

An update on Monkeypox

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What is Monkeypox?

- A disease caused by the monkeypox virus. It is a viral zoonotic disease, meaning that it can spread from animals to humans. It can also spread between people.
- Commonly found in central and west Africa where there are tropical rainforests and where animals that may carry the virus typically live.
- Since 1970, human cases of monkeypox have been reported in 11 African countries.
- People with monkeypox are **occasionally** identified in other countries **following travel** from endemic regions.
- May-June 2022, multiple cases of monkeypox identified in several non-endemic countries. This is not typical of past patterns.
- World Health Organization (WHO) is working with all affected countries to enhance surveillance and testing, and to provide guidance on prevention, containment & how to care for those infected.

Situation in South Africa as @ 20 July 2022

- Since 22 June 2022, there have been **three unlinked laboratory-confirmed** monkeypox cases in South Africa. No death reported.
- The cases were reported from Gauteng (n = 1), Western Cape (n = 1) and Limpopo (n = 1) provinces and are males aged 30, 32 and 42 years, respectively.
- No recent international travel history was reported in either of the cases from Gauteng and Western Cape.
- The first case reported in Gauteng had close contact with an undiagnosed person with international travel history, while the Western Cape case reported to have possibly had unspecified contact with people who had international travel history due to his line of work. The third confirmed case reported on 10 July 2022 in Limpopo province is an imported case involving a tourist who has since returned to his home country of Switzerland.
- Public health response measures were initiated, with 28 close contacts (Gauteng = 5, Western Cape = 6 and Limpopo = 17) identified. The close contacts identified in Gauteng and Western Cape have since completed their 21 days of symptoms monitoring period while the contacts identified in Limpopo from the two lodges where the case stayed, are still being monitored. At the time of this report, there have been no secondary cases linked to the three confirmed cases reported.
- Full genetic sequencing for both cases from Gauteng and Western Cape was conducted. The viral genomes clustered in the B.1 lineage of the Western Africa clade (Milder form, 1% mortality). The genetic sequencing for the third case is being conducted.



Situation in South Africa cont.

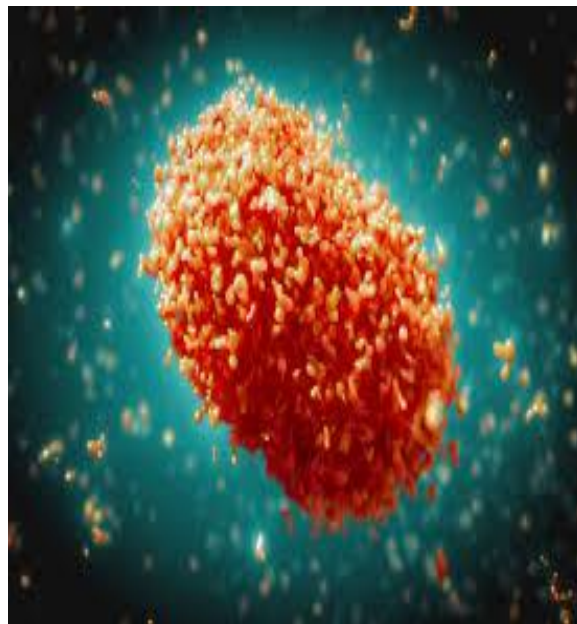
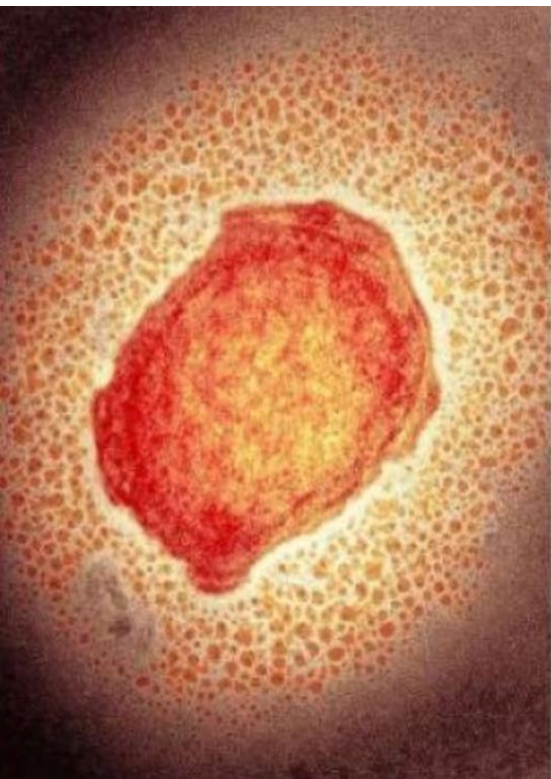
- The risk of monkeypox to the general South African public **is low**.
- Healthcare workers should be on high alert and maintain a high index of suspicion for any individuals presenting with an unexplained acute rash or skin lesions AND one or more of the following signs or symptoms:
 - headache,
 - fever ($>38.5^{\circ}\text{C}$),
 - lymphadenopathy (swollen lymph nodes),
 - myalgia (muscle pain/body aches), and
 - backache.



