

Briefing on Mpox Global Outbreak

10 Sept 2024

Dr. Esther Tan, MD MPH
Senior Medical Officer
United Nations / Public Health Section



Agenda

1. Background
2. Situation Update
3. Overview of Disease
4. UN Response Efforts
5. UN Risk Mitigation Plan
6. Questions

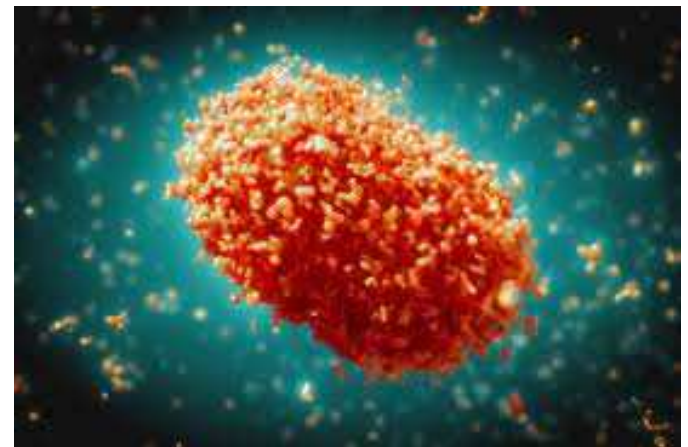




Background of Mpox

Background

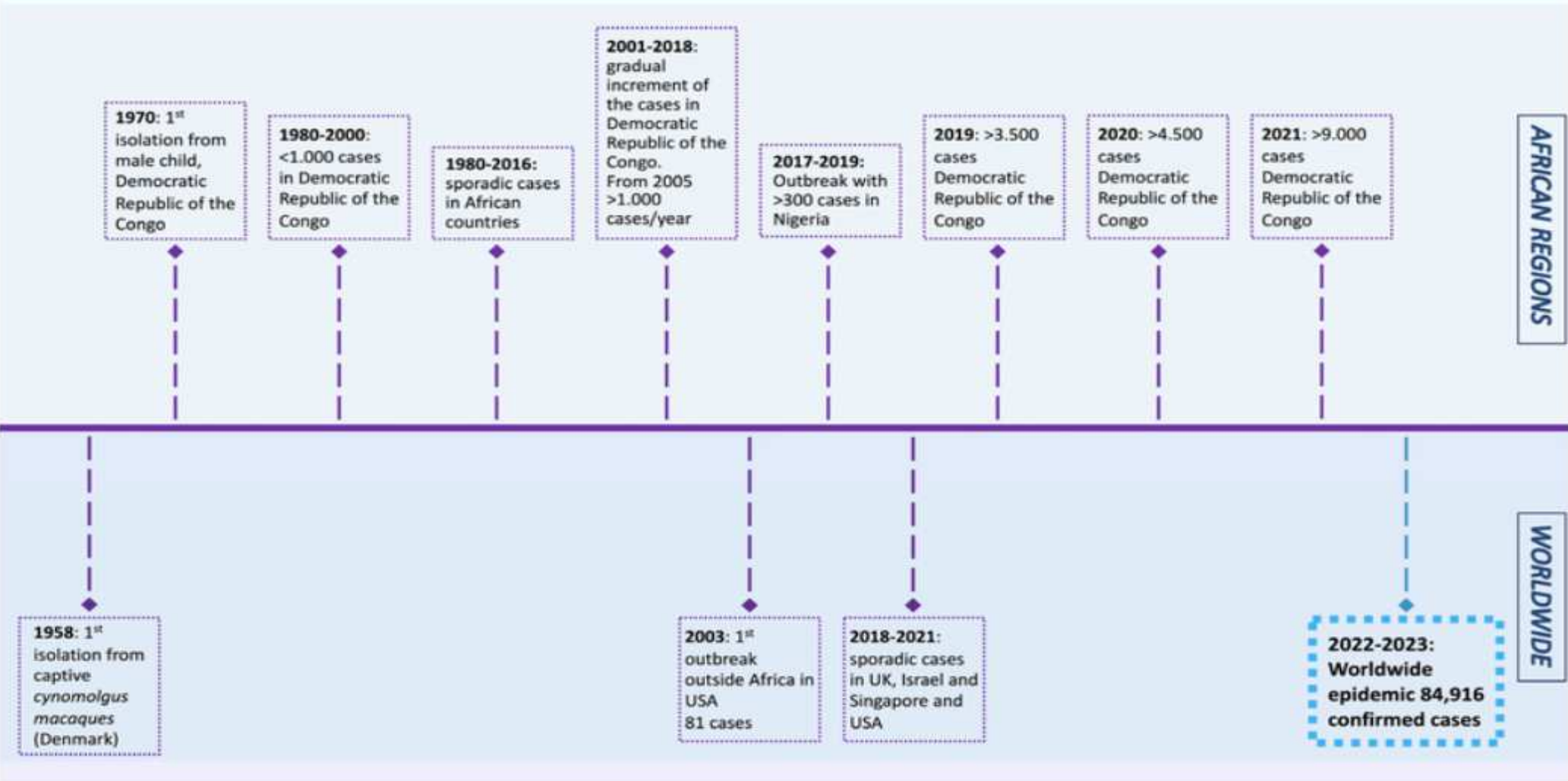
- Mpox, also known as monkeypox, is a zoonotic *Orthopoxvirus*
- Originally discovered in monkeys, which is where the term "monkeypox" came from.
- In late 2022, the name of the disease was officially changed by WHO to "mpox"
- An infection that causes fever and a painful rash, can spread person-person, mostly mild disease



Background

- On August 14, 2024, the WHO declared a “**Public Health Emergency of International Concern**” due to an upsurge in mpox cases in African region
- The spread of cases in the Democratic Republic of the Congo is attributed to two distinct outbreaks - spread of MPXV clade Ia in Equateur and endemic provinces of the country, and the emergence of a new MPXV clade (clade Ib) in the provinces of North and South Kivu.





Timeline displaying the history of monkeypox outbreaks (1970–2023) [1,4,6,7,8,9,10,11,12].

Evolution of Monkeypox Transmission: A Timeline from Initial Virus Isolation to Global Human Outbreaks

