

IMAP Statement on Monkeypox

This statement was prepared by the International Medical Advisory Panel (IMAP) and was approved in September 2022

About Monkeypox

Monkeypox is a viral zoonotic disease which typically occurs in tropical areas in central and west Africa. In May 2022, multiple cases of monkeypox were identified in non-endemic countries, and the number of cases and countries where infection has spread has continued to increase, reaching more than 95 countries¹. The World Health Organization declared monkeypox outbreak a Public Health Emergency of International Concern on 23 July 2022. This is the first time many monkeypox cases have been reported concurrently in non-endemic and endemic countries in different geographical areas. Most cases so far have been identified through sexual health and other services at primary healthcare facilities and have involved mainly, but not exclusively, men who have sex with men. Studies are underway to understand the epidemiology of the current transmission of disease.

The infection manifests itself initially by 0-5 days of fever, intense headache, lymphadenopathy, back pain, myalgia and fatigue. The incubation

period between exposure and onset of disease is between 6-13 days, with a range of 5-21 days. The skin lesions appear 1-3 days after the fever. The rash affects almost all infected people, beginning on the face (95%) and then spreading to other parts of the body, most commonly the palms of the hands and soles of the feet. It also may develop on mucosal membranes and genitalia. The rash begins from macules and progresses to papules, then to vesicles and pustules which dry up and fall off. The lesions may be itchy or painful, and in some cases cause scarring.

The infection is self-limited and symptoms generally last 14-21 days. Most cases of the virus are mild, sometimes resembling chickenpox, and resolve without treatment with a few weeks. Before the outbreak, the case fatality ratio of monkeypox has ranged from 0 to 11 % in the general population and has been higher among children. Currently, the case fatality ratio has been around 3–6%. Severe cases occur most commonly among children and those with underlying immune deficiencies.

Transmission between humans can occur by close contact with respiratory secretions, skin lesions of an infected person or objects recently touched/

¹ Check for the latest updates on the Monkeypox outbreak per country here: [2022 Monkeypox Outbreak Global Map](#) | [Monkeypox](#) | [Poxvirus](#) | [CDC](#)

contaminated such as bedclothes. Respiratory transmission usually requires prolonged face-to-face contact. Although it is not clear whether the virus can be transmitted through sexual means (or through sexual fluids), close physical contact is a risk factor for transmission.

Key messages on Monkeypox and Sexual and Reproductive Health

Prevention

Prevention is primarily through avoiding close, skin-to-skin contact with people who have a rash that looks like monkeypox. Additionally, avoid handling bedding, towels or clothing or sharing utensils or cups with a person with monkeypox. Normal infection-prevention protocols and behaviors, such as washing hands often with soap and water, should be followed.

People infected with monkeypox should isolate at home for the duration of the symptoms and avoid close physical contact, including sexual activity.

Vaccination may be available for those who are at high risk of developing disease, such as those who have been exposed to monkeypox through close contact or sexual contact, within 2 weeks of exposure. Prior vaccination against smallpox (which is in the same virus family) is 85% effective in preventing development of disease. A newer vaccine based on modified attenuated vaccinia virus was approved for the prevention of monkeypox in 2019. This is a two-dose vaccine currently with limited global availability; although this vaccine has been demonstrated to illicit a strong immune response, its effectiveness protecting against development of monkeypox is currently under investigation.

Pregnant and lactating persons could be at risk of developing monkeypox either as health care workers or being contacts of those infected with monkeypox. Currently available vaccine effective against orthopoxviruses is not registered for use during pregnancy. As a non-replicating, highly

attenuated vaccine, however, it is probably safe to use in pregnancy and lactation.

Treatment

Clinical care for monkeypox should have a goal to alleviate symptoms, manage complications, and prevent long-term sequelae. Patients should be offered fluids and food to maintain nutritional status. Secondary bacterial infections should be treated as needed or indicated. An antiviral agent known as tecovirimat that was developed for smallpox was licensed by the European Medicines Agency (EMA) for monkeypox in 2022 based on data in animal and human studies. It is not yet widely available. An Emergency Task Force of the EMA is currently working to accelerate development and authorization of medicines targeted at monkeypox. Infection prevention measures, including use of personal protective equipment for healthcare providers, should be followed in healthcare settings where monkeypox cases are attended (for guidance: www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html).

