

Cairo, 17 August 2022 – The spread of the monkeypox outbreak has been sporadic in the Eastern Mediterranean Region, with 33 laboratory-confirmed cases in 6 countries and no associated deaths reported. Most cases have no travel history to areas where the outbreak is heavily circulating. The average age among reported cases are people aged 31 years, but age ranges from 8 to 59. An 8-year-old child in Lebanon was among the reported cases.

“The monkeypox outbreak is not exclusive to a group of people, and anyone can get the disease if they are in close skin-to-skin contact with someone who has symptoms, or through touching infected objects,” said Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean. “Everyone of us is at risk. So even if we have only a few cases in our Region, let’s take the risk seriously and take the steps needed to stop transmission and protect people, especially vulnerable groups.”

The response to the monkeypox outbreak entails a comprehensive approach that engages and protects affected communities, intensifies surveillance and public health measures, strengthens clinical management and infection prevention and control in hospitals and clinics, and accelerates research into the effectiveness of vaccines, therapeutics, and other tools. WHO’s Regional Office for the Eastern Mediterranean is supporting Member States and partners in all these areas, with a special focus on targeting vulnerable groups.

New information on transmission modes, disease severity, therapeutics and vaccine efficacy is unfolding as more research is undertaken. Building on the lessons of COVID-19, research is being integrated into the overall response efforts to monkeypox.

Although most people with monkeypox will recover without specific treatment within a few weeks, the disease has the potential to cause severe complications that in some circumstances can lead to death. During the current global outbreak, only 12 deaths have occurred among over 34 000 cases, with none having occurred in our Region. But in previous outbreaks fatality rates have been much higher; we must therefore take this new public health threat very seriously.

Monkeypox can also cause a range of signs and symptoms, including rash, fever, swollen lymph nodes, fatigue, headache and muscle aches. Only a small percentage of patients will require treatment in hospital, with those at higher risk of severe disease or complications

including pregnant people, children and immunocompromised persons.

It is still important to note that monkeypox is entirely preventable and that simple measures can reduce infection risk. Currently, the best among them is avoiding close contact with someone who has monkeypox.

Vaccine supplies are limited in quantity. When these vaccines are made available, WHO recommends targeted vaccination for those exposed to someone with monkeypox and those at high risk of exposure, including health workers, some laboratory workers, and those with multiple sexual partners. Unlike COVID-19, mass vaccination against monkeypox is not recommended because of the different mechanisms by which the disease is transmitted and because more targeted vaccination approaches can be effective at protecting those most at risk.

However, data on the effectiveness of these vaccines in the prevention of monkeypox in clinical practice and field settings are still limited. Many unknowns remain on their clinical effects and most appropriate use in different contexts.

Additionally, to minimize the unnecessary negative impact of the disease on trade, travel, tourism or animal welfare and to avoid offending cultural, social, national, regional, professional, or ethnic groups, WHO convened an ad hoc meeting with a group of scientists last week on the consideration of renaming monkeypox. Upon extensive review, the group agreed to hold an open public consultation for a new disease name for monkeypox.

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