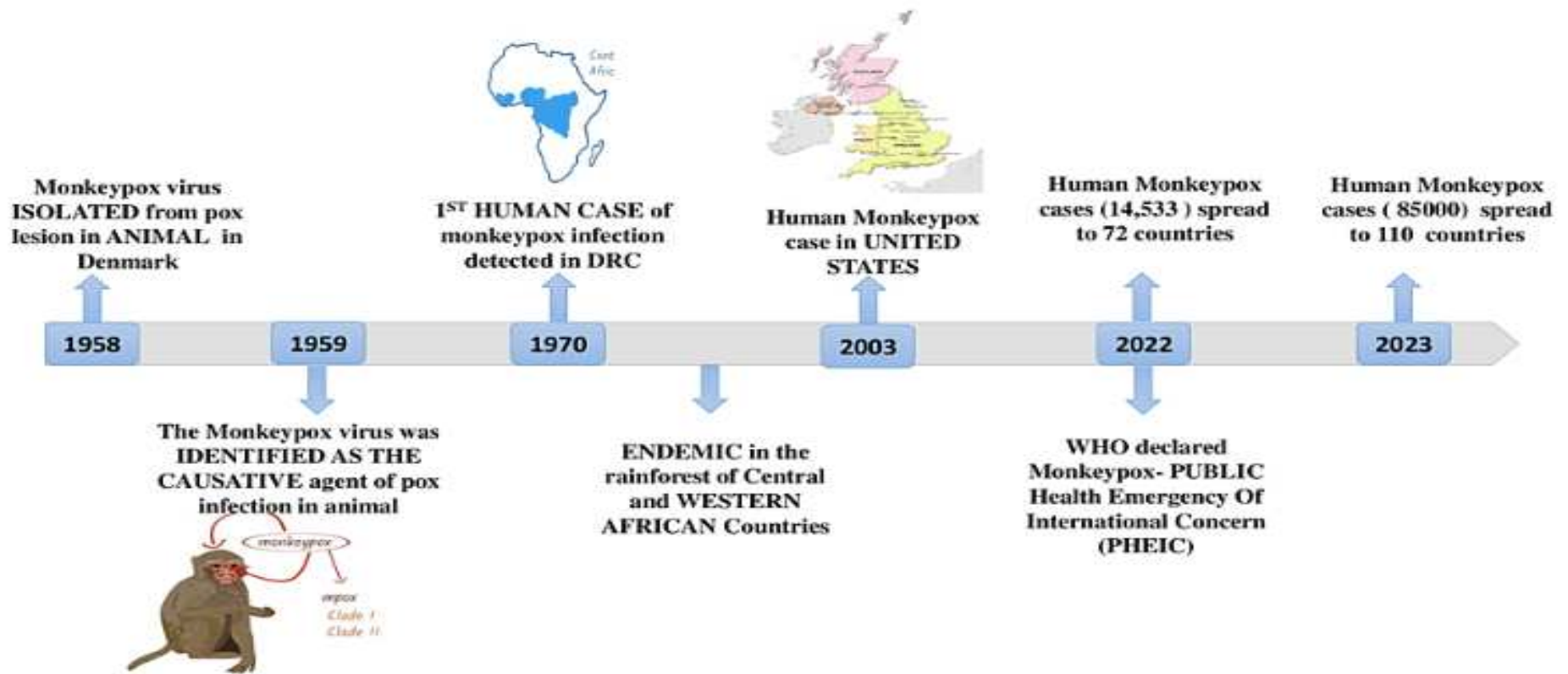
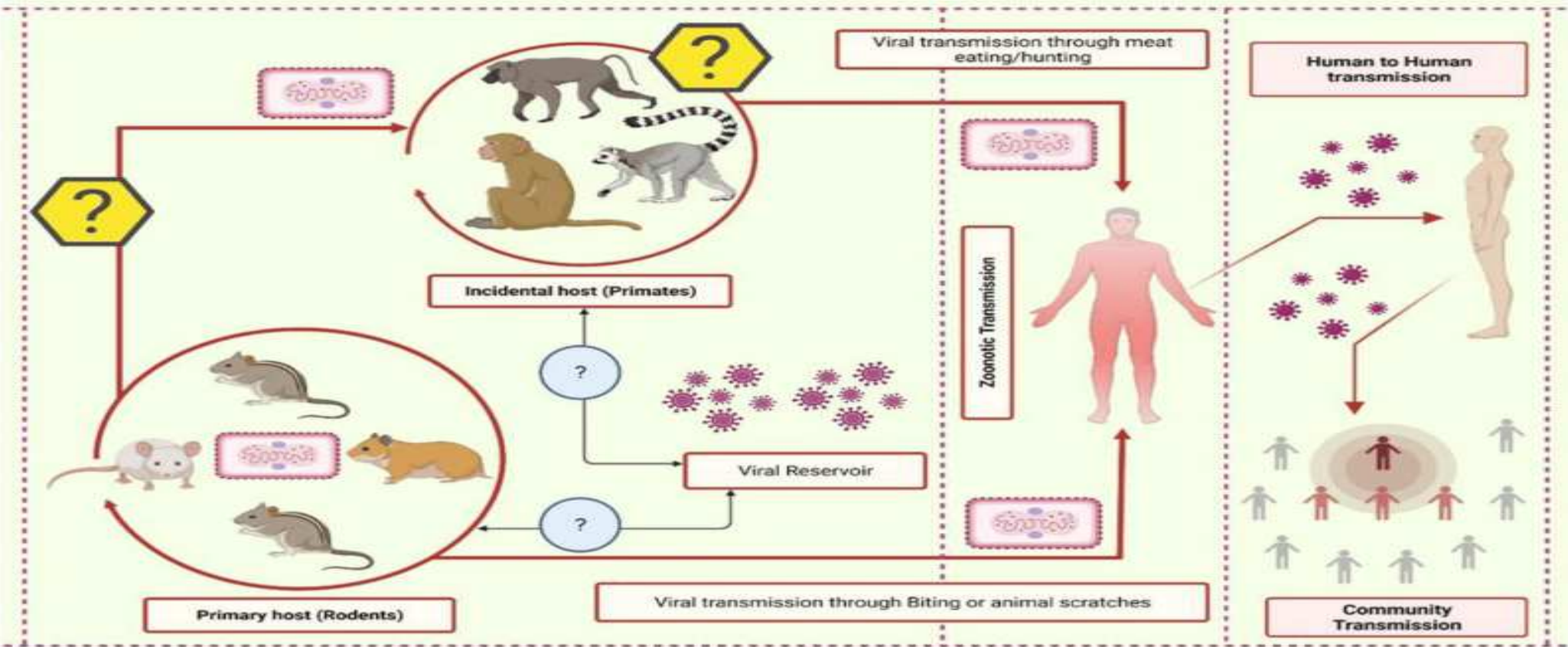


Figure 1: Monkeypox: journey from virus isolation to global outbreak.


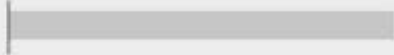


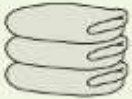




Figure 1. The schematic representation of the transmission cycle of the monkeypox virus. In wildlife, the virus rotates in the primary host and can be transferred to humans through various means. From the primary host, the virus can jump into the incidental host, which in turn can infect the human. Additionally, the reservoir of monkeypox is yet to be elucidated.



The different types of mpox

There are two subtypes of the virus: Clade 1 and Clade 2, which is less severe.

A Clade 1 outbreak has been ongoing in DR Congo for almost a year and has spread to neighbouring countries

	CLADE 1A*	CLADE 1B	CLADE 2
1 st detection in human	1970s	2023	1970s
Mortality	Death rate can reach 10% in some outbreaks, less in recent ones 	More deadly than Clade 2	Mortality rate under 0.1% 
Transmission	Contact with: <ul style="list-style-type: none">▶ infected animals ▶ infected people (incl. sexually) ▶ contaminated objects 	▶ More often by sexual contact, according to first indications 	Contact with: <ul style="list-style-type: none">▶ ▶ ▶ 