Symptoms

- Typically, include a fever, intense headache, muscle aches, back pain, low energy, swollen lymph nodes and **a skin rash or skin lesions (sores)**.
- The rash usually begins within one to three days of the start of fever.
 - Lesions can be flat or slightly raised, filled with clear or yellowish fluid, and can then crust, dry up and fall off.
 - The number of lesions on one person can range from a few to several thousand. The rash tends to be concentrated on the face, palms of the hands and soles of the feet. They can also be found on the mouth, genitals and eyes.
- Symptoms typically last between 2 to 4 weeks and **go away on their own without treatment.**





How does it spread?

- Spread through **close physical contact** with someone who has symptoms.
- The rash, bodily fluids (such as fluid, pus or blood from skin lesions) and scabs are particularly infectious.
- Clothing, bedding, towels or objects like eating utensils/dishes that have been contaminated with the virus from contact with an infected person, can also infect others.
- Ulcers, lesions or sores in the mouth can also be infectious (saliva). People who closely interact with someone who is infectious, including health workers, household members and sexual partners are therefore at greater risk for infection.
- The virus can also spread from pregnant woman to the foetus through the placenta, or from an infected parent to child during or after birth through skin-to-skin contact.

People with monkeypox are infectious while they have symptoms (normally for between two and four weeks).

It is not clear whether people who do not have symptoms can spread the disease. Or what impact COVID-19 has on the clinical course of infection.



Progress on Global Response

- First World Health Organization (WHO) meeting of the International Health Regulations (IHR) Emergency Committee regarding the multi-country monkeypox outbreak, held on 23 June 2022 (same committee as COVID-19).
 - Agreement that the event did not (yet) constitute a Public Health Emergency of International Concern (PHEIC).
 - At the time, 3040 cases of monkeypox reported to WHO, from 47 countries.
- 2nd IHR meeting held on 21 July 2022.
 - The outbreak has continued to grow.
 - More than 16 thousand reported cases from 75 countries and territories.
 - Five deaths.
- **Monkeypox declared PHEIC on 23 July 2022.**

PHEIC Rationale & Implications

- Cases reported in all 6 WHO Regions.
- The risk of monkeypox is moderate globally and in all regions, except in the European region where the risk is high.
- Clear risk of further international spread.
- “We have an outbreak that has spread around the world rapidly, through new modes of transmission, about which we understand too little.....” Dr Tedros.

Thus, would activate international health regulations iro

- Strengthening **surveillance and mandatory reporting**
- **Scientific collaboration**
- WHO Providing **guidance to countries** on prevention, management and containment.

On Vaccination: limited availability of vaccine (*Imvanex*).
WHO does not support widespread vaccination (at present)



Is Monkeypox fatal?

- In most cases, the symptoms of monkeypox go away on their own within a few weeks, but in some individuals, they can lead to medical complications and even death.
- **Newborns, children and people with underlying immune deficiencies may be at risk of more serious symptoms, illness or death from monkeypox.**
 - **Immunocompromised: uncontrolled diabetes; persons on cancer treatment; HIV positive and not on ART; kidney failure**
- Complications from severe cases of monkeypox include skin infections, pneumonia, confusion and eye infections which can lead to loss of vision.
- Around 1–10% of reported cases have led to death in endemic countries, often in children or persons who may have other health conditions. *It is important to note that this may be an overestimate because surveillance in endemic countries is limited.*



Prevention and Containment Measures

✓ *Surveillance and Laboratory Testing*

✓ *Prevention*

Avoid **contact with wild animals** (monkeys, anteaters, hedgehogs, prairie dogs, squirrels, Gambian poached rats, and shrews) and with **persons with skin lesions**; Improved Hygiene; Avoid contact and wear a mask.

Anyone caring for a person infected with monkeypox should **use appropriate personal protective equipment and measures**.

As a precaution, WHO suggests the **use of condoms** consistently during sexual activity (receptive and insertive oral/anal/vaginal) **for 12 weeks post-recovery** to reduce the potential transmission of monkeypox for which the risk is currently not known.

✓ *Public Education and community engagement*

Communicating monkeypox-related **risks** and engaging at-risk and affected communities, community leaders, civil society organizations, and health care providers, on prevention, detection and care, is essential for preventing further secondary cases and effective management of an outbreak.

- *Clinical management and infection control*

- *Managing misinformation/Fake News*

Be mindful that rumors and incorrect information continue to circulate on social media and other platforms regarding the current outbreak. It is important to **check facts with credible sources** such as WHO or national health authorities (NICD).

- *Prevent stigma and discrimination (e.g. MSM)*

May aggravate spread and prevent people with infection from seeking help, leading to worse health outcomes. **Anyone can get and transmit monkeypox**. Violation of Rights.

