



EACS
European
AIDS
Clinical
Society



Informal ECDC/EACS Webinar on the Monkeypox outbreak

24 May 2022

Objective: To share information between European stakeholders on the Monkeypox outbreak, with a focus on communication messages for men who have sex with men.

- ECDC update on RRA on Monkeypox (Benjamin Bluemel, ECDC) 10 min
- Clinical reflections from the UK (Sanjay Bhagani, EACS/Royal Free NHS) 5 min
- Reflections from Portugal (Margarida Tavares, Portugal) 5 min
- Community perspectives (Will Nutland, The Love Tank CIC, LSHTM) 5 min
- Discussion 35 min

Participants: Public health, clinicians, community organisations, (mostly from the STI networks)

European Centre for Disease Prevention and Control

Rapid Risk Assessment: Monkeypox multi-country outbreak

Informal ECDC/EACS webinar on the monkeypox outbreak
24 May 2022

Situation update - overview

First cases reported by **UK**

- 7 May - 1 confirmed case imported from Nigeria
- 13 May - family cluster (2 confirmed cases + 1 clinically compatible case); no known travel or epidemiological links
- 20 May – 20 confirmed cases, mainly MSM

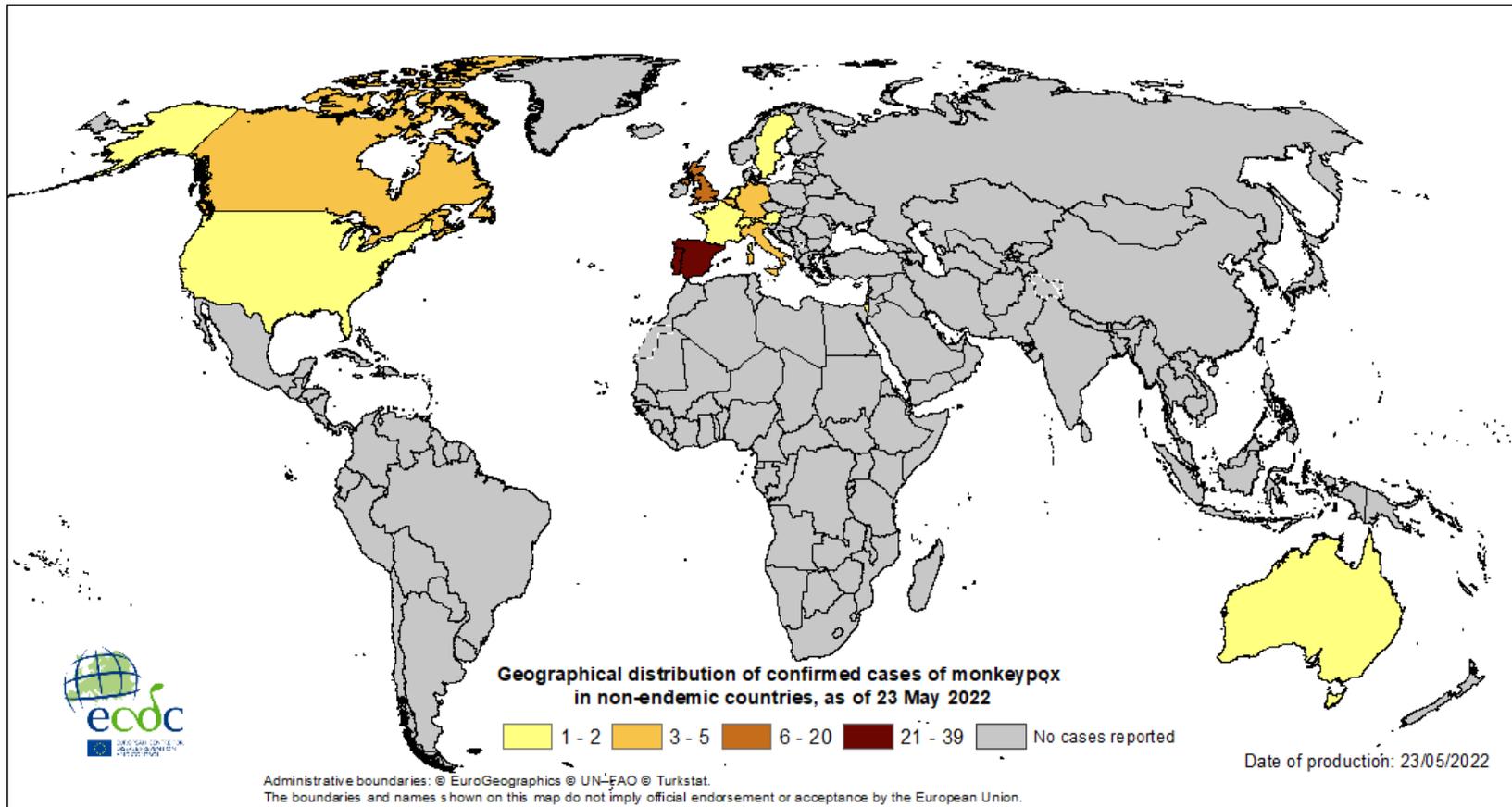
From 18 May several **EU/EEA countries** reported cases (as of 23 May nine countries; 67 confirmed, 42 suspected cases)

