How to Mount an Effective Response to a Monkeypox Outbreak

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I. Establish occurrence of an outbreak and determine epidemiology of the outbreak

- **An outbreak refers to occurrence of an epidemic prone disease in a non-endemic setting, or occurrence of the disease over and above know endemic threshold for the setting**
- **Once an outbreak of MPX is established, conduct risk assessment to identify high risk groups for targeted interventions and to ensure effective use of resources**

Fig 1. Epidemiological pattern of the MPX outbreak (example)

Demographics (i.e. based on case report forms)

Case profiles

As of September 05 2022

	Reported values[1]		Unknown or Missing Value
	Yes	No	
Men who have sex with men	11923 (95.2%)	607 (4.8%)	33442
HIV-Positive	5576 (44.9%)	6834 (55.1%)	33562
Health worker	313 (4.2%)	7070 (95.8%)	38589
Travel History	1213 (27.9%)	3127 (72.1%)	41632
Sexual Transmission	7822 (91.0%)	777 (9.0%)	37373
Hospitalised[2]	1550 (8.4%)	16928 (91.6%)	27494
ICU	9 (0.1%)	8072 (99.9%)	37891
Died	4 (0.0%)	19681 (100.0%)	26287

[1] Note given true proportions of variables, yes reporting may be common than no reporting

[2] May be hospitalised for isolation or medical treatment

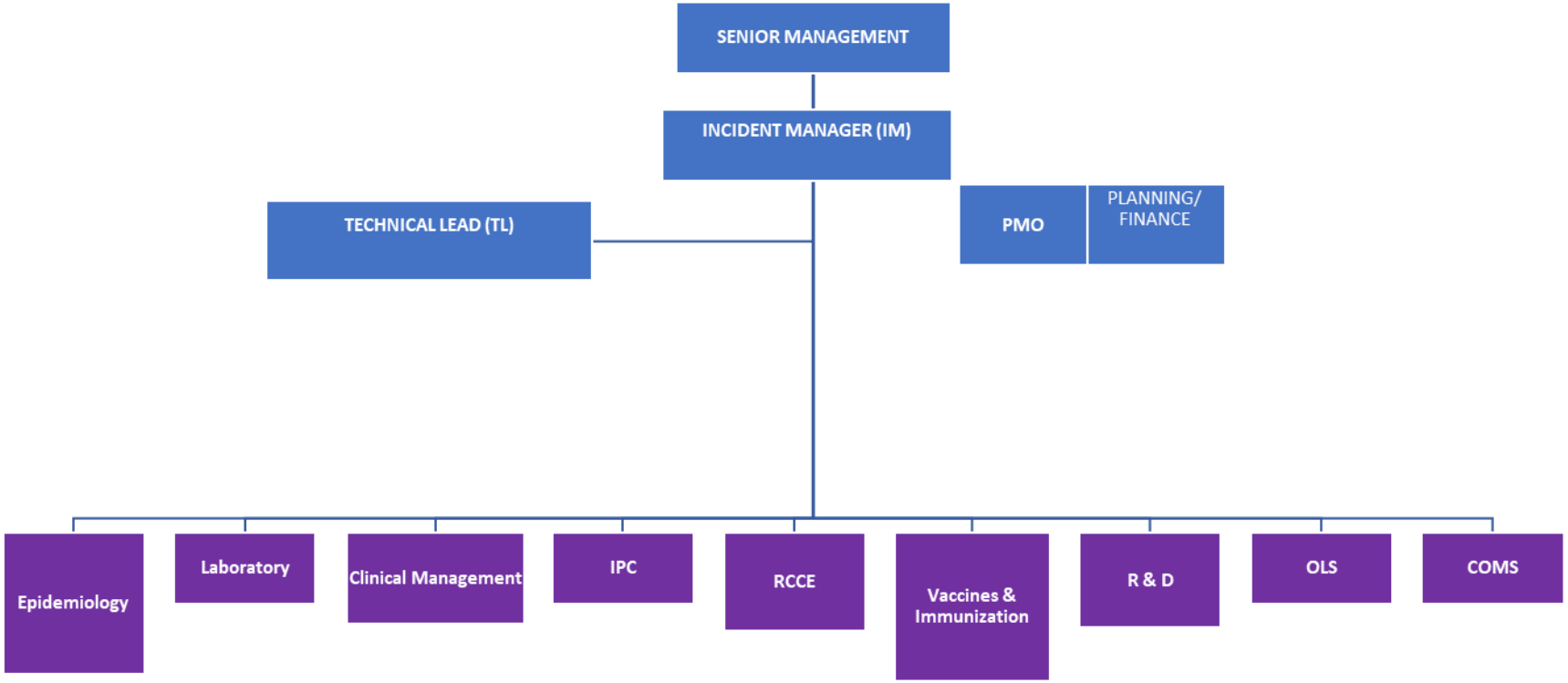
II. Set up leadership and coordination mechanism

- To bring together and coordinate activities of relevant sectors and partners
- To establish communication mechanism (e.g. media briefing, press releases for the public, information sharing with partners etc.)
- To provide relevant operational, material, and financial support for the response efforts
- To organize multidisciplinary teams for the response
- To develop a costed response plan to support the response
  - The plan should be evidence-based and objective to ensure appropriate allocation of limited resources as determined by epidemiologic data, accumulating science, and risk factors