MONKEYPOX: WHAT YOU NEED TO KNOW

There is currently an outbreak of monkeypox in some countries that do not normally have cases:

- Most people recover fully without treatment, but in some cases, people can get seriously ill
- It is called 'monkeypox' because it was first found in monkeys
- While the risk to the general public is low, WHO is responding to this outbreak as a high priority
- What we know about the outbreak is changing fast – we are learning more every day

You can catch monkeypox through close contact with someone who has symptoms including:

- Skin-to-skin contact
- Face-to-face contact
- Mouth-to-skin contact
- Touching infected bedding, towels, clothing or objects



If you think you have monkeypox:

- Get advice from a health worker
- Isolate at home if possible
- Protect others by avoiding close contact with them
- Wear a mask and avoid touching if you need to have close contact

Symptoms of monkeypox include:

- Rash with blisters on face, hands, feet, body, eyes, mouth or genitals
- Fever
- Swollen lymph nodes
- Headaches
- Muscle and back aches
- Low energy



Protect yourself from monkeypox by avoiding close contact with someone who has symptoms:

- Avoid skin-to-skin, face-to-face and mouth-to-skin contact, including sexual contact
- Clean hands, objects, surfaces, bedding, towels and clothes regularly
- Wear a mask if you can't avoid close contact and when handling bedding, towels and clothes
- Ask people if they have symptoms before you have close contact
- Using condoms may not prevent monkeypox spreading during sexual contact, but can prevent other sexually transmitted infections

**Stigmatising
people because
of a disease
is NEVER ok.**

**Anyone can get
or pass on
monkeypox**

Conclusion

- Risk in South Africa is low at present. However, vigilance is important.
- Public education is vital. Let's all share accurate information and resources.
- Maintain good hygiene.
- Encourage unwell persons not to attend school/work & rather to seek medical attention.
- Prevent stigma and discrimination.
- Address Fake News.

Useful Resources & Additional Information

www.who.int

www.nicd.ac.za

On COVID-19

- Cases are still being identified. NICD is now releasing data weekly.
- South Africa tracks the level of SARS-Cov-2 in the wastewater as a manner to monitor infection levels in the population, as the vast majority of cases are asymptomatic.
- In the past, the wastewater levels have tracked very closely the COVID-19 cases as reported by the NICD & DOH. Thus a reliable source of data.

NICD report up to 5 July 2022, the NICD highlights the following:

- While the reported cases remain low, **SARS-CoV-2 continues to circulate in different wastewater plants (WWTPs) in Gauteng at minimal to high levels.** These plants are situated in Tshwane South (Daspoort and Sunderland Ridge WWTPs); Johannesburg (Goudkopies WWTP); Ekurhuleni East (Jan Smuts WWTP); Ekurhuleni South (Vlakplaats WWTP) and Ekurhuleni North (Hartebeesfontein WWTP).



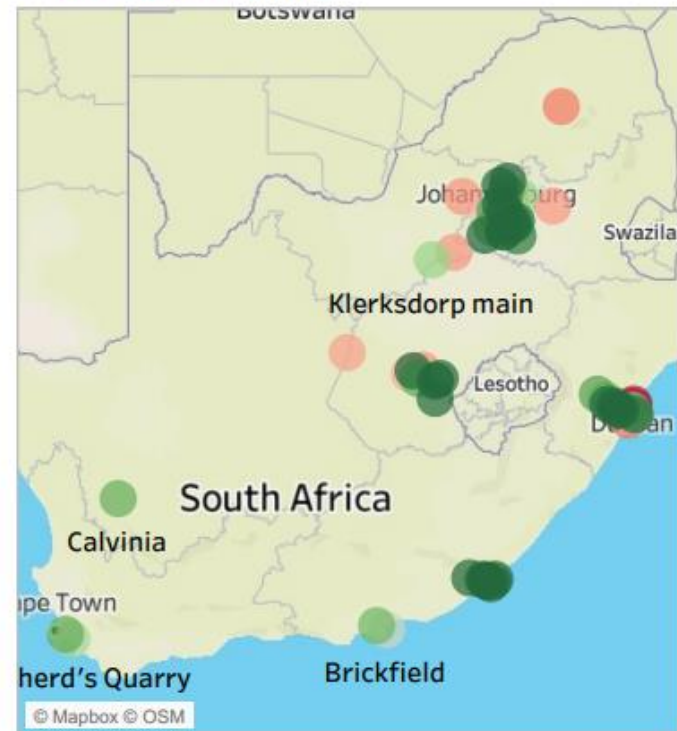
2 July 2022

SARS-CoV2- trend in wastewater over last week at sentinel plant */**

Provinces and districts



Districts and plants



Log gene copies /ml wastewater



- **SARS-CoV-2 genomics in wastewater**

Presence of Omicron variant in all samples across South Africa with evidence of the new Omicron sub-variants BA.4 & BA.5 present in Gauteng, eThekwin, Eastern Cape, Western Cape and the Free State.

- The message therefore is that the virus continues to **circulate and to change**.
- Vigilance and preparedness in our sector remains important, including continued promotion of hand hygiene measures.

Every child is a National Asset

Thank you!

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