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ROYAL GOVERNMENT OF BHUTAN  
MINISTRY OF HEALTH  
DEPARTMENT OF PUBLIC HEALTH



7.DoPH/CDD/IHR/GenCor/2023-2025

15 August 2024

## Appraisal and Situation Update on Mpox

### 1. Background

Mpox (formerly known as monkeypox) is a viral illness caused by the monkeypox virus, a species of the genus Orthopoxvirus. It was first detected in humans in 1970 in the Democratic Republic of the Congo (DRC). In 2022, the WHO recommended updating its name to "mpox" to reduce stigma and association with monkeys, as the disease can also infect rodents and humans.

Mpox virus variants are referred to as clades. There are two different type of clades, clade I and clade II. Clade 1 has been circulating in the DRC for years while clade 2 was responsible for the global outbreak of 2022 which was declared a public health emergency of international concern (PHEIC) in July 2022. It was subsequently declared over in May 2023 after a sustained decline in global cases. Clade 1b virus in the DRC last year which was caused "mainly through sexual networks." This clade is reportedly deadlier and more easily transmitted from person to person.

The common symptoms of mpox are a skin rash or mucosal lesions which can last 2–4 weeks accompanied by fever, headache, muscle aches, back pain, low energy, and swollen lymph nodes. Mpox can be transmitted to humans through physical contact with someone who is infectious with contaminated materials, or with infected animals. Sexual contact is most commonly reported modes of transmission (19,102 of 22,801 cases, 83.8%), followed by person-person non-sexual contact (globally, January 2022-June 2024, WHO data).

Identifying mpox can be difficult as other infections and conditions can look similar. It is important to distinguish mpox from chickenpox, measles, bacterial skin infections, scabies, herpes, syphilis, other sexually transmissible infections, and medication-associated allergies. Someone with mpox may also have another sexually transmissible infection such as herpes. Alternatively, a child with suspected mpox may also have chickenpox.

### 2. Global epidemiological situation

- Mpox is considered endemic to countries in central and west Africa. In recent weeks, there has been an unprecedented increase in the number of mpox cases and outbreaks in the WHO African Region. For now, the epidemic curves suggest that the outbreak continues at a low level of transmission in the WHO Region of the Americas, European Region, the Western Pacific, and the South-East Asian Region (Figure1).



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- Mopx has been reported in the [Democratic Republic of the Congo](#) (DRC) for over a decade, and the number of cases reported each year has been steadily increasing during that time. As of today, there are more than 15,600 reported cases and 537 deaths in the DRC (WHO).
- Experts believe the true number of cases to be higher as a large proportion of clinically compatible cases have not been tested.
- Burundi, Kenya, Rwanda, and Uganda have each reported their first cases of monkeypox (Figure 2). Cases have been linked to eastern parts of the DRC, and the presence of clade 1b monkeypox virus (MPXV) has been confirmed.
- Last week, the Africa CDC reported that mpox has now been detected in at least 13 African countries. Compared with the same period last year, the agency said cases are up 160 % and deaths have increased by 19%. So far, more than 96% of cases have been reported in DRC Congo.

