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No: F.1-22/Advisory/FEDSD/2022 *Islamabad, 23rd May 2022*

Subject: **Alert: Multi-country monkey pox outbreak in non-endemic countries**

A recent surge of monkeypox disease cases have been reported by the non-endemic countries including UK, Spain, Canada. A total of 92 confirmed and 28 suspected cases have been reported till date.

2. Monkeypox is a rare viral zoonotic disease that is caused by infection with monkeypox virus. Although natural reservoir of monkeypox remains unknown however, African rodents and non-human primates (like monkeys) may harbor the virus and infect people. The patient develops a rash within 1 to 3 days after the appearance of fever, often beginning on the face then spreading to other parts of the body. Lesions progress through these stages before falling off: Macules→Papules→Vesicles→Pustules→Scabs. Other symptoms include headache, muscle aches, exhaustion and lymphadenopathy. The incubation period is usually 7−14 days but can range from 5−21 days. The illness typically lasts for 2−4 weeks. (WHO case definition is annexed).

3. Transmission occurs via **contact** with infected animal, human, or materials contaminated with the virus. The virus enters the body through broken skin (even if not visible), respiratory tract, or the mucous membranes (eyes, nose, or mouth). Other human-to-human methods of transmission include direct or indirect contact with body fluids, lesion material or through contaminated clothing or linens.

4. All the national and provincial health authorities and other stakeholders especially Central Health Establishment (monitoring points of entry) are advised to remain on high alert for any suspected case. Timely detection and notification is important for prompt implementation of preventive measures. All public and private hospitals to ensure readiness for isolation and treatment.

5. The situation has urged all countries to enhance surveillance and vigilance. The Centre for Disease Control, NIH is monitoring the situation and will keep the stakeholders updated. Please contact NIH for any further information / clarification.

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Distribution Overleaf

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43. Medical Superintendent, Holy Family Teaching Hospital, Rawalpindi
44. Medical Superintendent, Benazir Bhutto Hospital, Rawalpindi
45. Medical Superintendent, WAPDA Hospital, Rawalpindi
46. Medical Superintendent, Railway Hospital, Rawalpindi
47. In-charge, Federal Disease Surveillance Unit (FDSRU), NIH Islamabad
48. Officer In-charge, Provincial Disease Surveillance Unit (PDSRU) at Provincial Health Directorates, Lahore, Hyderabad, Peshawar, Quetta, Gilgit and Muzaffarabad
49. Deputy Commissioners with the request to direct all concerned departments at district level

Copies to:

1. Chief Secretary, Govt of Punjab, Sindh, KPK, Balochistan, GB and AJK.
2. Surgeon General Pakistan Army, GHQ Rawalpindi
3. Chief Commissioner, ICT Administration Islamabad
4. WHO Country Representative, Islamabad
5. SPS to Federal Minister of Health, M/o NHSR&C, Islamabad
6. SPS to Secretary, M/o NHSR&C, Islamabad
7. PS to Director General Health, M/o NHSR&C, Islamabad

WHO has developed surveillance case definitions for the current monkeypox outbreak in non-endemic countries.

(case definitions will be updated as necessary)

Suspected case:

A person of any age presenting in a monkeypox non-endemic country[2] with an unexplained acute rash

AND

One or more of the following signs or symptoms, since 15 March 2022:

- Headache
- Acute onset of fever (>38.5°C),
- Lymphadenopathy (swollen lymph nodes)
- Myalgia (muscle and body aches)
- Back pain
- Asthenia (profound weakness)

AND

for which 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 g*onococcus* 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.

N.B. It is not necessary to obtain negative laboratory results for listed common causes of rash illness in order to classify a case as suspected.

[2] Monkeypox endemic countries are: Benin, Cameroon, the Central African Republic, the Democratic Republic of the Congo, Gabon, Ghana (identified in animals only), Côte d'Ivoire, Liberia, Nigeria, the Republic of the Congo, and Sierra Leone. Benin and South Sudan have documented importations in the past. Countries currently reporting cases of the West African clade are Cameroon and Nigeria. With this case definition, all countries except these four should report new cases of monkeypox as part of the current multi-country outbreak.

Probable case:

A person meeting the case definition for a suspected case

AND

One or more of the following:

- has an epidemiological link (face-to-face exposure, including health workers without eye and respiratory protection); 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 symptom onset
- reported travel history to a monkeypox endemic country[1] 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
- is hospitalized due to the illness

Confirmed case:

A case meeting the definition of either a suspected or probable case and is laboratory confirmed for monkeypox virus by detection of unique sequences of viral DNA either by real-time polymerase chain reaction (PCR) and/or sequencing.

Discarded case:

A suspected or probable case for which laboratory testing by PCR and/or sequencing is negative for monkeypox virus.