III. Identify multidisciplinary technical requirements for the response

- **Outbreak response requires a range of technical disciplines to respond effectively**
- **Some of the critical disciplines may be domiciled outside health sector (i.e. hence the need for effective multisectoral coordination)**
- **Core disciplines for most disease outbreaks include: 3C+SLP, and others (e.g. research and innovation, OLS, etc)**

Fig 2. Organogram for outbreak response (sample)



IV. Determine resource requirements for the response

- Infrastructure
  - EOC/Meeting room(s))
- Technical and support staff across the relevant disciplines
- Logistics and equipment
  - Audio/video conferencing facilities
  - IT solutions/equipment
  - Transport
- Financial resources

Fig 3. WHO emergency operations center (example)

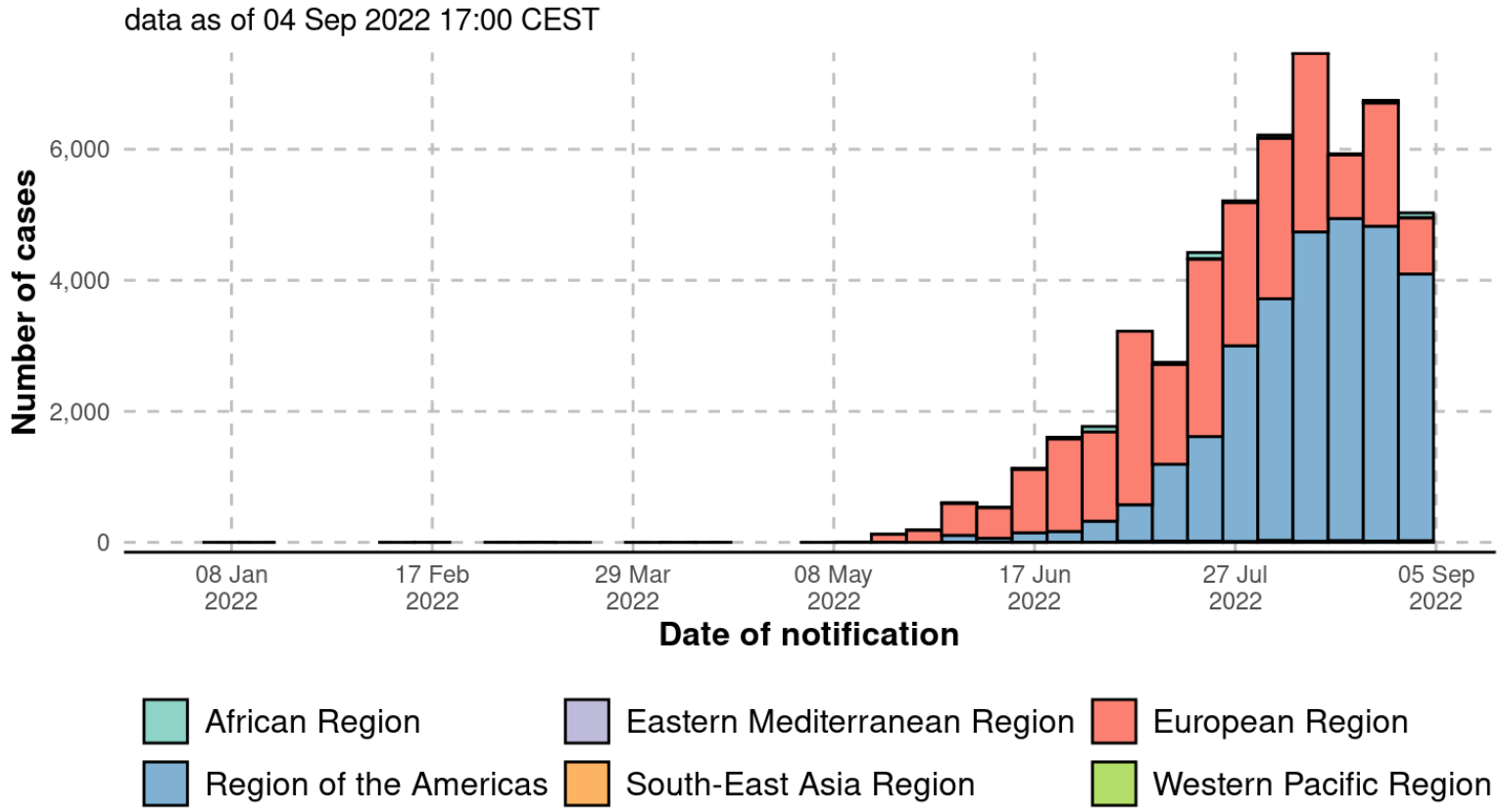
VI. Monitor the response efforts

- **Monitoring instruments include:**
  - **Routine epidemiological updates for evolution of the outbreak in time, place and person**
  - **M&E tools for implementation of response activities and utilization of resources**
  - **Intra-action reviews**

Fig 4. Routine epidemiological updates (example)

Confirmed cases by date of notification

- Since 1 Jan 2022, cases reported to WHO from **102 (1 new) Member States /** territories across all **6 WHO regions**
- As of 06 September 2022, at 17h CEST, a total of **52,997 laboratory confirmed cases (5029 new)** including **18 deaths (3 new)**, have been reported
- Number of new weekly cases has decreased by 25.5% compared to the previous week



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Thanks