



Update on the Latest Situation and Epidemiology of Monkeypox

Surveillance Division
Communicable Disease Branch
Centre for Health Protection

10 June 2022



衛生署
Department of Health

Outline

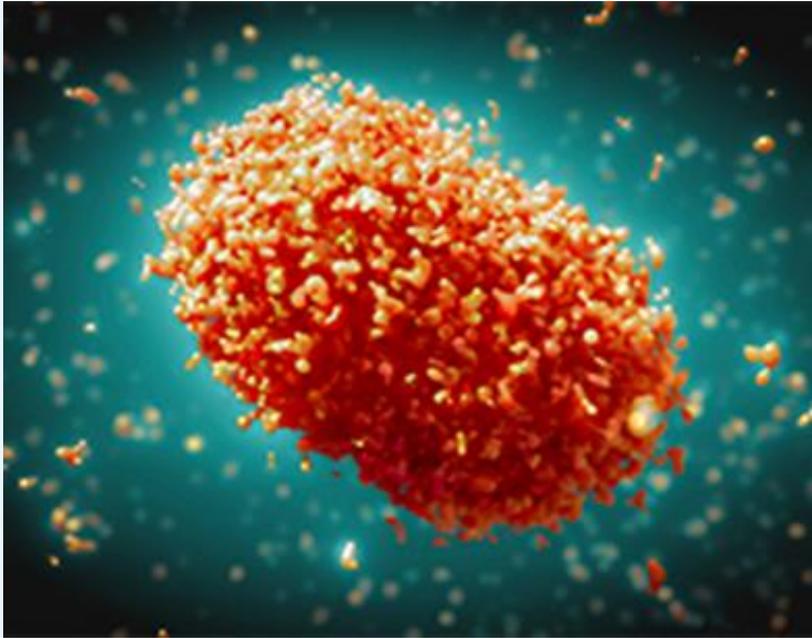


Photo from WHO website

- Background
- Latest epidemiology
- Risk assessment
- Local response actions
- Use of vaccines for prevention



Background

- Virus first discovered in monkeys kept for research of polio vaccine in Denmark in 1958
→ named “monkeypox”
- First reported in humans in 1970 in the Democratic Republic of Congo (Zaire)
- Most reported outbreaks in **Central and West Africa** thereafter



Photo from WHO website



The Virus

- Monkeypox is a zoonosis caused by monkeypox virus, which belongs to the Orthopoxvirus genus of the Poxviridae family
- A double-stranded DNA virus with DNA genome surrounded by a protein coat and lipid envelope
- Two distinct genetic clades:
 - Central African (Congo Basin) clade: in Cameroon, Central African Republic and Democratic Republic of the Congo; CFR 1-10%
 - West African clade: in Cameroon and Nigeria; overall mortality ratio < 3%

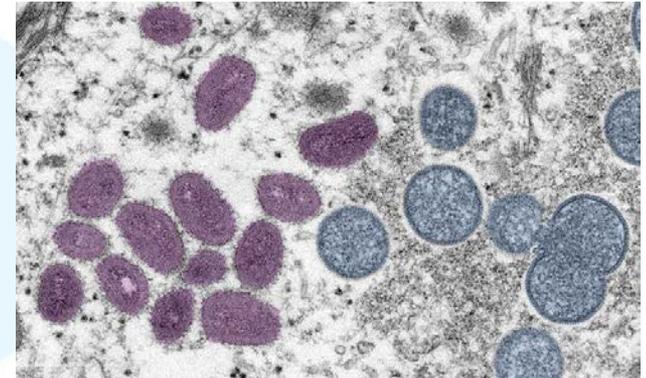


Photo from WHO website



The Reservoir

- The reservoir host is still unknown
- Rodents are suspected to play a part in the endemic setting
- Various animal species identified as susceptible
 - Squirrels, tree squirrels, Gambian pouched rats, dormice, non-human primates and other species



Photo from US CDC website



Monkeypox Transmission Cycle in Central Africa



Primary hosts:
Rodents
(squirrels, rats)



Incidental hosts:
Non-human primates
(low prevalence)



Bushmeat hunting



Humans

Secondary
transmission

**Other
humans**

Photo from UCLA Institute of the Environment & Sustainability website



Mode of transmission

Animal to human

- Bite, scratch and direct contact with body fluid of wild animals, such as some species of primates, rodents and squirrels, etc.