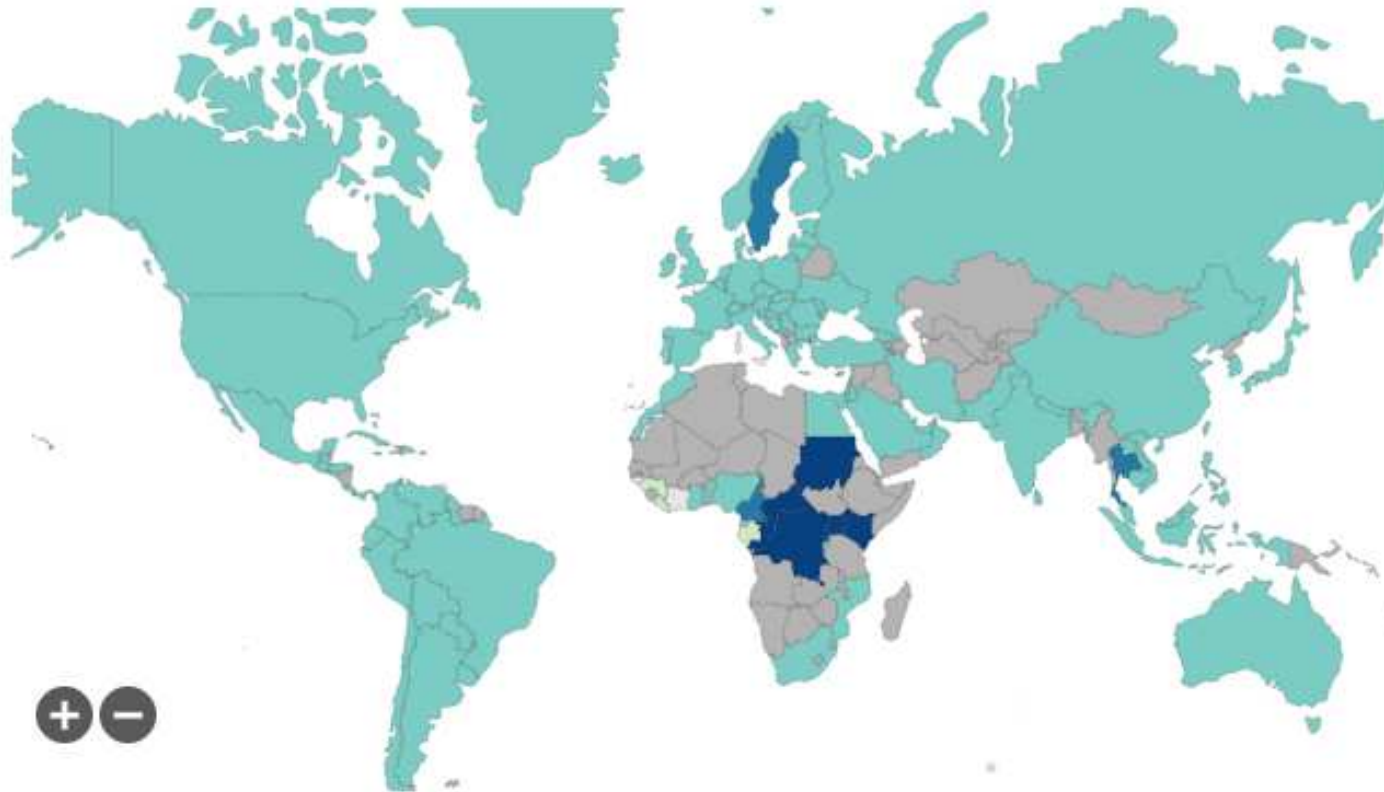


Situation Update

Current Global Mpox Situation Map



Confirmed Clade I and Clade II Mpox Cases



Countries reporting mpox by clade since January 1, 2024

- Clade I
- Clade I and Clade II
- Clade II
- Clade Unknown
- Not reported

Current Situation in Africa

Since 1 January 2022, cases of mpox have been reported to WHO from **20 Member States across Africa**. As of 01 September 2024, a total of **6 303 laboratory confirmed cases**, including **54 deaths**, have been reported to WHO.

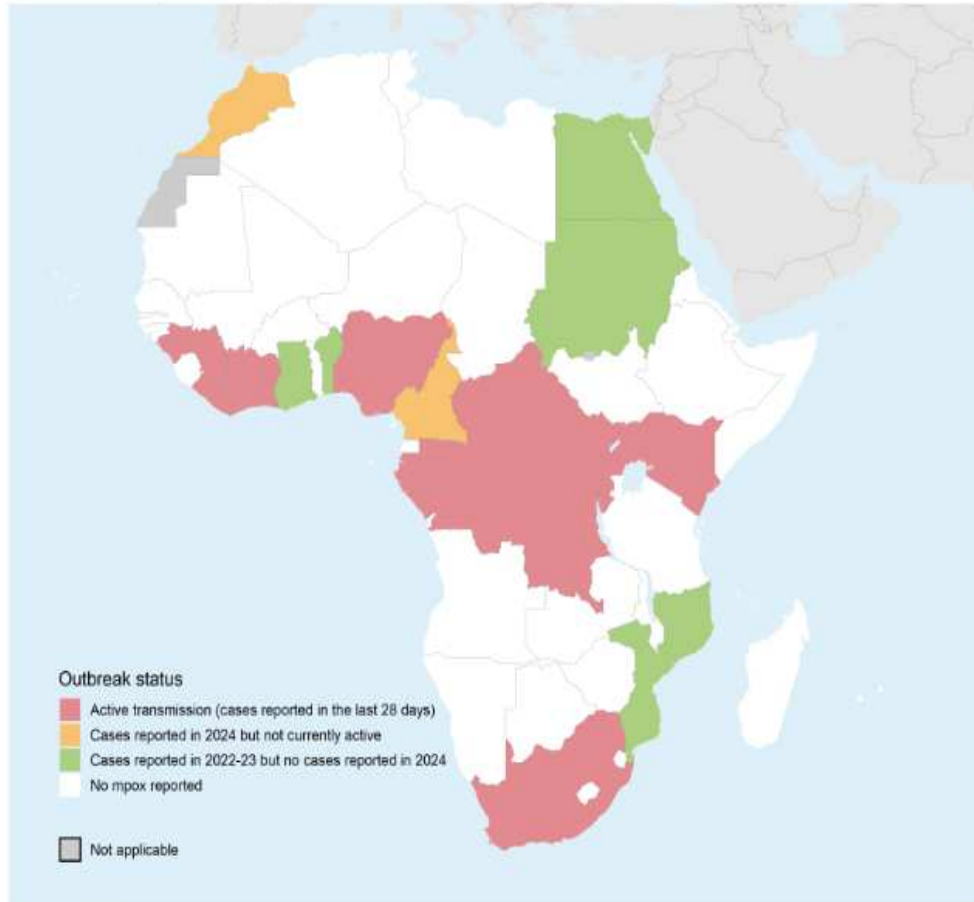
In **2024**, as of 01 September 2024, **15 countries have reported 3 900 confirmed cases**, including **32 deaths**. The three countries with the majority of the cases in 2024 are Democratic Republic of the Congo, (n = 3 361), Burundi, (n = 328), and Nigeria, (n = 55).

A significant number of suspected cases, that are clinically compatible with mpox are not tested due to limited diagnostic capacity and never get confirmed. **Work on integrating these data is only available for a limited number of priority countries for now, and work is ongoing to included more countries in future updates of this report.** Not all countries have robust surveillance systems for mpox, so case counts are likely to be underestimates.

