

## Current major event

### Multi-country monkeypox outbreak in non-endemic countries

Since 13 May 2022, confirmed monkeypox cases have been reported to WHO from 12 Member States that are not endemic for monkeypox virus, across 3 of WHO's Regions. No associated deaths have been reported to date from these countries. Epidemiological investigations are ongoing, however, reported cases thus far have not established travel links to countries previously affected by monkeypox.

### Editorial note

Monkeypox is a viral zoonosis (a virus transmitted to humans from animals) with symptoms very similar to those seen in the past in smallpox patients, although it is clinically less severe. Monkeypox virus, belongs to the orthopoxvirus genus of the Poxviridae family. There are two clades of monkeypox virus: the West African clade and the Congo Basin (Central African) clade. The name monkeypox originates from the initial discovery of the virus in monkeys in a Danish laboratory in 1958. The first human case was identified in a child in the Democratic Republic of the Congo in 1970.

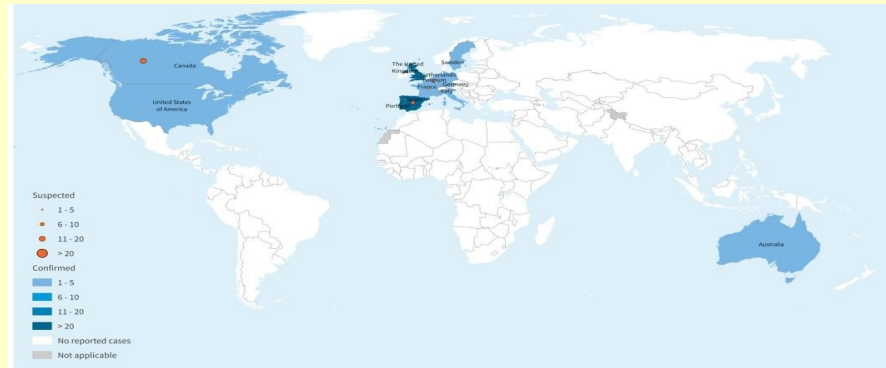
Monkeypox virus is transmitted from one person to another by close contact with lesions, body fluids, respiratory droplets and contaminated materials such as bedding. The incubation period of monkeypox infection is usually from 6 to 13 days, but it can also range from 5 to 21 days.

Various animal species have been identified as susceptible to the monkeypox virus. Uncertainty remains on the natural history of the monkeypox virus and further studies are needed to identify the exact reservoir (s) and how the virus circulation is maintained in nature. However, eating inadequately cooked meat and other animal products of infected animals is a possible risk factor of the virus.

Monkeypox is usually self-limiting, but may be severe in some individuals, such as, children, pregnant women or persons with immune suppression due to other health conditions. Human infections with the West African clade appear to cause less severe disease compared to the Congo Basin clade, at a case-fatality ratio of 3.6% compared to 10.6% for the Congo Basin clade.

As of 21 May, 92 laboratory confirmed cases, and 28 suspected cases of monkeypox, with investigations ongoing, have been reported to WHO from 12 non-endemic Member States for monkeypox virus, across 3 WHO Regions (*see map*). No associated deaths have been reported to date. Reported cases thus far have no established travel links to an endemic area. Based on currently available information, cases have mainly, but not exclusively, been identified among

### Geographical distribution of confirmed and suspected monkeypox cases of in non-endemic countries between 13 to 21 May 2022



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO 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.

Data Source: World Health Organization  
Map Production: WHO Health Emergencies Programme  
Map Date: 21 May 2022



### Monkeypox case definition

**Suspected case:** A person at any age in a monkeypox non-endemic country with an unexplained acute rash AND one or more of the following signs or symptoms, since 15 March 2022: Headache, acute onset of fever, lymphadenopathy, myalgia, back pain, asthenia. Meanwhile, the following common causes of acute rash do not explain the clinical picture: varicella zoster, herpes zoster, measles, zika, dengue, chikungunya, herpes simplex, bacterial skin infections, disseminated gonococcus infection, primary or secondary syphilis, chancroid, lymphogranuloma venereum, granuloma inguinale, molluscum contagiosum, allergic reaction (e.g., to plants), and any other locally relevant common causes of papular or vesicular rash.

**Probable case:** A person meeting the case definition for a suspected case AND one or more of the following: has an epidemiological link, had direct physical contact with skin or skin lesions including sexual contact, or contact with contaminated materials such as, clothing, bedding or utensils to a probable or confirmed case of monkeypox in the 21 days before the symptom onset, reported travel history to a monkeypox endemic country in the 21 days before symptom onset, has had multiple or anonymous sexual partners in the 21 days before symptom onset, has a positive result of an orthopoxvirus serological assay, in the absence of smallpox vaccination or other known exposure to orthopoxviruses or is hospitalized due to the illness.

**Confirmed case:** Laboratory confirmed for monkeypox virus by detection either by PCR and/or sequencing.

men who have sex with men (MSM) seeking care in primary health care and sexual health clinics.

As the situation is evolving and more countries are expected to report cases, WHO is advising countries to be alerted for signals related to patients presenting with atypical rash that progresses in sequential stages. Rapid identification of cases, clusters and the sources of infection is critical in order to provide optimal clinical care and cases isolation to prevent further transmission. Contacts identification and management and tailor effective control and prevention methods based on most commonly identified routes of transmission are also recommended.

Risk communication and community engagement is essential for avoiding stigmatization and preventing further spread of monkeypox and to control the current outbreak. Based on the current available information, WHO does not recommend Member States to adopt any international travel-related measure for incoming and outgoing travelers. WHO is closely monitoring the current monkeypox outbreak, and is working with health authorities and partners for better understanding of the situation.

### Update on outbreaks

in the Eastern Mediterranean Region

#### COVID-19 in 22 EMR countries

#### Current public health events of concern

[cumulative N° of cases (deaths), CFR %]

#### Coronavirus disease 2019 (COVID-19): 2019-2022

Afghanistan	[179 716 (7698), 4.3%]
Bahrain	[580 797 (1480), 0.3%]
Djibouti	[15 675 (189), 1.2%]
Egypt	[513 916 (24 704), 4.8%]
Iran (Islamic Republic of)	[7 229 741 (141 271) 2%]
Iraq	[2 327 192 (25 216), 1.1%]
Jordan	[1 696 668 (14 066), 0.8%]
Kuwait	[632 781 (2555), 0.4%]
Lebanon	[1 098 504 (10417), 0.9%]
Libya	[501 987 (6430), 1.3%]
Morocco	[1 166 530 (16 075), 1.4%]
occupied Palestinian territory (oPt)	[657 573 (5660), 0.9%]
Oman	[389 5067 (4627), 1.2%]
Pakistan	[1 529 727 (30 376), 2%]
Qatar	[366 952 (677), 0.2%]
Saudi Arabia	[762 575 (9128) 1.2%]
Somalia	[26 522 (1361), 5.1%]
Sudan	[62 240 (4941), 7.9%]
Syrian Arab Republic	[55 878 (3150), 5.6%]
Tunisia	[1 042 362 (28 632), 2.7%]
United Arab Emirates	[904 466 (2302), 0.3%]
Yemen	[11 819 (2149), 18.2%]