Cases also outside EU/EEA

Many of the cases had recent sexual contacts. Many self-identify as gay, bisexual or other men who have sex with men. Several reported a recent travel history to another European country

Where information is available, most cases described as mild. All confirmed cases West African clade (less severe) of monkeypox virus by PCR

Geographical distribution of confirmed cases of monkeypox in non-endemic countries, as of 23 May 2022 (11:00)



Monkeypox disease background



- Zoonotic disease, currently most prevalent orthopoxvirus infection in humans after eradication of smallpox/cessation of universal smallpox vaccination
- Monkeypox virus (MPXV) identified as human pathogen in 1970 in DRC; since then increasingly reported in several African countries, also in recent years
- In endemic areas, MPXV is transmitted to humans through a bite or direct contact with an infected animal's blood, meat, bodily fluids or cutaneous/mucosal lesions

Transmission of MPXV between humans



Monkeypox does not spread easily between people

Described prior to 2022

- Respiratory droplets during direct and prolonged face-to-face contact
- Direct contact with body fluids of an infected person, contact of mucosa or non-intact skin with open rash lesions
- Contact with contaminated objects, e.g. bedding or clothing

Sexual transmission infrequently described/hypothesised in literature

- *Ogoina et al.* referring to 2017 outbreak in Nigeria: “sexual transmission a plausible route of infection as it involved close skin-to-skin contact during sexual intercourse or transmission via genital secretions”
- Cases described post-smallpox vaccination (male to female, male to male)

Disease characteristics

- **Incubation period** (from previous outbreaks): 6 to 13 days (range 5-21 days)
- **Clinical picture** (this outbreak)
 - Not textbook: localised rash in ano-genital area, some with disseminated rash (not many lesions)
 - Painful lymphadenopathy
- **Diagnosis:** RT-PCR of scabs, swabs and aspirated lesion fluid specimens
- **Treatment:** symptomatic and supportive, antivirals
- **Vaccine:** previous vaccination against smallpox provides (up to 85%) cross-protection

ECDC risk assessment: Persons with multiple sexual partners, including some MSM

Moderate overall risk for persons with multiple sexual partners including some MSM

- High risk for further spread, but low impact of MPX
- Overall risk may be higher for older people or people with untreated HIV infection

ECDC risk assessment: Broader population and health professionals



Low overall risk for broader population

- Very low risk for further spread and low disease impact
- Individual risk for very young children, pregnant women, elderly or immunocompromised individuals may be higher due to potentially higher impact

Low to high overall risk for health professionals depending on protection used and type of exposure