Human to human

- Close contact with respiratory secretions, skin lesions of an infected person or recently contaminated objects. Transmission via droplet respiratory particles usually requires prolonged face-to-face contact
- Transmission can also occur via the placenta from mother to fetus (congenital monkeypox) or during close contact during / after birth
- Transmitted specifically through sexual transmission routes - unclear
- Incubation period: 5-21 days (usually 6-13 days)
- Longest documented chain of transmission in a community has risen in recent years from 6 to 9 successive person-to-person infections
 - May reflect declining immunity due to cessation of smallpox vaccination

<https://www.who.int/news-room/fact-sheets/detail/monkeypox>



Clinical Features

- Usually self-limiting with symptoms lasting from 14 to 21 days
- Symptoms include fever, intense headache, myalgia and lymphadenopathy in the first few days of infection
- Lesions in mouth and rash on the body may appear about 1 to 3 days after onset of fever
- The case fatality ratio has been reported to around 3% in the African setting, varying between 1-10%
- Most deaths occurring in younger age groups
- In human, individuals infected may be contagious from 1 day before the rash appears and up to 21 days after the initial symptoms, or until all skin lesions have formed scabs and no other symptoms are present



Photo from US CDC website

Key Clinical Characteristics of Smallpox, Monkeypox, and Varicella

Characteristic	Smallpox	Monkeypox	Varicella
Time period			
Incubation period	7–17 d	7–17 d	10–21 d
Prodromal period	1–4 d	1–4 d	0–2 d
Rash period (from the appearance of lesions to desquamation)	14–28 d	14–28 d	10–21 d
Symptoms			
Prodromal fever	Yes	Yes	Uncommon, mild fever if present
Fever	Yes, often >40°C	Yes, often between 38.5°C and 40.5°C	Yes, up to 38.8°C
Malaise	Yes	Yes	Yes
Headache	Yes	Yes	Yes
Lymphadenopathy	No	Yes	No
Lesions on palms or soles	Yes	Yes	Rare
Lesion distribution	Centrifugal	Centrifugal ^a	Centripetal
Lesion appearance	Hard and deep, well-circumscribed, umbilicated	Hard and deep, well-circumscribed, umbilicated ^a	Superficial, irregular borders, “dew drop on a rose petal”
Lesion progression	Lesions are often in one stage of development on the body; slow progression with each stage lasting 1–2 d	Lesions are often in one stage of development on the body; slow progression with each stage lasting 1–2 d ^a	Lesions are often in multiple stages of development on the body; fast progression

^a Differences in the appearance of rash have been noted in vaccinated (vaccination <20 years prior to illness) vs unvaccinated individuals. Vaccinated individuals were noted to have fewer lesions, smaller lesions, and better presentation of regional monomorphism and centrifugal distribution of rash.

Latest Epidemiology



Outbreaks - Africa

- Since 1970, human cases of monkeypox have been reported in 11 African countries: Benin, Cameroon, the Central African Republic, the Democratic Republic of the Congo, Gabon, Cote d'Ivoire, Liberia, Nigeria, the Republic of the Congo, Sierra Leone and South Sudan
- Since 2017, Nigeria has experienced a large outbreak, with over 500 suspected cases and over 200 confirmed cases and a case fatality ratio of approximately 3%
- Recent monkeypox cases in African region reported to WHO since January 2022, as of 1 June 2022

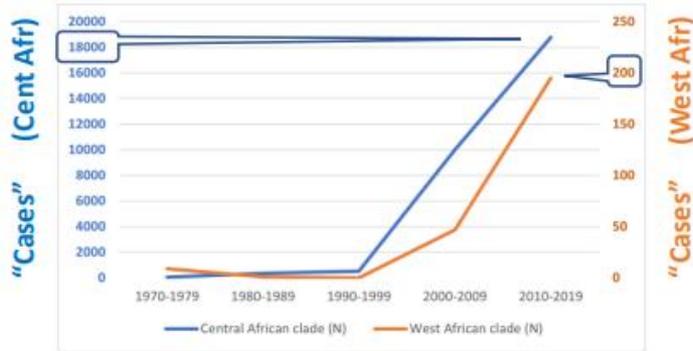
Country	Confirmed cases	Suspected cases	Deaths
Cameroon	3	28	2
Central African Republic	8	17	2
Republic of Congo	2	7	3
Democratic Republic of the Congo	10	1284	58
Liberia	0	4	0
Nigeria	21	66	1
Sierra Leone	0	2	0
Cumulative	44	1408	66

Outbreaks – Non-endemic Countries

- In 2003, the first monkeypox outbreak outside of Africa was in the United States with > 70 cases.
 - linked to contact with infected pet prairie dogs.
 - Pets housed with Gambian pouched rats and dormice that had been imported from Ghana.
- Monkeypox has also been reported in travelers from Nigeria
 - to Israel in September 2018
 - to UK in September 2018, December 2019, May 2021 and May 2022
 - to Singapore in May 2019
 - to the United States of America in July and November 2021



"Monkeypox" -- The past 50 years (from Bunge et al 2022)



https://cdn.who.int/media/docs/default-source/blue-print/day-1_paul-fine_historical-overview_monkeypox-meeting_02june2022.pdf?sfvrsn=ce17be5a_3