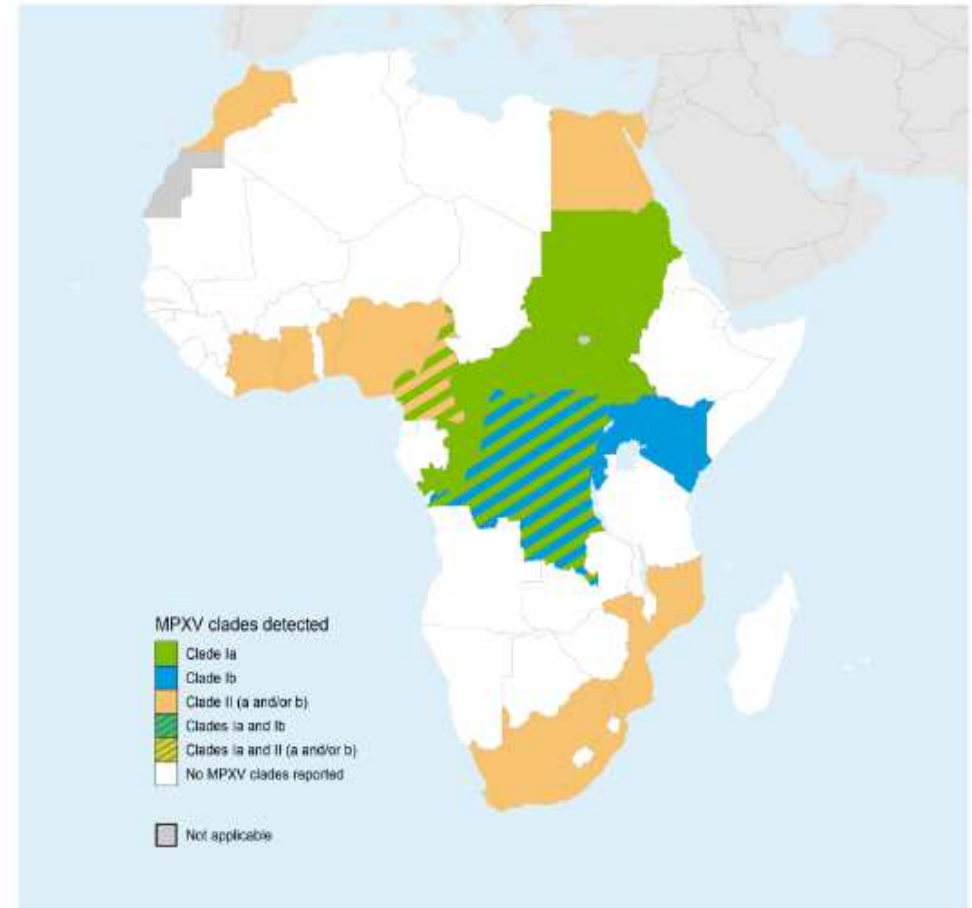
Mpox Outbreak Status in Africa



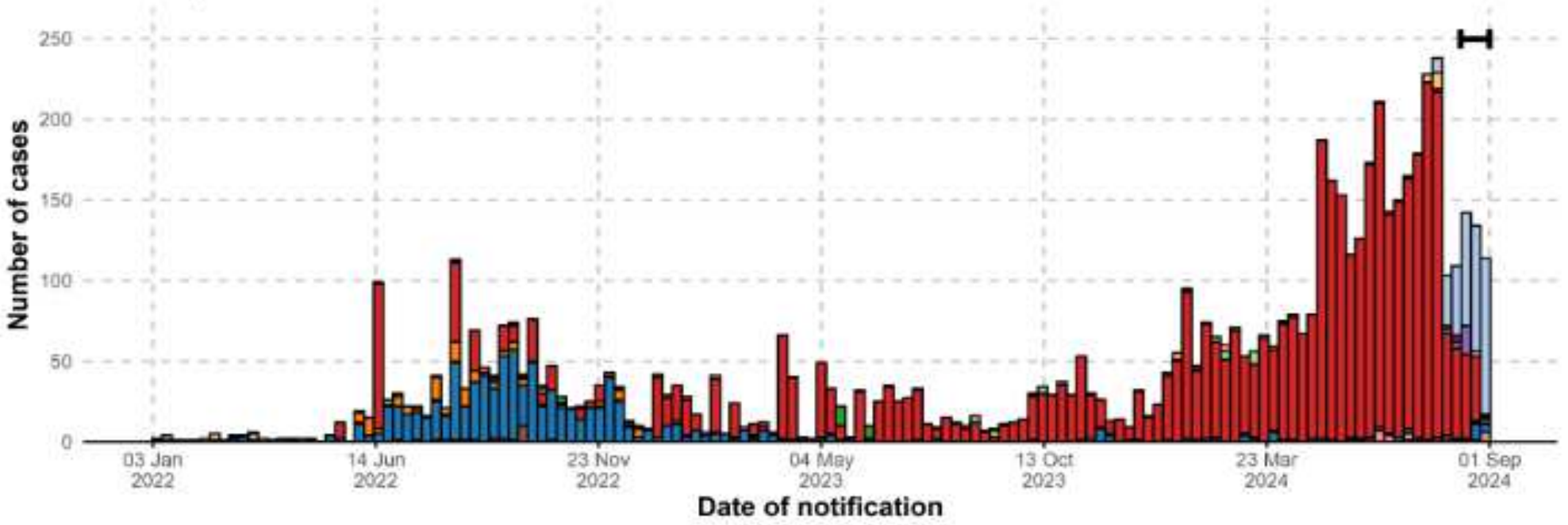
Mpox: countries affected in Africa
from 1 Jan 2022, as of 01 Sep 2024



MPXV clades detected in Africa
from 1 Jan 2022, as of 01 Sep 2024



Bracket at end of curve indicates potential reporting delays in recent weeks of data.
 Data as of 01 Sep 2024



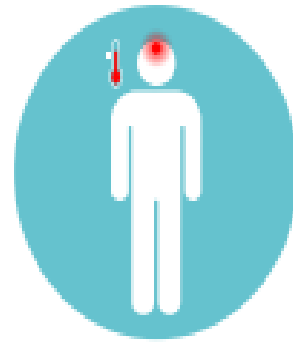
- | | | | | |
|--|---|---|---|---|
| ■ Benin | ■ Burundi | ■ Cameroon | ■ Central African Republic | ■ Congo |
| ■ Côte d'Ivoire | ■ Democratic Republic of the Congo | ■ Egypt | ■ Gabon | ■ Ghana |
| ■ Guinea | ■ Kenya | ■ Liberia | ■ Morocco | ■ Mozambique |
| ■ Nigeria | ■ Rwanda | ■ South Africa | ■ Sudan | ■ Uganda |

Source: WHO



Overview of Disease

Early signs may include fever, malaise (a general feeling of discomfort), headache, swollen lymph nodes, and sometimes cough or sore throat. Other symptoms include muscle aches, backache, chills, and exhaustion, followed by a rash that typically begins on the face and spreads to other parts of the body.



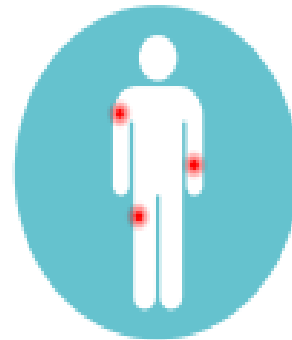
**FEVER &
HEADACHES**



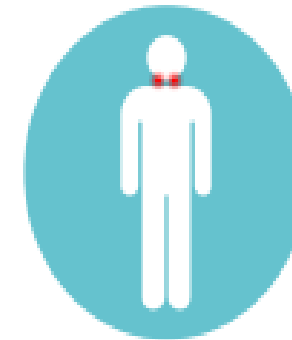
**RASH, BUMPS,
OR BLISTERS**



CHILLS



**MUSCLE
ACHES**



**SWOLLEN
LYMPH NODES**



RASHES, BUMPS OR BLISTERS MAY APPEAR IN VARIOUS FORMS:



HOW IT SPREADS:

- Close skin-to-skin contact with a person with mpox
- Sex with a person with mpox
- Direct contact with rash, scabs, or body fluids from a person with mpox
- Using clothing, bedding, or towels used by a person with mpox
- A pregnant woman can spread the virus to her fetus



You may experience all or only a few symptoms. Sometimes, people have flu-like symptoms before the rash. Some people have a rash first, then other symptoms. Others only have a rash.

To prevent the spread of the mpox virus, you should avoid:

1

CLOSE CONTACT WITH SOMEONE WITH MPOX

Including hugging, massaging, kissing or talking closely.

2

SEX WITH SOMEONE WITH MPOX

Including oral, anal and vaginal sex, or touching the genitals or anus region.

3

SHARING OBJECTS WITH SOMEONE WITH MPOX

Including touching shared fabrics, shared surfaces and clothing.



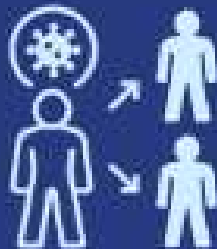
Tips for Prevention



AVOID SKIN-TO-SKIN CONTACT
with people who have mpox or mpox symptoms.