- Healthcare workers: **Low risk** if wearing protection, **moderate risk for unprotected exposure**
- Laboratory personnel: **low risk** when following appropriate biosafety procedures, **high risk for unprotected exposure**
- Overall risk possibly higher for those older or immunocompromised

Options for response

The current priorities for countries should be:

- **Identification, isolation and contact tracing** of MPX cases
- **Reporting newly identified cases and their characteristics** to EpiPulse and the European Surveillance System (TESSy)
- An interim case definition has been proposed

Options for response

- Review and strengthening of **laboratory diagnostic** capacity for orthopoxviruses
- Review availability of:
 - **PPE** for health professionals
 - stockpiles of **smallpox vaccines** and consider vaccination strategies
 - **antiviral treatments** for severe cases
- **Collaboration with animal health** services for the management of exposed pets
- Strong **risk communication and engagement with the MSM communities**, as well as the broader public

Management of MPX cases

- Assessment of clinical condition
 - Risk factors: young age, pregnancy, older age, immunosuppressed
- Need for common treatment protocol
- If no risk factors and mild to moderate disease then can stay at home (analgesia, hydration)
- Isolation until rash heals or “scabs fall off”

Contact tracing/partner notification



- Contact tracing of newly identified MPX cases should be performed carefully and exhaustively
- Involvement of sexual health services, who are experienced in partner notification for STI
- Awareness-raising activities in MSM communities will support effective contact tracing
- Contact tracing should pay particular attention to identifying immunocompromised contacts

Management of contacts of an MPX case

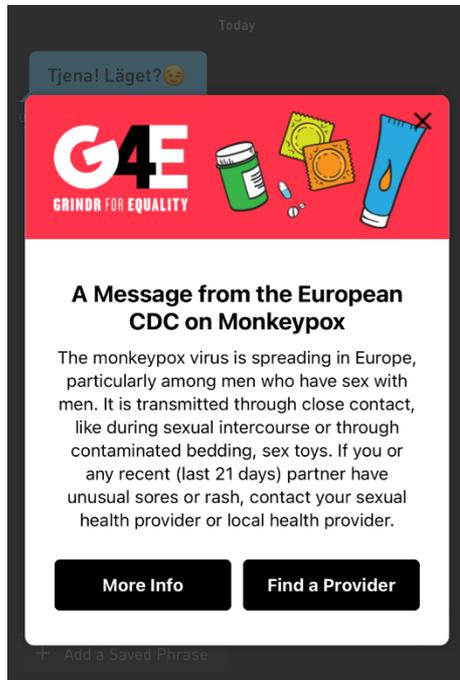
| Type of contact | Description | Management guidance |
|---------------------------|---|--|
| Close contact | <ul style="list-style-type: none"> • Sexual partner • Person(s) living in same household, or similar setting (e.g camping, overnight sleeping etc) • Person(s) sharing clothing, bedding, utensils etc, while the patient had a rash • Person(s) sharing the same closed workspace/office for long periods of time • Caregivers of MPX case, while symptomatic • HCW who had contact with MPX case (lesions or prolonged face-to-face contact) without appropriate PPE • HCW or other person who suffered a sharps injury or was exposed to MPX case body fluids or aerosol generating procedure without PPE • Laboratory staff suffering exposure to occupational accident with virus-containing sample (splash, sharp or aerosol exposure etc) • Co-passenger seated one -two seats distance around case while they were symptomatic, in airplane, bus or train ≥ 8 hours duration | <ul style="list-style-type: none"> • Careful benefit/risk assessment for the need for PEP smallpox vaccination • Self-monitor for fever or other MPX symptoms (headache, back ache etc) or new unexplained rash for 21 days from last exposure. In that case self-isolate and abstain from sexual activity until MPX is excluded. • Careful hand hygiene and respiratory etiquette. • Abstain from sexual activity and avoid close physical contact for 21 days or until MPX is excluded. • Avoid contact with mammal pets for 21 days or until MPX is excluded |
| All other contacts | <ul style="list-style-type: none"> • Brief social interactions • Work colleagues not sharing same office • Persons sharing fitness equipment or sharing the same sauna or bath, without sexual contact • Social encounters/ acquaintances • HCW contact with appropriate PPE | <ul style="list-style-type: none"> • Depending on the certainty of contact, some of these contacts may be asked to self-monitor for fever or other MPX symptoms (headache, back ache etc) or new unexplained rash for 21 days from last exposure. |

