevention and detection.

In **Costa Rica**, on 4 August 2022, PAHO presented the global and regional monkeypox epidemiological situation at the UN System Townhall. The presentation also provided information on the general aspects of the diseases, as well as recommendations on prevention and control. Additionally, on 9 August 2022, together with the MoH of **Costa Rica**, PAHO organized a conversation about monkeypox broadcast live on Facebook. The online event was aimed at the general public, and addressed questions about transmission, treatment, symptoms, diagnoses, among others.

In **Cuba**, PAHO has been disseminating communication materials about monkeypox prevention through social media. The Organization has also established technical cooperation with an inter-agency communication group in order to leverage communication efforts of other UN agencies in the country.

In **Guatemala**, PAHO has been engaging with the Ministry of Health to analyze and validate infographics, key messages, and informative videos before they are published.

In **Guyana**, PAHO and the Ministry of Health (MoH) collaborated to hold a media training event on monkeypox on 2 September 2022. The event aimed to provide journalists with an orientation on reporting monkeypox news accurately and responsibly. The Organization also supported the MoH in the distribution of relevant learning resources, including material on mass gatherings for the LGBTQ+ community and the general public.

In **Jamaica**, together with UNAIDS and the Ministry of Health and Wellness, PAHO hosted a webinar with civil society organizations. Topics addressed included epidemiology, clinical management, infection control, community engagement and Jamaica's epidemiological situation and response activities. The event registered 36 participants from civil society organizations working with people living with HIV.

In **Mexico**, PAHO is working to strengthen the Federal Laboratory for the Analysis of Perceptions, Risk Communication and Healthy Behavior, and Risk Communication Laboratories at the departmental level. The Organization collaborated with the General Directorate for Health Promotion (DGPS) in the elaboration and dissemination of messages with non-pharmacological preventive measures and to raise awareness about the risk of transmission.

In **Uruguay**, PAHO has published press notes and given interviews to the main communication channels in the country to provide information on monkeypox and the country's epidemiological situation. The Organization also posted videos with key information on YouTube*.



Clinical care and infection prevention control including protection of health workers

Clinical management ▪ Infection control & prevention ▪ Health services

On 4 August 2022, PAHO published the English version of Guidance on Clinical Suspicion and Differential Diagnosis of Monkeypox. The provisional technical note presents guidelines for the clinical diagnosis of monkeypox to assist in the proper management of patients and the application of infection control practices. In addition, considering that the appearance and evolution of the typical skin lesions of this viral disease are variable, the publication includes a selection of photographs of different cases to help in the differential diagnosis. The Spanish version has been available since the beginning of July 2022.

On 21 June 2022, PAHO held the webinar Lessons Learned and Challenges: Diagnosis and Clinical Management of Monkeypox. The session provided health care professionals with comprehensive insights into the clinical characteristics, challenges in differential diagnosis, and clinical management principles of monkeypox. The recording of the online event and presentations are available here.

On 9 September 2021, PAHO held a second virtual session to share experiences, challenges, and opportunities in relation to the clinical management of monkeypox cases. Lessons Learned and Challenges: Diagnosis and Clinical Management of Monkeypox (after three months of experience) was aimed at health professionals and shared experiences from Canada, the United Kingdom, and the United States. Other topics included an update on the epidemiological situation and questions and answers about the disease.

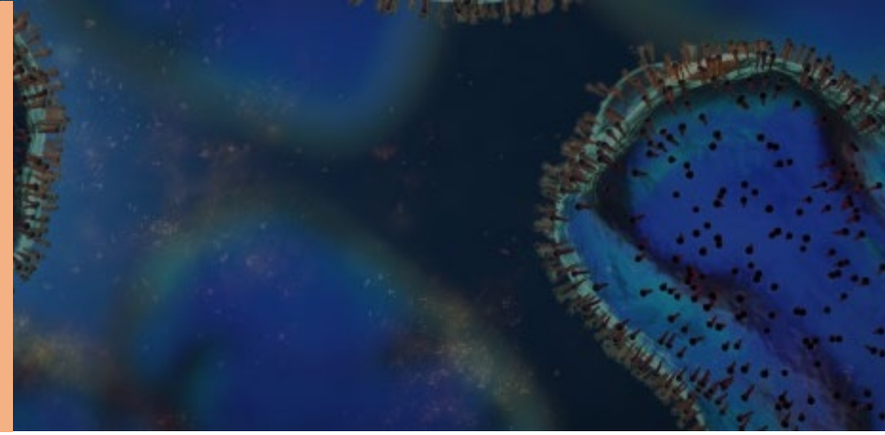
In **Barbados** and the **Eastern Caribbean Countries (ECC), Belize, Brazil, Guyana, Guatemala,** and **Suriname** PAHO hosted information sessions on monkeypox guidelines on clinical management, surveillance, case reporting, infection prevention and control, and general aspects for Ministry of Health staff and health workers. The Organization has also provided access to relevant tools and publications.