Stigma

Key prevention information is needed for people to help them make the best-informed decisions to protect their health and that of their community. Such messages need to be delivered by trusted sources to ensure the information reaches affected communities. As anyone who comes into close contact with someone who has monkeypox can contract it, messages need to reach the general population and front-line health workers about recognizing and managing the infection. However, as most, but not all cases, have occurred during this outbreak among men who have sex with men, targeting specific ways to reach these groups, especially across racial, ethnic and socioeconomic backgrounds is key. Focused messaging, however, should not stigmatize or further stigmatize groups at higher risk, particularly based on sexual and/or gender identities. Lessons from HIV/AIDS, where slow-moving governmental action and poor outreach failed to contain the spread of the infection,

should inform policies and approaches to target the spread of the disease and treatment of those who contract it. Additionally, women should not be overlooked; lessons should be learnt from other recent pandemics, e.g. Zika and COVID-19, where women who became pregnant and contracted the virus faced some of the gravest consequences of the infection and during the course of the HIV pandemic, heterosexual spread became the most common pathway to infection.

Access to vaccination, care and treatment, as well as to related research must be equitable and inclusive, assured for all groups of people—including those already most marginalized

“Stigma and discrimination can be as dangerous as any virus,” said WHO Director-General Tedros Adhanom Ghebreyesus at a press conference. “In addition to our recommendations to countries, I am also calling on civil society organizations, including those with experience in working with people living with HIV, to work with us on fighting stigma and discrimination.”

Conclusion

IPPF is committed to rights-based, person-centred and gender transformative approaches to sexual and reproductive health care delivery. This IMAP statement aims to support Member Associations to ensure they are prepared with the latest messages and information to respond to clients’ needs and provide adequate care in their facilities. on Monkeypox prevention, treatment and stigma that

may affect specific population groups of risk of the virus.

Resources

Thornhill JP, Barkati S, Walmsley S, Rockstroh J, Antinori A, Harrison LB, Palich R, Nori A, Reeves I, Habibi MS, Apea V, Boesecke C, Vandekerckhove L, Yakubovsky M, Sendagorta E, Blanco JL, Florence E, Moschese D, Maltez FM, Goorhuis A, Pourcher V, Migaud P, Noe S, Pintado C, Maggi F, Hansen AE, Hoffmann C, Lezama JI, Mussini C, Cattelan A, Makofane K, Tan D, Nozza S, Nemeth J, Klein MB, Orkin CM; SHARE-net Clinical Group. Monkeypox Virus Infection in Humans across 16 Countries - April-June 2022. *N Engl J Med.* 2022 Aug 25;387(8):679-691 PMID: 35866746.

Khalil A, Samara A, O’Brien P, Morris E, Draycott T, Lees C, Ladhani S. Monkeypox vaccines in pregnancy: lessons must be learned from COVID-19. *Lancet Glob Health.* 2022 Sep;10(9):e1230-e1231.

For more information on the outbreak: <https://www.who.int/emergencies/situations/monkeypox-oubreak-2022>

For more information on global extent of disease: <https://www.cdc.gov/poxvirus/monkeypox/response/2022/world-map.html>

For more information of SRHR and infectious disease outbreaks: <https://www.ready-initiative.org/sexual-and-reproductive-health-and-rights-during-infectious-disease-outbreaks-operational-guidance-for-humanitarian-and-fragile-settings/>

For more information on recovering from monkeypox: <https://www.who.int/multi-media/details/recovering-from-monkeypox-at-home>

For more information on vaccine/ antivirals: [Monkeypox | European Medicines Agency \(europa.eu\)](https://www.european-council.europa.eu/media/eu)

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Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals

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