Risk communication and community engagement



- Proactive risk communication and multiple community engagement activities should be carried out to increase awareness, provide updates and guidance to those at increased risk and the wider public
- Risk communication messages should stress that MPXV is spread through close contact between people, especially in the same household, potentially including the sexual route
- A balance should be kept between informing those most at risk but also communicating that the virus does not spread easily between people and the risk to the broad population is low

Push messages via apps



Today

Tjena! Läget? 😊

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A Message from the European CDC on Monkeypox

The monkeypox virus is spreading in Europe, particularly among men who have sex with men. It is transmitted through close contact, like during sexual intercourse or through contaminated bedding, sex toys. If you or any recent (last 21 days) partner have unusual sores or rash, contact your sexual health provider or local health provider.

[More Info](#) [Find a Provider](#)

+ Add a Saved Phrase



HORNET



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A Message from the European CDC on Monkeypox

O vírus Monkeypox está a disseminar-se na Europa, em particular entre homens que têm sexo com homens. Esta infeção é transmitida através de contato próximo, nomeadamente através de contacto sexual ou através de roupas de cama ou brinquedos sexuais contaminados. Se você ou qualquer dos seus parceiros recentes (últimos 21 dias) tiver feridas ou úlceras genitais ou erupções cutâneas fora do comum, recorra a uma consulta de saúde sexual / infeções sexualmente transmissíveis ou contacte o seu médico assistente ou serviço de urgência mais próximo. Pode encontrar mais informações úteis aqui.

[More Info](#) [Find a Provider](#)

Alerts in several languages already on apps!

Knowledge gaps/limitations

- No comprehensive data on severity of illness, transmission dynamics or effective response measures for the current outbreak
- Under-detection of cases still very likely
- Lack of sequencing results to understand transmission chains/dynamics
- Need for more accurate information on risk associated with different types of contacts, de-isolation
- Need for information on current residual cross-protection of smallpox vaccination, efficacy data and safety for children, pregnant, immunocompromised
- Efficacy and safety data needed on available antiviral agents and common treatment protocol

Link to the risk assessment:

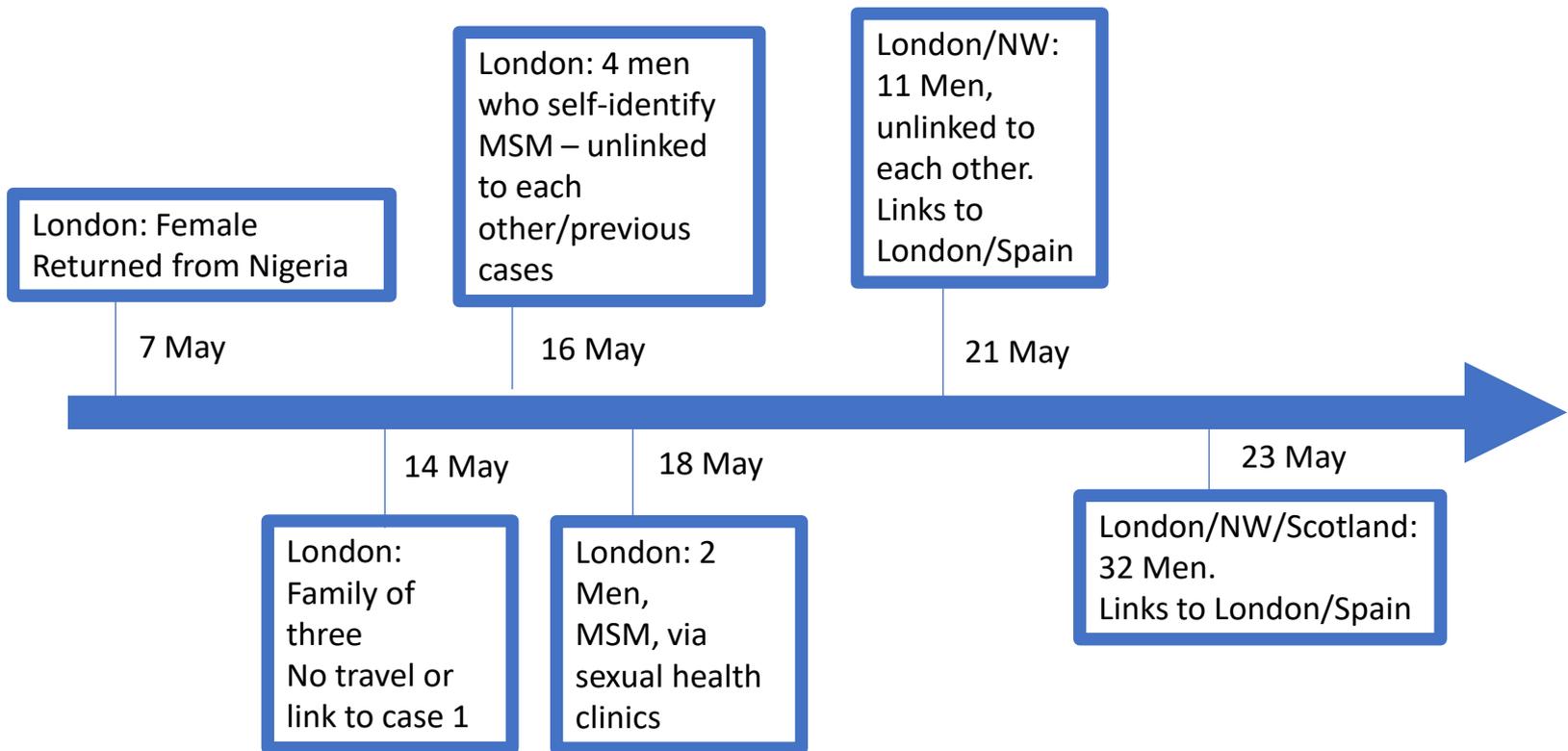
<https://www.ecdc.europa.eu/en/publications-data/risk-assessment-monkeypox-multi-country-outbreak>

Monkeypox – UK 2022

Sanjay Bhagani

Royal Free Hospital/UCL, London

EACS



UKHSA definitions:

(<https://www.gov.uk/guidance/monkeypox-case-definitions>)

- Possible case

A person with a febrile prodrome[†] compatible with monkeypox infection where there is known prior contact with a confirmed case in the 21 days before symptom onset.

Or, a person with an illness where the clinician has a high suspicion of monkeypox (for example, this may include prodrome or atypical presentations with exposure histories deemed high risk by the clinician, or classical rash without risk factors).

- Probable Case

A person with a monkeypox compatible vesicular-pustular rash plus at least one of the following epidemiological criteria:

-exposure to a confirmed or probable case in the 21 days before symptom onset

-history of travel to an area where monkeypox is endemic, or where there is a current outbreak in the 21 days before symptom onset (currently West and Central Africa, Spain, Portugal and USA)

-gay, bisexual and other men who have sex with men (GBMSM)

[†] Febrile prodrome consists of fever $\geq 38^{\circ}\text{C}$, chills, headache, exhaustion, muscle aches (myalgia), joint pain (arthralgia), backache, and swollen lymph nodes (lymphadenopathy).