In **Brazil**, PAHO provided technical support to the Ministry of Health in the development and update of the monkeypox contingency plan, infection prevention and control (IPC) guidelines for the general population and health professionals, guidelines on safe healthcare flows in health facilities, clinical management protocols, including guidelines to special groups (pregnant, postpartum and lactating women and women and newborns), and management of corpses and necropsy.

In **Mexico**, PAHO is in collaborating with key actors responsible for alert and response to support management of patient flow and clinical care within the national health system. PAHO is also supporting the integration of monkeypox into IPC, antimicrobial resistance surveillance, patient safety, and the rational use of antimicrobials in four federal entities.

Collective intelligence for detection and containment

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



Laboratory

On 2 September 2022, PAHO published " Laboratory Guidelines for the Detection and Diagnosis of Monkeypox Virus Infection," available in Spanish. The document is based on " WHO's interim guidance on laboratory testing for the monkeypox virus," and aims to provide orientation to National Reference Laboratories of the Region of the Americas.

Throughout the reporting period, PAHO followed up on existing guidelines and recommendations and held meetings with staff from laboratories in the Region to review and discuss results. Additional data review, troubleshooting sessions, and follow-up calls regarding laboratory diagnostics were held with **Antigua and Barbuda**, **Cuba**, the **Dominican Republic**, **Guyana**, and **Honduras**.

To support laboratory diagnostic capacity in the Region, PAHO sent additional PCR reagents and other diagnostic materials to **Belize**, **Bolivia**, **Cuba, Ecuador,** and **Peru**. Colombia also received supplies to strengthen detection of the monkeypox virus.

In **Barbados and the Eastern Caribbean Countries (ECC)**, PAHO has shipped reagents for laboratory diagnostics, such as PCR primers and probes to **Anguilla, Antigua and Barbuda, Barbados, British Virgin Islands, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia,** and **Saint Vincent and the Grenadines**. The supplies will enable conduction of 27,000 tests. PAHO has also submitted other types of reagents for diagnostics to six of these countries or territories.

Additionally, on 28 June 2022, PAHO held a virtual training with **Barbados and the ECC countries** on monkeypox PCR diagnostics. In the session, attended by more than 90 participants, PAHO answered questions about sampling of cases and diagnostics. Since the training, PAHO has held other 13 follow-up meetings for planning, implementation, and troubleshooting with all the countries and territories and the United Kingdom Overseas Territories (UKOTS). As a result, PCR capacity for the detection of the monkeypox virus is now available in all ECC countries (under implementation in Saint Kitts and Nevis and the UKOTS) with PAHO support. In **Anguilla**, PAHO delivered training in PCR, including theoretical and practical sessions for the detection of the monkeypox virus with the Public Health Laboratory. The detection protocol has been successfully implemented.

In **Guyana**, PAHO provided technical support in the development of laboratory diagnostic capacity through in-person and virtual trainings and provision of key supplies.

In **Mexico**, PAHO has supported the strengthening of diagnostic capacity and molecular characterization of the monkeypox virus at the InDRE laboratory as well as procurement of essential supplies for laboratories. The Organization also supported the delivery of capacity building sessions to Central American and Caribbean Spanish-speaking countries on 21 and 22 June 2022. Participants from national reference laboratories from Belize, Cuba, Costa Rica, and other countries attended the event, with support from PAHO. The aim was to build capacity in molecular techniques (real-time PCR) for the detection of the monkeypox virus, and review detection and diagnosis protocols to prepare and respond to potential outbreaks. Additionally, to strengthen diagnostic capacity, PAHO delivered kits containing essential supplies to strengthen laboratory capacity for the detection of the monkeypox virus.