**WASH YOUR HANDS WITH SOAP AND
WATER OR HAND SANITIZER**
especially before eating or touching your face
and after you use the bathroom.



A person with mpox can spread it to others from
the time symptoms start until the rash has fully healed.
The illness typically lasts 2-4 weeks. Most people recover fully.

How to isolate safely if you have mpox infection:

If you are suspected of having mpox or have been diagnosed with monkeypox infection, you are advised to self-isolate.

You should self-isolate until:

- ① You have not had a fever (a temperature of 100.4°F or 38.0°C or greater) for at least 72 hours without the use of fever-reducing medicine AND;
- ② Any respiratory symptoms, including sore throat, nasal congestion, or cough have resolved AND;
- ③ You have had no new lesions in the previous 48 hours AND;
- ④ All your lesions have scabbed over, and a fresh layer of skin has formed underneath including any lesions in your mouth.

If you meet **ALL** the criteria above, you may be able to stop self-isolating.



WHAT ARE TREATMENTS FOR MONKEYPOX?

Vaccines for smallpox and monkeypox might reduce the chances of getting monkeypox.



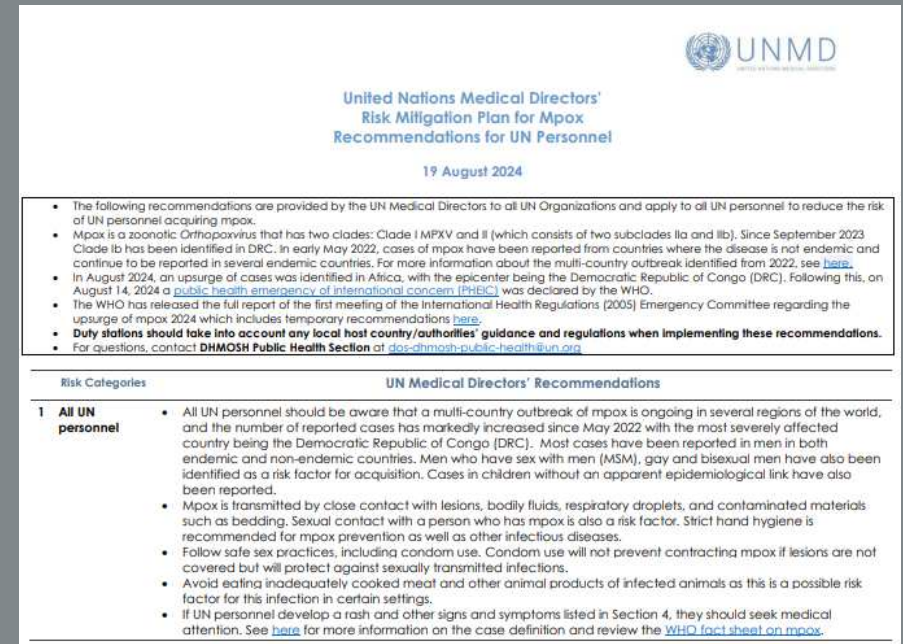
Treatment consists of supportive care and relief of symptoms once monkeypox infection is confirmed. Isolation is important to reduce the spread.

UN Guidance

- “United Nations Medical Directors’ Mpox Risk Mitigation Plan” online

Note: All guidelines and documents referenced in this presentation can be found in UN Monkeypox webpage located at:

<https://hr.un.org/page/monkeypox>



The screenshot shows the title page and the beginning of the recommendations section of a document. The title is "United Nations Medical Directors' Risk Mitigation Plan for Mpox Recommendations for UN Personnel" dated "19 August 2024". The UNMD logo is in the top right. A bulleted list of recommendations is provided, including information about the virus, reporting requirements, and contact information for the DHMOSH Public Health Section. Below the list is a table with two columns: "Risk Categories" and "UN Medical Directors' Recommendations". The first row is for "All UN personnel".

United Nations Medical Directors'
Risk Mitigation Plan for Mpox
Recommendations for UN Personnel
19 August 2024

- The following recommendations are provided by the UN Medical Directors to all UN Organizations and apply to all UN personnel to reduce the risk of UN personnel acquiring mpox.
- Mpox is a zoonotic *Orthopoxvirus* that has two clades: Clade I MPXV and II (which consists of two subclades IIa and IIb). Since September 2023, Clade IIb has been identified in DRC; in early May 2022, cases of mpox have been reported from countries where the disease is not endemic and continue to be reported in several endemic countries. For more information about the multi-country outbreak identified from 2022, see [here](#).
- In August 2024, an upsurge of cases was identified in Africa, with the epicenter being the Democratic Republic of Congo (DRC). Following this, on August 14, 2024 a [public health emergency of international concern \(PHEIC\)](#) was declared by the WHO.
- The WHO has released the full report of the first meeting of the International Health Regulations (2005) Emergency Committee regarding the upsurge of mpox 2024 which includes temporary recommendations [here](#).
- **Duty stations should take into account any local host country/authorities' guidance and regulations when implementing these recommendations.**
- For questions, contact **DHMOSH Public Health Section** at dos-dhmosh-public-health@un.org

Risk Categories	UN Medical Directors' Recommendations
1 All UN personnel	<ul style="list-style-type: none">• All UN personnel should be aware that a multi-country outbreak of mpox is ongoing in several regions of the world, and the number of reported cases has markedly increased since May 2022 with the most severely affected country being the Democratic Republic of Congo (DRC). Most cases have been reported in men in both endemic and non-endemic countries. Men who have sex with men (MSM), gay and bisexual men have also been identified as a risk factor for acquisition. Cases in children without an apparent epidemiological link have also been reported.• Mpox is transmitted by close contact with lesions, bodily fluids, respiratory droplets, and contaminated materials such as bedding. Sexual contact with a person who has mpox is also a risk factor. Strict hand hygiene is recommended for mpox prevention as well as other infectious diseases.• Follow safe sex practices, including condom use. Condom use will not prevent contracting mpox if lesions are not covered but will protect against sexually transmitted infections.• Avoid eating inadequately cooked meat and other animal products of infected animals as this is a possible risk factor for this infection in certain settings.• If UN personnel develop a rash and other signs and symptoms listed in Section 4, they should seek medical attention. See here for more information on the case definition and review the WHO fact sheet on mpox.

UN Response To Date

1. **Surveillance** of global situation
2. Monitoring of local **UN case counts**
3. Training of UN **health care workers**
4. Discussions on mpox **vaccine access**
5. UN Medical Directors' issued Mpox **guidelines**
6. **High risk duty stations**: special training, mandatory tabletop exercise and clinical checklist
7. Ensure access to necessary **PPE and other items**
8. **Sensitization & awareness raising** for UN personnel





UNMD Mpox Risk Mitigation Plan

All UN Personnel

- Risk factors
 - Close contact with an mpox case
 - Men who have sex with men (MSM), gay and bisexual men
 - Household transmission (children)
- Transmission
 - **Close contact** with lesions, bodily fluids, respiratory droplets, and contaminated materials (e.g., bedding)
 - **Sexual contact** with an infected person
- Prevention
 - Hand hygiene
 - **Safe sex** practices
 - **Avoid** eating inadequately cooked meat

How is monkeypox transmitted?

Monkeypox doesn't spread easily between people, but you can catch the disease through direct contact with an infected individual, including:

- Skin lesions, scabs or body fluids.
- Saliva, respiratory droplets - prolonged face-to-face contact.
- Materials - e.g. used bedding or towels.
- During sex.



Updated 20 May 2022
Originally developed by
WHO Regional Office for Europe

World Health
Organization
Western Pacific Region



All UN Personnel (cont.)