Current isolation/admission criteria

- Cases
 - Admit for management symptomatic, immunocompromised, pregnant women and pre-school children
 - Admit for isolation: if vulnerable adults/children in household, unable to 'isolate' (shared room, facilities, etc)
 - Self-isolate for the others
- Contacts
 - Isolate for 21 days for cat 3 contacts (sexual or intimate contact, household contacts, HCWs with prolonged contact without PPE)
 - Active monitoring for cat 2 contacts, away from work, if working with vulnerable groups
 - Passive monitoring for other contacts

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1077329/20220520_monkeypox-contact-tracing-classification-and-vaccination-matrix.pdf

Clinical experience (RFH)

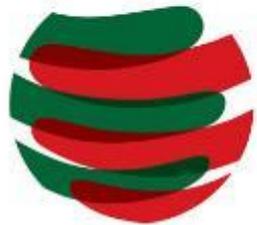
- Mostly mild illness
 - Febrile prodrome in about 70% but settles very quickly
 - Very few systemically unwell (secondary bacterial infections, proctatitis, urethritis and UTIs, tonsillitis)
 - No pneumonitis, encephalitis, multi-organ involvement
 - Mild-to-moderate elevations in serum aminotransferases
- Presentations often to STI/dermatology clinics
 - ?syphilis, ?disseminated GC, ?atypical HSV, ?VZV
- Co-infections common
 - Gonorrhoea, chlamydia, HSV re-activation
- Many PLWH - but mostly well-controlled
- Prolonged appearance of skin lesions and slow healing - ?HIV-associated

Tecovirimat and MVA-vaccine

- Tecovirimat licensed by the EMA for the treatment of smallpox, cowpox and monkeypox
 - Oral twice a day inhibitor of envelope-wrapping protein VP37
 - Good safety profile
 - Little human data on efficacy (x1 patient UK 2019)
 - Current use: symptomatic patients, unwell, lesions+++
- MVA-BN – non-replicating vaccinia virus vaccine
 - Licensed by MHRA for smallpox
 - Licensed by FDA for smallpox and monkeypox
 - ‘Safe’ in PLWH (and other immunocompromised)
 - UK - pre-exposure prophylaxis for HCWs caring for patients with MPX
 - UK – contacts in cat 2/3 – ideally within 4 days of exposure (but for up to 14 days)

Pertinent questions (Discussion)

- How do we engage our community to come forward for testing (and isolation) without stigmatization?
- Do we need special measures for PLWH? (i.e. early treatment, prioritization for post-exposure vaccination?)
- How do we protect our frontline HCWs (i.e. what PPE)
- Is there really 'sexual transmission'
 - i.e. seminal fluid/vaginal secretions once rash has resolved
- Is there asymptomatic transmission?
- Can we de-isolate vaccinated contacts?



Monkeypox in Portugal

Margarida Tavares, MD, MPH

**Department of Infectious Diseases, Emerging Infectious Diseases Unit, CHUSão João
EPI Unit – Institut of Public Health of the University of Porto
Direção-Geral da Saúde – Ministry of Health
National STI and HIV Programme
Rapid Response Team on human Monkeypox vírus infection**



Monkeypox in Portugal



From 3 to 12 May: 3 cases of atypical clinical cases of genital ulcers, generalized rash, and systemic symptoms, at 3 STI / Sexual Health clinics in Lisbon

On 12 May: post on EpiPulse by the OCP of STI network (Microbiology, National Reference Laboratory) – Strange clinical presentation in Lisbon MSM”

On 15 May: United Kingdom reported 4 laboratory confirmed Monkeypox infections “in gay, bisexual and other men who have sex with men (GBMSM)”, similar clinical cases

On 17 May: Portugal reported 3 laboratory confirmed cases of Monkeypox infection in MSM, detected in Lisbon.