Surveillance

PAHO has distributed to Members States the "Updated guideline on surveillance, case investigation and contact tracing for monkeypox," published by WHO on 25 August 2022. The document updated the suspected case definition to include known contacts with prodromal signs or symptoms, and both suspected and probable case definitions to capture additional clinical characteristics such as mucosal lesions. This version of the document also contains the first definition of monkeypox related death for surveillance purposes. Read the full document here.

The Organization has also disseminated among Member States the monkeypox cases dashboard developed to facilitate data visualization, analysis, and follow-up. The tool is available in English, French, Portuguese, and Spanish.

On 26 August 2022, PAHO published an Epidemiological Alert on Monkeypox in women. According to the report, of the 22,154 cases reported during 2022 for which there was information available on gender, 397 cases are among women (1.8%).
Read more.

During the last week of August, PAHO regional office has trained surveillance officers from **Guatemala** (14) and **Paraguay** (3) to use the R software to perform health situation analysis in preparedness and response to emergencies and disasters. The R software is used to facilitate data analysis and visualization, and the production of reports. The Organization also provided 15 representatives from regional laboratories with remote training on sample collection, handling, shipping, and processing for monkeypox diagnosis. The training session was conducted in collaboration with Guyana's Georgetown Public Hospital and its national laboratory and epidemiology team.

The Organization participated in the meeting to update epidemiological, laboratory and clinical concepts for monkeypox, "organized by the **Honduras** PAHO/WHO Country Office and the Epidemiology Directorate of the MoH. During the meeting, participants presented on the general characteristics of monkeypox, reviewed clinical and epidemiological aspects, and gave recommendations on laboratory concepts. More than 230 persons from all 20 regions in Honduras participated in the meeting. These topics were also addressed in an event in El Salvador,

In the **Bahamas and Turks and Caicos Islands**, **Brazil**, and **Costa Rica,** PAHO provided training and access to the Go.Data outbreak investigation platform and database for monitoring and tracking the chains of transmission of monkeypox cases and contacts. More than 110 professionals had been trained in these locations as of the date of reporting.

In **Costa Rica**, on 8 September 2022, PAHO participated in an epidemiology event organized by the Health Secretariat and presented the national, regional, and global situation and response to the monkeypox outbreak. Additionally, PAHO participated in preparation of national monkeypox surveillance guidelines. PAHO's technical support included sharing the latest guidance for diagnostic and operational procedures, and the epidemiological situation at regional and global levels.

PAHO also facilitated the participation of 12 persons from the Costa Rican Social Security Fund and the MoH in a virtual session on 29 July 2022 that promoted an exchange of experiences on monkeypox surveillance. Argentina, Brazil, Portugal, and the United States presented their experiences with preparedness, and alert and response to the monkeypox emergency. Finally, PAHO delivered supplies for PCR detection of monkeypox to **Costa Rica'**s Costa Rican Institute of Research and Teaching in Health and Nutrition (INCIENSA) so as to strengthen its laboratory capacities. Donations comprised reagents for the conduction of more than 2,500 tests.



Figure 1. PAHO delivers supplies to enhance diagnostic capacity to the INCIENSA laboratory in Costa Rica. Credit: PAHO.



Countermeasures and research: secure access to supplies

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

On 5 August 2022, PAHO Member States held a Special Session of the Directing Council to consider a Resolution to address the monkeypox outbreak, including supporting equitable access to vaccines for at-risk populations in the region. During the session, PAHO Director Dr. Etienne noted that there is currently only one third-generation vaccine for monkeypox available, which is produced by just one manufacturer. While supplies of this vaccine are extremely limited, PAHO has engaged in early negotiations with its manufacturer. The Resolution that was adopted at the Special Session requests that the PAHO Director facilitate a coordinated response and take steps to support Member States in obtaining access to this vaccine through the Organization's Revolving Fund. It also requests that countries of the Americas continue to recognize PAHO and its Revolving Fund as the strategic regional technical mechanism most suitable for providing equitable access to this vaccine and others.