- Individuals with the following symptoms should seek medical attention:

Rash



Headache



**Acute Onset of Fever
($> 38.5^{\circ}\text{C}$)**



**Swollen Lymph
Nodes**



**Muscle and Body
Aches**



Profound weakness



Back Pain



All UN Personnel (cont.)

- Most people with mpox will typically have a **self-limiting** disease
- According to last published WHO document (2022 Nov):
 - Mass vaccination is **not** recommended at this time
 - Vaccination recommended mainly for high-risk groups.
 - Vaccines are limited currently



Vaccination

- Additional temporary recommendations from the Emergency committee meeting from August 14, 2024:

Watch this space

Vaccination

- Prepare for the introduction of mpox vaccine for emergency response through convening of national immunization technical advisory groups, briefing of national regulatory authorities, preparing national policy mechanisms to apply for vaccines through available mechanisms;
- Initiate plans to advance mpox vaccination activities in the context of outbreak response in areas with incident cases (i.e. with disease onset in the previous 2-4 weeks), targeting people at high risk of infection (e.g., contacts of cases, including sexual contacts, children, and health and health care workers). This entails the agile adaptation of immunization strategies and plans to concerned areas; the availability of vaccines and supplies; the proactive community engagement, to generate and sustain demand for and trust in vaccination; and the collection of data during vaccination according to implementable research protocols;

UN Personnel with Health Conditions



- Though usually self-limited, the following may be at higher risk for severe disease:

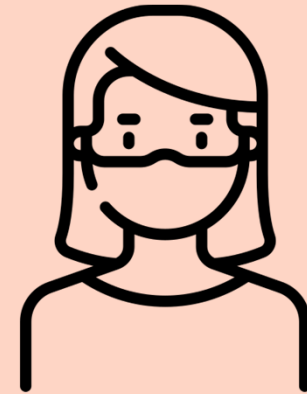
Children (particularly those < 8 years of age)



Pregnant or breastfeeding women



Persons who are immune compromised





Contacts of Positive Cases

- **Contacts** are defined as a person who has had one or more of the following exposure with a probable or confirmed case:
 - Direct **skin-to-skin** and **skin-to-mucosal** physical contact (such as touching, hugging, intimate or sexual contact)
 - Contact with **contaminated materials** such as clothing or bedding (including materials dislodged from bedding or surfaces during handling of laundry or cleaning of contaminated rooms)
 - Prolonged **face-to-face respiratory exposure** in close proximity
 - **Respiratory exposure** (i.e., possible inhalation of) or **eye mucosal exposure** to lesion material (e.g., crusts/scabs) from an infected person



Contacts of Positive Cases (cont.)

- Contacts of cases with mpox should be monitored or self-monitor for **21 days** and monitored for signs and symptoms
 - Temperature should be monitored **twice daily**
 - Contacts of cases should be **notified within 24 hours** of identification of case
- Asymptomatic contacts:
 - Should **not** donate blood, tissue, organs, breast milk, or semen
 - Non-essential travel is **discouraged**
 - **No need to quarantine or work restriction** if asymptomatic
- If a contact develops symptoms other than a rash, they should be isolated and monitored closely for a rash for **5 days**

UN Health Workers

- UN health workers should:
 - **Review** WHO online courses on mpox (links in RMP)
 - Know that people with mpox **can recover at home** and treatment is supportive
 - **Significant pain** and **psychological distress** has also been frequently described which might need specific management
 - Follow **standard precautions** for all patients at all times
 - **Establish triage** at first point of contact with the health system, screening, triage and prompt isolation and assessment for the presence of severe disease should be conducted



UN Health Workers (cont.)

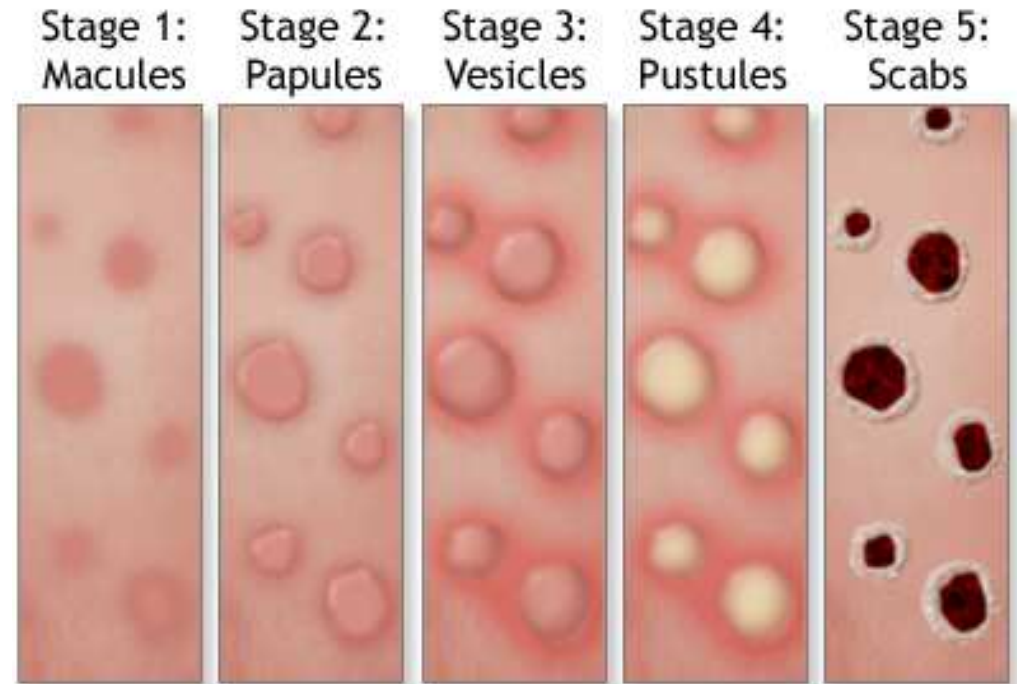
- UN health workers **should be aware of the clinical presentation** (signs and symptoms) of mpox
- The **febrile stage** of illness usually lasts 1 to 3 days with symptoms including:
 - Fever
 - Intense headache
 - Lymphadenopathy (swelling of the lymph nodes)
 - Back pain
 - Myalgia (muscle ache)
 - An intense asthenia (lack of energy)





UN Health Workers (cont.)

- The febrile stage is followed by the **skin eruption stage**, lasting for **2 to 4 weeks**
- Lesions **evolve** in the following order:
Macules (lesions with a flat base) to
Papules (raised firm painful lesions) to
Vesicles (filled with clear fluid) to
Pustules (filled with pus) to
Scabs or crusts
- Lesions can be present in the **mucous membranes** as well.



Stages of Mpox Rash



a) early vesicle,
3mm diameter



b) small pustule,
2mm diameter



c) umbilicated pustule,
3-4mm diameter



d) ulcerated lesion,
5mm diameter



e) crusting of a mature
lesion



f) partially removed
scab

How the monkeypox rash differs from other rashes



Here's how lesions associated with monkeypox, shingles and syphilis appear up close.

Monkeypox

caused by the monkeypox virus



Shingles

caused by the varicella zoster virus (VZV)



Syphilis

caused by the bacterium Treponema pallidum



Source: Centers for Disease Control










ALISON SALDANHA / THE SEATTLE TIMES



UN Health Workers (cont.)