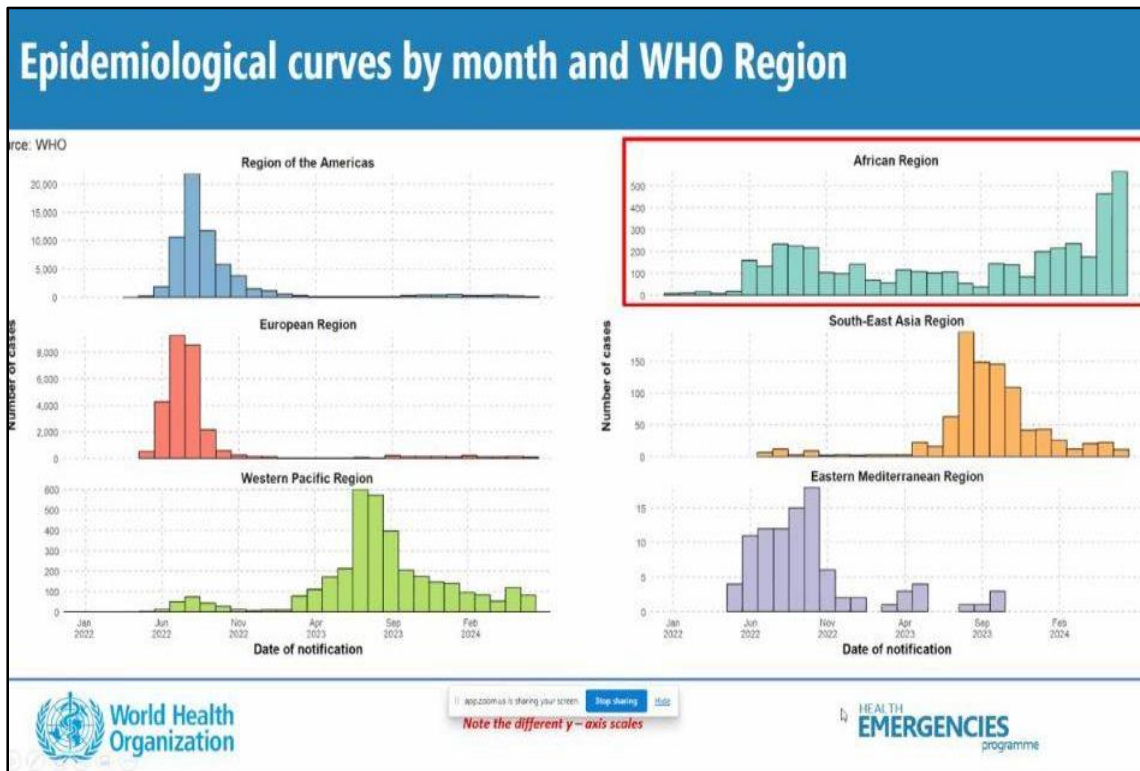


Figure 1. Epidemiological curves by month and WHO region. Source: 1st extraordinary meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response (SCHEPPR SS1).



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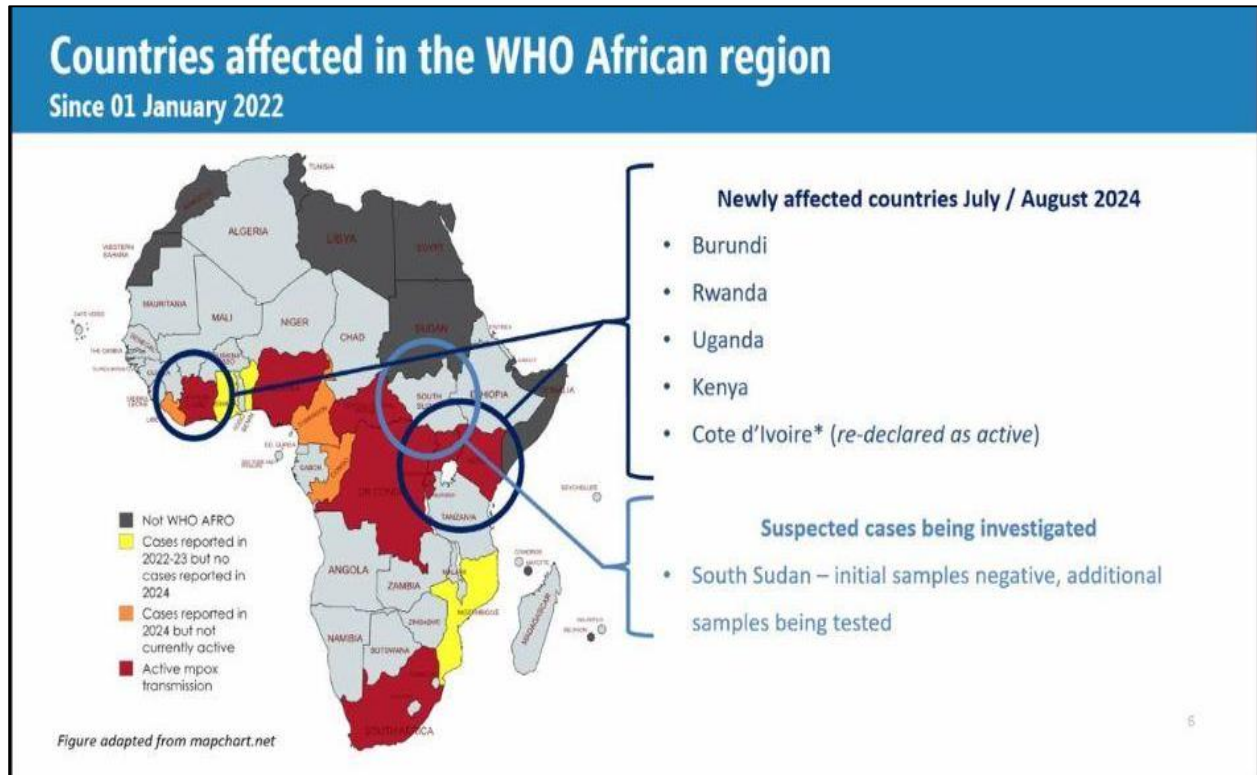


Figure 2. Countries affected by mpox in the WHO African region

- Sweden's public health agency has reported the first case of a contagious new variant of mpox outside the African continent today (BBC). The Swedish public health agency said Clade 1 was likely to be linked to "a higher rise of a more severe course of disease and higher mortality".

### 3. Declaration of mpox as PHEIC

- Owing to upsurge of mpox in the DRC and a growing number of countries in Africa, WHO's DG Dr Tedros Adhanom Ghebreyesus declared mpox as a public health emergency of international concern (PHEIC) under the International Health Regulations (IHR) 2005 on 14th August 2024.
- The WHO's decision was based on the advice of the IHR Emergency Committee. The Committee informed the Director-General that it considers the upsurge of mpox to be a PHEIC, with the potential to spread further across countries in Africa and possibly outside the continent.
- This declaration, the second in just two years related to mpox, underscores the severe nature of the current situation and the urgent need for coordinated international action.
- Mpox was also declared as a public health emergency by Africa Centres for Disease Control and Prevention on 13th August 2024 (UN News, August 2024).