As of September 23, 14 countries have submitted official requests for the purchase of this vaccine. Purchase orders are in the process of being approved by the countries. It is expected that once approved, shipments of the first shipments can be finalized before the end of September.

The recommendations of PAHO's Technical Advisory Group on Vaccine Preventable Diseases, as well as those of the Emergency Committee of the International Health Regulations (IHR), convened by WHO, stipulate that countries should prioritize vaccines for specific groups to maximize impact, considering the limited vaccine supply.

The allocation of available doses has been done on an equitable basis. Likewise, the order of shipments has been made considering the epidemiological situation and public health needs.

On 29 August 2022, PAHO held the webinar MEURI framework: How to ensure that during the emergency unproven interventions are used ethically outside of research? The event presented the Monitored Emergency Use of UnRegistered Interventions, ethical criteria for research during emergencies, and knowledge built upon the experience with the COVID-19 pandemic.

On 9 September 2022, PAHO published **Therapeutic options for monkeypox: evidence 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 12 available randomized and non-randomized controlled trials and observational studies. As new evidence emerges, PAHO will periodically update the publication and corresponding recommendations.



In **Paraguay**, during the reporting period, PAHO conducted training on the establishment of research ethics committees, co-organized with the national health authority.

In **Brazil**, PAHO participated in research project meetings related to vaccination, supporting the identification of the target population of the study, methodology, and definition of outcomes. The Organization has also participated in research projects meetings related to the use of tecovirimat.

In **Costa Rica**, PAHO participated in two sessions of the National Commission on Vaccination and Epidemiology and presented the main considerations regarding the acquisition of monkeypox vaccines.



REGION OF THE AMERICAS

Epidemiological Update

In the Region of the Americas, as of 21 September 2022 (16:00 EST), there is a total of 39,356 confirmed cases of monkeypox, including 5 deaths in Brazil (2), Cuba (1), and Ecuador (1), and United States of America (1), reported from 31 countries and territories (Table 1, Annex 1).

Monkeypox situation in the Americas

Compared to the 7 September report, no additional countries reported confirmed monkeypox cases and one (1) additional death were reported. There was a 6.6% relative increase in confirmed cases in the Region of the Americas in the last 7 days.

PAHO/WHO has received an anonymized line list from Member States regarding 35,356 of the confirmed cases. Of these, 9,359 cases had sex information available, of which 8,918 (95.3%) were male; 11,345 cases had age information, which ranged from 0 to 95 years old (median 34 years, mean 33 years) and 197 confirmed cases aged 18 years or younger were reported by 8 countries (Mexico, Brazil, Peru, Dominican Republic, Chile, Canada, Ecuador, and Colombia); 24,407 cases reported dates of symptom onset in 2022, ranging from 14 January to 20 September 2022 (Figure 2). Of 4,816 cases with available information on history of reported travel, only 739 (15.3%) reported having recently traveled. Among 14,160 cases with hospitalization information, 1,252 (8.6%) were hospitalized. Of 6,169 cases with sexual orientation information, 4.251 (68.9%) were men who have sex with men (MSM).

Of 441 cases reported among women in the Region of the Americas as of 21 September, 19 correspond to pregnant women with no known pregnancy-related complications to date. Twenty-six of the cases among women required hospitalization, two of these were pregnant. In recent weeks, an increase in the proportion of women amongst the total number of confirmed cases has been observed. In epidemiological week (EW) 22, there had been no reported cases among women, and in EW 37, 4.7% of the total confirmed cases were women (an increase of 1.6% since the previous report). More information available here.

Figure 1. Global distribution of monkeypox cases by date of symptom onset. As of 22 September2022.