Monkeypox in Portugal

As for 23 May:

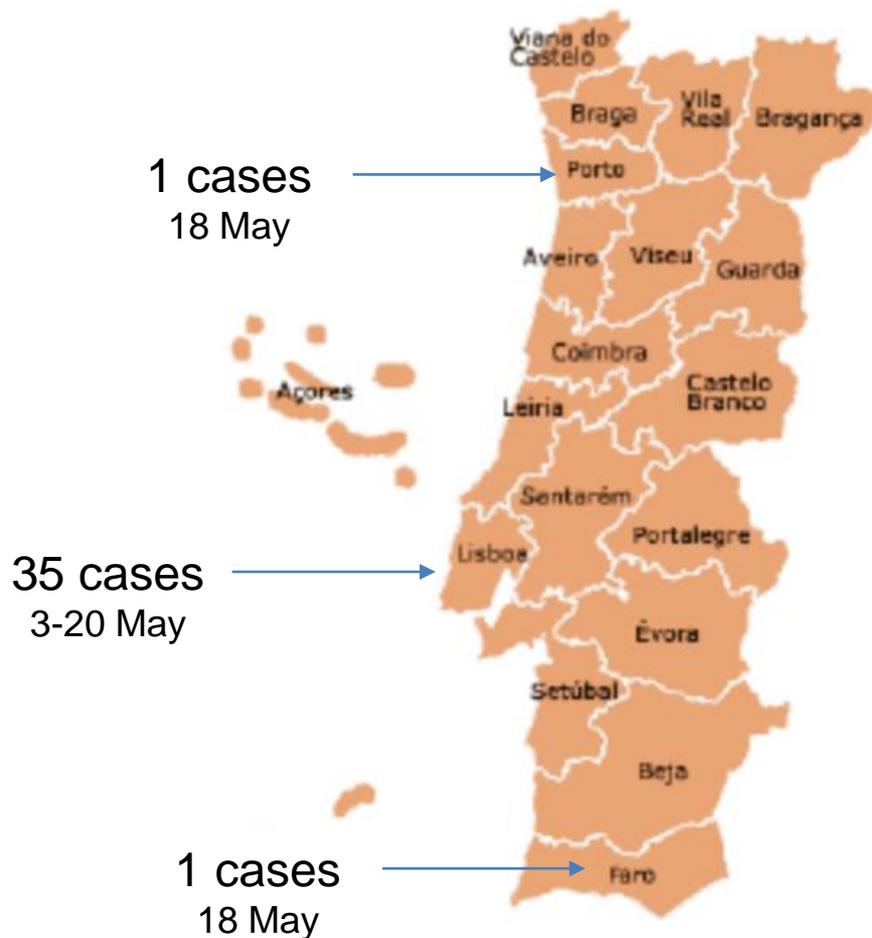
| Date of results | Probable cases / at least one sample | Negative | Positive MPXV |
|-------------------------------------|---|----------|------------------|
| 18 May (samples from 5 - 18 May) | 14 | | 5 + 9 |
| 19 May | 10 | 1 | 9 |
| 20 May | 26 | 12 | 14 |
| | 50 | | 37 |

100% male sex

Mean age of 38 (27 - 61) years old



Monkeypox in Portugal





Community engagement



18th May - meeting with CheckpointLX/GAT:

- Update on number of cases
- Sharing information about MPXV (transmission, symptoms, case definition)
- Defining communication strategy
- Identifying other community partners

20th May - meeting with GAT/CheckpointLX and other LGBTQI+/ sex work NGOs from Lisbon:

- Providing Information for community counselling
- Identifying best wording for informative materials
- Identifying strategies to tackle stigma

22nd May - meeting with Lisbon and Porto community leaders, chemsex activists, LGBTI business association (bars and saunas owners):

- Defining prevention and information strategies
- Discussing procedures for venues
- Identifying need for mass gatherings





Community engagement

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Other actions for the next days:

- Preparing information in PT for dating apps (ECDC)
- Preparing FAQs for LGBTQI + media
- Dissemination of information material (mailing lists, social media, etc.)

MONKEYPOX

Infeção humana por vírus monkeypox

[PERGUNTAS & RESPOSTAS](#)

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Muito Obrigada!

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Melhor informação.
Mais saúde.



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