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#### 4. Epidemiological situation in the region

- In the WHO South-East Asia Region, a total of 942 laboratory-confirmed mpox cases, including 11 deaths, have been reported since 14 July 2022 (Figure 5). The cases are reported in India, Indonesia, Nepal, Sri Lanka and Thailand. All deaths were reported from Thailand. It is believed that the prominent strain of mpox virus in these countries is Clade 2, which is less severe compared to the Clade 1 strain found in Central Africa.
- In epidemiological weeks 30 (22 July 2024 to 28 July 2024) and 31 (29 July 2024 to 04 August 2024), 5 new mpox cases were reported from Thailand.

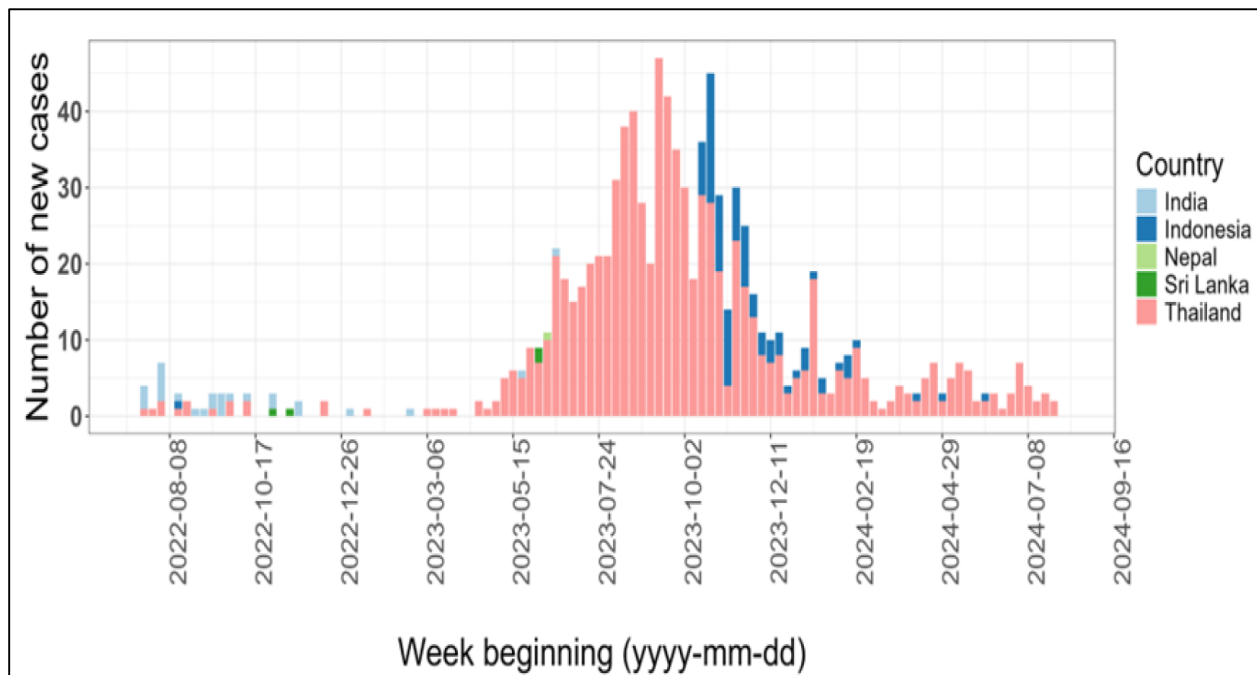


Figure 3. Number of mpox cases reported in WHO South-East Asia Region by date of notification\* (14 July 2022 – 4 August 2024). Source- WHO South-East Asia Region Epidemiological Bulletin, 4 August 2024

#### 5. Way forward

At the national level, immediate measures have been taken to prevent and control the spread of mpox. Ministry of Health's Health Emergency Operation Center (HEOC) have been activated and is currently in the **ALERT** phase to monitor the situation. The HEOC will assist in coordinating response efforts, ensuring rapid decision-making, and efficient resource allocation in the event that the situation worsens. The Department of Public Health (DoPH) and the Royal Center for Disease Control (RCDC) will enhance surveillance systems to promptly identify and report new cases, with a special



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focus on points of entry (POEs). Special messages will be developed for travellers for their safety, and we will seek the support of airlines and media outlets for further dissemination. Additionally, we will undertake other efforts to raise awareness and educate the population on preventive measures.

Based on the evolving situation and specific needs, the Ministry will focus on strengthening health infrastructure. This includes equipping isolation facilities, ensuring the availability of vaccines and immunization services, enhancing laboratory and diagnostic capacities, providing personal protective equipment (PPE), and conducting comprehensive training for healthcare workers in infection prevention and control, case investigation, and case management.

For now, we will continue to follow the Standing Recommendations of the Director-General of the WHO issued in August 2023, particularly concerning the epidemiological surveillance of mpox and the strengthening of laboratory diagnostic capacities in line with updated WHO interim guidance, including genomic sequencing of viruses.

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