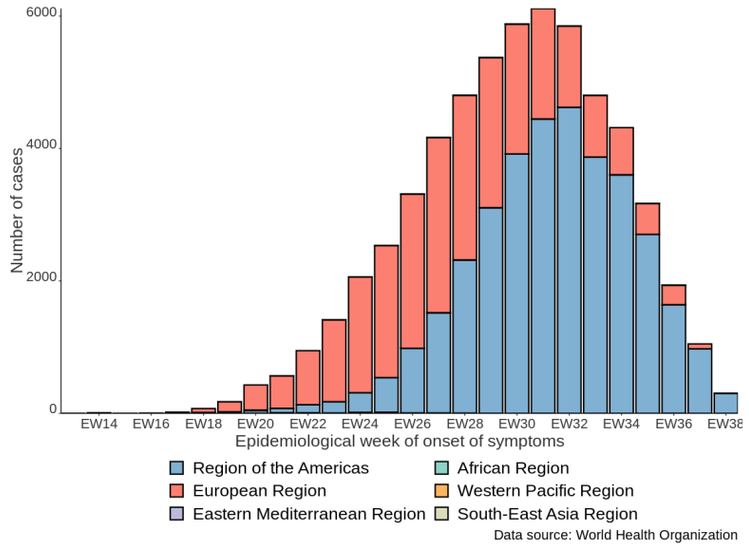


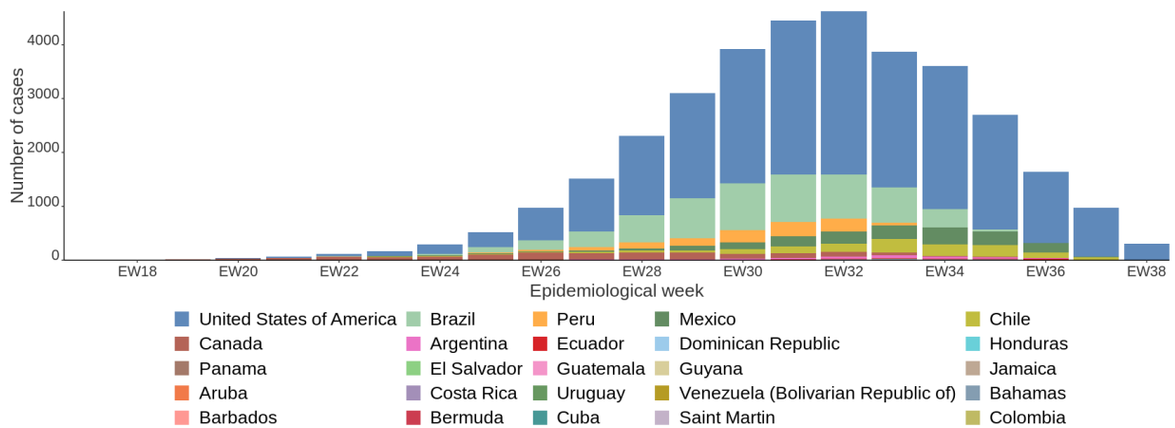
Table 1. Confirmed and suspected cases of monkeypox by country/territory in the Region of the Americas. As of 21 September 2022 (16:00 EST)*.

Country/Territories	Total cases	Total deaths	Total cases per 1M	Cases last 7-day	% variation last 7-day	Cases last 21-day	% variation last 21-day
United States of America	24,040	1	72.6	1,561	-16.6	5,737	-35.1
Brazil	7,115	2	33.5	869	56.9	2,239	-9
Peru	2,221	0	67.4	232	-11.8	725	-20.6
Colombia	1,653	0	32.5	393	22	1,071	103.2
Canada	1,379	0	36.5	41	95.2	151	-31.4
Mexico	1,367	0	10.6	317	21	863	141.7
Chile	783	0	41.0	208	133.7	402	57.6
Argentina	265	0	5.9	44	-13.7	132	37.5
Puerto Rico	170	0	59.4	12	-50	56	-30
Bolivia (Plurinational State of)	155	0	13.3	30	7.1	77	6.9
Ecuador	93	1	5.3	25	66.7	42	7.7
Dominican Republic	31	0	2.9	10	-28.6	24	700
Guatemala	15	0	0.8	3	200	9	200
Jamaica	13	0	4.4	1	-66.7	8	300
Panama	13	0	3.0	1	-	3	-62.5
Honduras	6	0	0.6	2	-	2	-50
Uruguay	6	0	1.7	1	-	2	0
Venezuela (Bolivarian Republic of)	5	0	0.2	2	-	2	0
Costa Rica	4	0	0.8	0	-100	1	-
El Salvador	4	0	0.6	2	100	3	200
Aruba	3	0	28.1	0	-100	1	-50
Curaçao	3	0	18.3	2	-	2	100
Bahamas	2	0	5.1	0	-	0	-100
Cuba	2	1	0.2	0	-	1	0
Guyana	2	0	2.5	0	-	0	-100
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	-
Paraguay	1	0	0.1	0	-	0	-100