- Isolation recommendations for positive/suspect cases:
 - **Private room**, if possible
 - **Contact & droplet precautions** should be used in addition to **respirators**
 - Airborne precautions for **aerosol generating medical procedures** should be applied
 - Lesions should be **covered** where possible
 - Patient should wear a mask when within **1-2m** of HCWs



Droplet Precautions 	
Visitors must (when inside the room):	
 Wash hands	 Ear-loop mask
Staff must:	
 Wash hands	 Gown
 Glove	 Ear-loop mask with shield
Patients must (when outside the room):	
 Wash hands	 Ear-loop mask



How to put on PPE for Mpox

Steps to put on personal protective equipment (PPE) for mpox

1 Perform hand hygiene

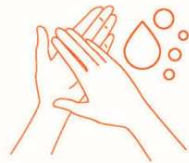
Alcohol based handrub

Rub hands for 20–30 seconds.

or

Water and soap

Wash hands for 40–60 seconds.



2 Put on the gown



3 Put on the respirator (N95, FFP2 or equivalent)

Perform a seal check.



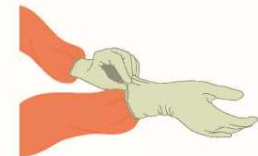
4 Put on eye protection

Put on face shield or goggles.



5 Put on gloves

Ensure glove is placed over the cuff of the gown.



PPE for mpox



[Steps to put on personal protective equipment \(PPE\) for mpox \(who.int\)](https://www.who.int)

How to remove for Mpox

Steps to remove personal protective equipment (PPE) for mpox

Health Cai

Françai

Ensure that infectious waste containers are available for safe disposal of PPE. Separate containers should be available for reusable items.

It is important to follow the steps in order

1 Take off gloves



2 Take off the gown

Ensure gown is pulled away from the body during removal and that clothing does not become contaminated and dispose of it safely.



3 Perform hand hygiene

Alcohol based handrub

Rub hands for 20–30 seconds.

or

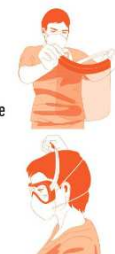
Water and soap

Wash hands for 40–60 seconds.



4 Take off eye protection

Remove eye protection by lifting the strap from behind the head and dispose of safely in waste bin. If reusable eye protection is used, place safely in bucket for decontamination.



5 Take off the respirator (N95, FFP2 or equivalent)

Remove by pulling the bottom strap over back of head, followed by the top strap. Avoid touching the respirator.



6 Perform hand hygiene

Alcohol based handrub

Rub hands for 20–30 seconds.

or

Water and soap

Wash hands for 40–60 seconds.



[Steps to remove personal protective equipment \(PPE\) for mpox \(who.int\)](https://www.who.int)



UN Health Workers (cont.)

- Know how to **collect** and **properly submit** samples for diagnosis of mpox
- Be aware of the **differential diagnosis** of rashes as well as the possibility of co-infections with varicella or sexually transmitted infections
- Guidelines regarding **post-exposure** and **pre-exposure vaccination** can be found in the full RMP



UN Health Workers (cont.)



- WHO recommends vaccination for persons at **high risk of exposure** to mpox in an outbreak
- The identification of populations at risk of exposure **is limited in some settings** by the available epidemiological data
- To allow the greatest flexibility with respect to local risk assessment, varied modes of transmission and response options, **WHO identified several populations to consider for vaccination**



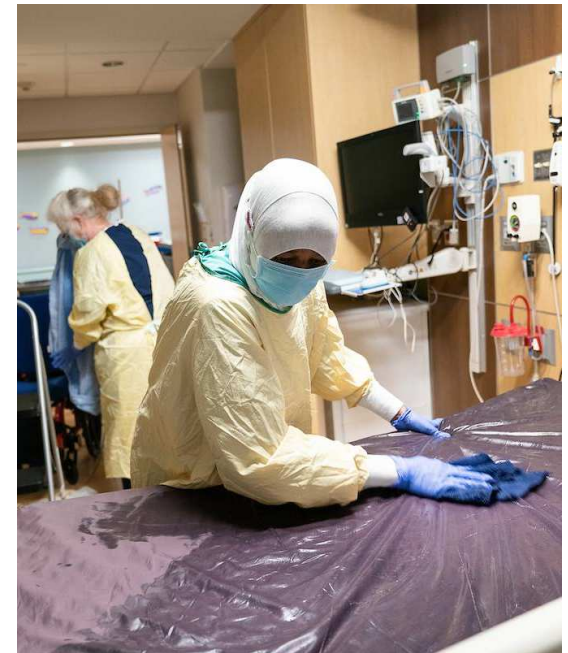


UN Health Workers (cont.)

- Populations to consider for vaccination may include:
 - Based on local epidemiology, **members of a geographically defined area or community** (e.g. village), including children, with a documented high risk of exposure to persons with mpox
 - **Sex workers; gay, bisexual or other men who have sex with men (MSM) with multiple sexual partners**; or other **individuals with multiple casual sexual partners**
 - **Health workers at risk of repeated exposure**; clinical laboratory and **health-care personnel performing diagnostic testing** for mpox or providing care; and **outbreak response team members** (as designated by national public health authorities)
 - **Contacts of persons with mpox**, ideally within 4 days of first exposure (contacts may include children, others in the household or in congregate settings – such as prisons, schools, health facilities or residential facilities).

Cleaners in Healthcare Settings

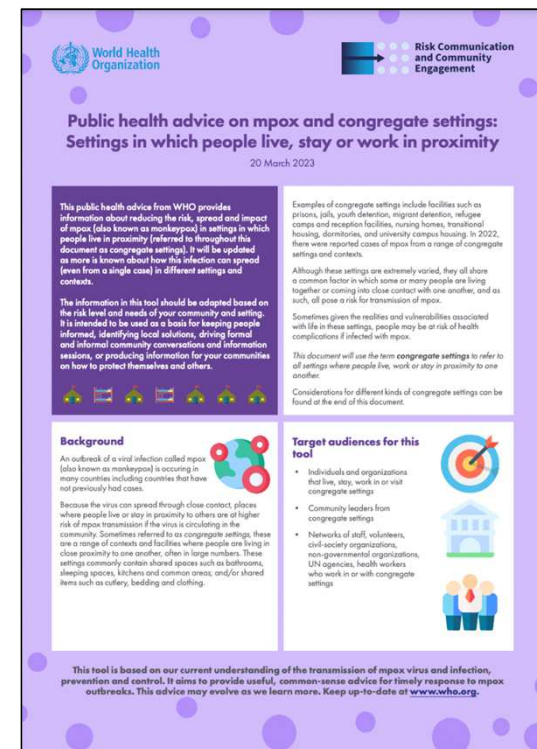
- **Cleaners may be at risk of exposure** to mpox due to the nature of their job particularly **if they handle used linens**
- Cleaners should **follow cleaning protocols** and if in the room with a patient, apply **contact, and droplet precautions**, in addition to standard precautions
- **Respirators are recommended** for cleaners given that virus may contaminate bedding
- Linen, hospital gowns, towels and other fabric items **should be handled and collected carefully**



UN Personnel Living in Congregate Living Settings



- Given the possible modes of transmission of mpox **the congregate living setting might pose a risk of contracting mpox** given close proximity with others
- Congregate settings are settings in which **people live, stay or work in proximity**
- It is important to emphasize **hand hygiene, covering lesions where possible and adhering to cleaning and disinfection protocols**
- Ensure linens, towels and clothing from an infected individual is **laundered separately** from other laundry



World Health Organization | Risk Communication and Community Engagement

Public health advice on mpox and congregate settings: Settings in which people live, stay or work in proximity

20 March 2023

This public health advice from WHO provides information about reducing the risk, spread and impact of mpox (also known as monkeypox) in settings in which people live in proximity (referred to throughout this document as congregate settings). It will be updated as more is known about how this infection can spread (even from a single case) in different settings and contexts.

The information in this tool should be adapted based on the risk level and needs of your community and setting. It is intended to be used as a basis for keeping people informed, identifying local solutions, driving formal and informal community conversations and information sessions, or producing information for your communities on how to protect themselves and others.