Data updated as of: 21/09/2022
Data source: Pan American Health Organization

The country/territory data published in this table is collected either automatically using web-scraping processes or manually when the extraction is not possible; therefore, it is subject to human error, as well as further change due to retrospective adjustment

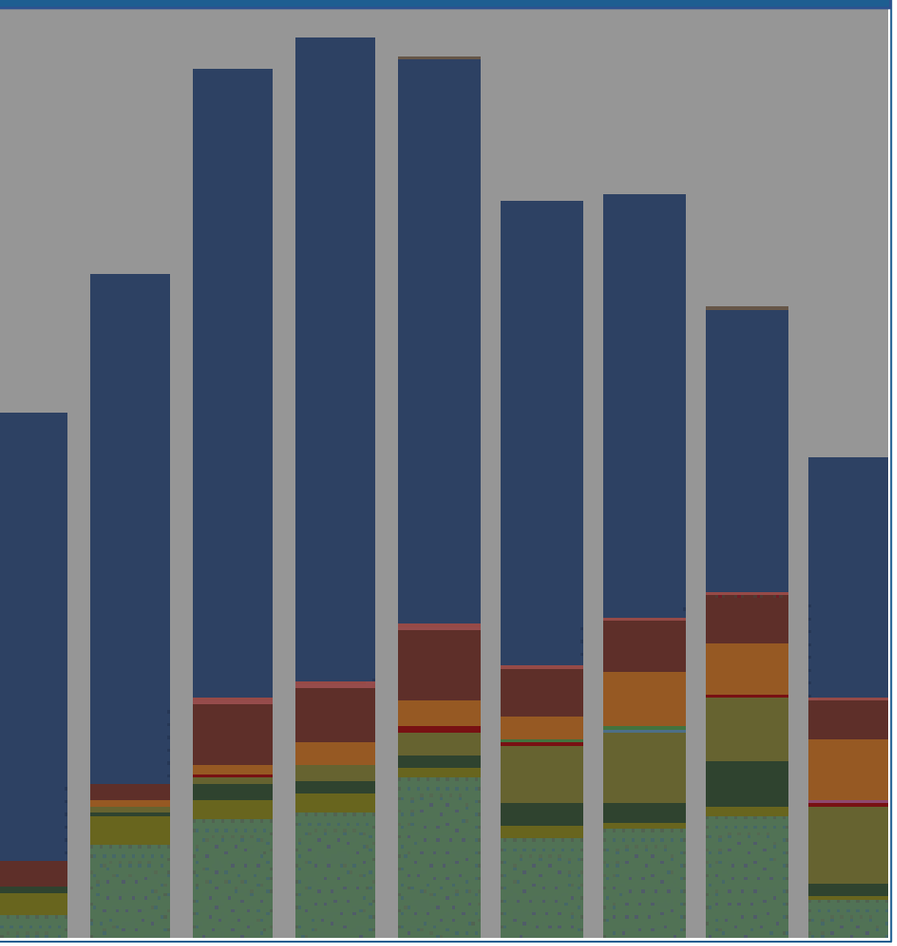
Figure 2. Confirmed monkeypox cases by country/territory and epidemiological week (EW) of symptom onset for cases with available information in the Region of the Americas. As of 21 September 2022 (16:00 EST)*



Please note the data, and accordingly the epidemiological curves, are subject to change based on later data received by countries.
Data source: Pan American Health Organization

*Data is preliminary and is subject to change.
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



The Region of the Americas now accounts for the highest cumulative proportion of monkeypox cases globally and has accounted for the highest proportion of new cases for the fifth consecutive week. Four countries in the Region (United States, Brazil, Peru and Canada) are among the top 10 countries with the highest number of confirmed cases globally. Additionally, there is a likelihood of increased transmission in other population groups. The most at-risk populations have predominantly remained the same; however, there has been an increase of cases among women, including pregnant women, as well as in children, which cannot be overlooked. Cases among indigenous and persons deprived of their liberty are of concern. 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.

STAY CONNECTED