Examples of congregate settings include facilities such as prisons, jails, youth detention, migrant detention, refugee camps and reception facilities, nursing homes, transitional housing, dormitories, and university campus housing. In 2022, there were reported cases of mpox from a range of congregate settings and contexts.

Although these settings are extremely varied, they all share a common factor in which some or many people are living together or coming into close contact with one another, and as such, all pose a risk for transmission of mpox.

Sometimes given the realities and vulnerabilities associated with life in these settings, people may be at risk of health complications if infected with mpox.

This document will use the term **congregate settings** to refer to all settings where people live, work or stay in proximity to one another.

Considerations for different kinds of congregate settings can be found at the end of this document.

Background

An outbreak of a viral infection called mpox (also known as monkeypox) is occurring in many countries including countries that have not previously had cases.

Because the virus can spread through close contact, places where people live or stay in proximity to others are at higher risk of mpox transmission if the virus is circulating in the community. Sometimes referred to as congregate settings, these are a range of contexts and facilities where people are living in close proximity to one another, often in large numbers. These settings commonly contain shared spaces such as bathrooms, sleeping quarters, kitchens and common areas, and/or shared items such as cutlery, bedding and clothing.

Target audiences for this tool

- Individuals and organizations that live, stay, work in or visit congregate settings
- Community leaders from congregate settings
- Networks of staff, volunteers, civil-society organizations, non-governmental organizations, UN agencies, health workers who work in or with congregate settings

This tool is based on our current understanding of the transmission of mpox virus and infection, prevention and control. It aims to provide useful, common-sense advice for timely response to mpox outbreaks. This advice may evolve as we learn more. Keep up-to-date at www.who.org.

UN Personnel Living in Congregate Living Settings (cont.)



Infection prevention and control

Develop a plan for what should be done if there are cases of mpox within your setting including providing the necessary care for confirmed cases and reducing the risk of others becoming infected.

Here are some key considerations:

- Provide personal protective equipment (PPE) for staff and community-based carers caring for people infected with mpox including disposable gloves, well-fitted medical masks, gowns and eye protection and training for appropriate use.
- People who are recovering from mpox (with active lesions) should wear a well-fitting medical mask and cover lesions when in close proximity to others, and when moving outside of a designated isolation area (e.g. to use the toilet).
- Waste that is generated from caring for someone with mpox, such as bandages and personal protective equipment, should be placed in strong bags and securely tied before disposal and eventual collection by municipal waste services.
- Encourage the covering of lesions that have not yet healed when others are in the room.



UN Personnel Living in Congregate Living Settings (cont.)

Encourage and facilitate basic hygiene measures



- Encourage hand hygiene including providing water and soap or alcohol-based hand sanitizer if available, and sharing messages on how to properly clean hands.

- Make sure frequently touched surfaces and objects are cleaned with water and soap and disinfected regularly, particularly those of any shared spaces such as bathrooms.

- Make provisions for people with mpox to handle and launder their own bedding and laundry. Linen and bedding should be washed in hot water (above 60 °C) and detergent.

- Implement preventive hygiene measures including disinfecting furniture and utensils.

- Linens, towels, and clothing from the patient with mpox should be laundered separately from other household laundry.



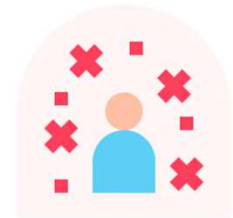
UN Personnel Living in Congregate Living Settings (cont.)

Covering of lesions, wearing masks, reducing direct contact:

- Encourage patients to cover their mpox lesions in the presence of others, if tolerated.
- Encourage staff to wash their hands frequently and to use appropriate personal protective equipment (e.g., medical mask, gloves, gown and eye protection) whenever they are providing care or come in contact with the patient's environment or laundry



- Isolation of people with active mpox is one tool in helping stop transmission. In your congregate setting explore whether you can facilitate a supportive environment for isolation with rooms or spaces which have good ventilation and the availability of separate utensils (dishes, cups, bedding, towels and electronics such as phones).



Provide support to people isolating including:

- Ensuring they have adequate water and food supplies
- Facilitating ongoing medical support including access to health professionals when necessary for pain management and treatment.
- Providing them hygiene and medical supplies to manage their symptoms including pain relief.
- Mental health support: regular connection and access to external, remote support services.

UN Personnel with Suspect / Confirmed/ Probable Mpox



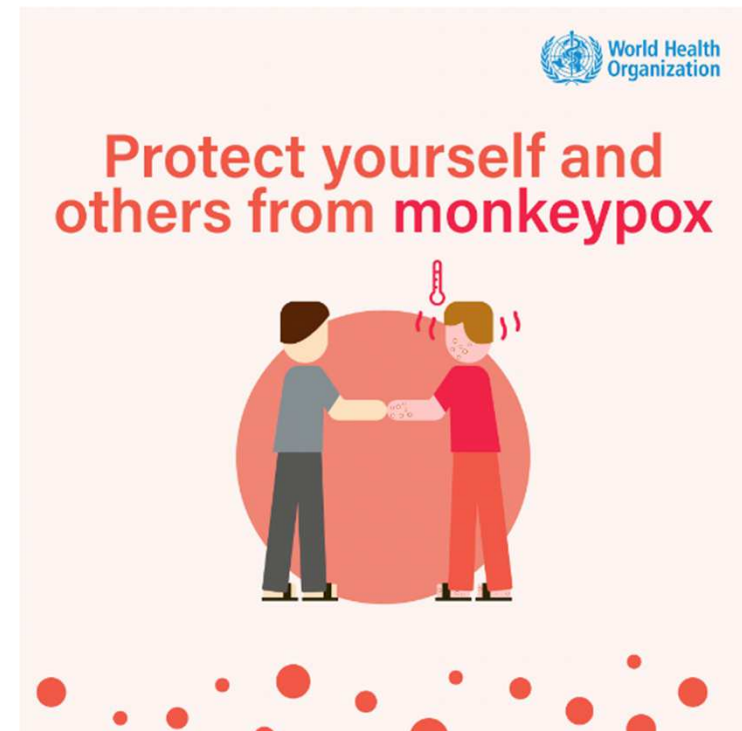
- Any suspected case should be immediately
 - **Placed into isolation** and
 - Investigated for mpox including **diagnostic testing by polymerase chain reaction (PCR)**
- Specimens should be taken **directly from lesion material** (skin, fluid or crusts) collected by **vigorous swabbing**
- In the absence of lesions, testing can be done with **oropharyngeal** or, depending on clinical presentation and exposure, **rectal swabs**



UN Personnel with Suspect / Confirmed/ Probable Mpox



- UN personnel with confirmed/probable mpox **should remain isolated** until:
 - All lesions are crusted over
 - No new lesions are seen, **and**
 - Scabs have fallen off with fresh layer of skin formed underneath
- In most instances isolation and recovery **can occur at home**



UN Personnel Who are Planning to Travel



- Any individual who has signs/symptoms compatible with mpox **should not travel**
- **Known contacts of a mpox case** (as is thereby subject to health monitoring) **should avoid undertaking travel** until otherwise advise
- The **WHO advises against any additional general or targeted international travel-related measures** other than the exceptions above





Additional Resources

- WHO fact sheet on mpox
- WHO guidance on gatherings
- WHO guidance on mpox vaccination
- WHO guidance on surveillance, case investigation, and contact tracing
- WHO online courses on mpox
- WHO guidance on Clinical Management and IPC
- WHO Public health advice on mpox and congregate settings: settings in which people live, stay or work in proximity
- CDC Presentation: What Clinicians Need to Know About Mpox in the United States and Other Countries

**All guidelines and documents referenced in
this presentation can be found on standalone
UN Mpox Webpage:**

<https://hr.un.org/page/monkeypox>



Questions?