Recent outbreaks in non-endemic countries

- Since May 2022, multiple cases of monkeypox have been reported in several non-endemic countries, starting from Europe, Americas and Australia
- As at 2 June 2022, **780 laboratory confirmed cases** of monkeypox from non-endemic countries have been reported to the WHO
- No deaths have been reported
- Cases: mainly but not exclusively amongst men who have sex with men
- In this outbreak, common presenting symptoms includes genital and anogenital lesions, fever, swollen lymph nodes, and pain when swallowing
- Presentation of a genital or peri-anal rash in many cases suggests close physical contact as the route of transmission during **sexual contact**
- All confirmed cases identified in non-endemic countries have been identified as being infected with the **West African clade**



List of non-endemic countries/areas with confirmed cases of monkeypox as of 6 Jun 2022

- | | |
|----------------------|-----------------------------------|
| 1. Argentina 阿根廷 | 15. Malta 馬耳他 |
| 2. Australia 澳洲 | 16. Mexico 墨西哥 |
| 3. Austria 奧地利 | 17. Morocco 摩洛哥 |
| 4. Belgium 比利時 | 18. Netherlands 荷蘭 |
| 5. Canada 加拿大 | 19. Norway 挪威 |
| 6. Czech Republic 捷克 | 20. Portugal 葡萄牙 |
| 7. Denmark 丹麥 | 21. Slovenia 斯洛文尼亞 |
| 8. Finland 芬蘭 | 22. Spain 西班牙 |
| 9. France 法國 | 23. Sweden 瑞典 |
| 10. Germany 德國 | 24. Switzerland 瑞士 |
| 11. Hungary 匈牙利 | 25. Thailand 泰國 |
| 12. Ireland 愛爾蘭 | 26. United Arab Emirates 阿拉伯聯合酋長國 |
| 13. Israel 以色列 | 27. United Kingdom 英國 |
| 14. Italy 意大利 | 28. United States 美國 |

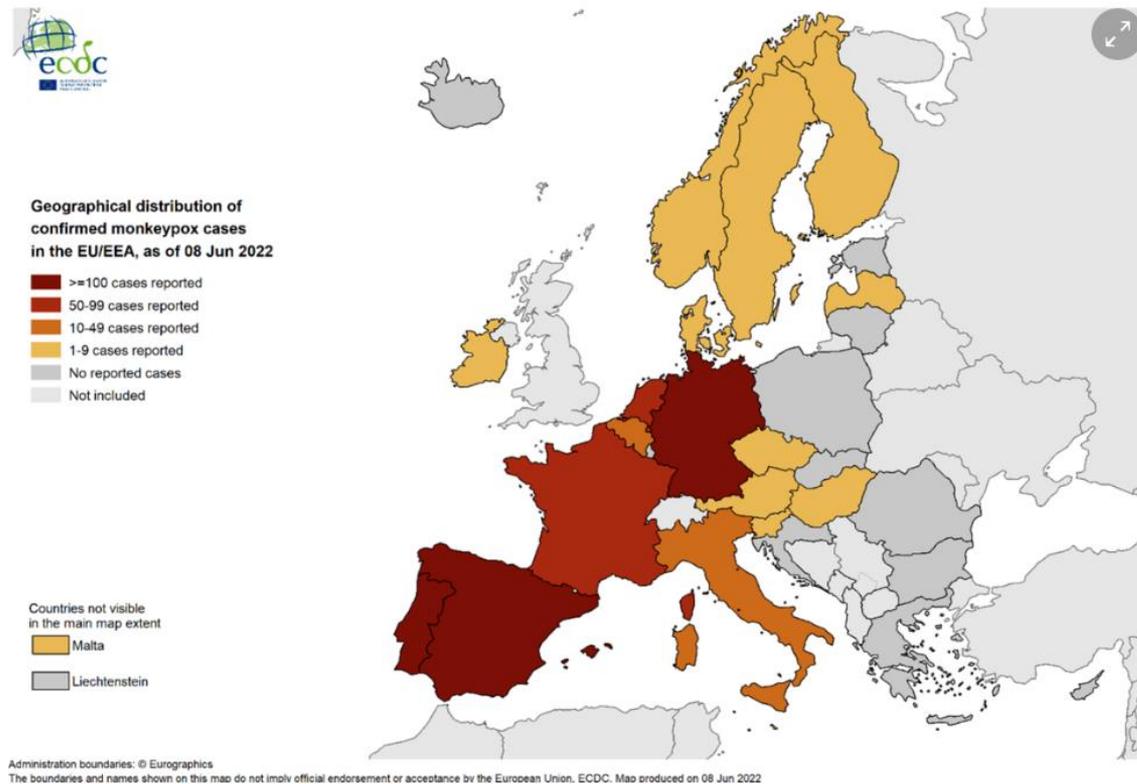
Source from WHO, ECDC. Information as of 2 June 2022



EU/EEA update

As of 8 June, a total of 704 cases have been confirmed from 18 EU/EEA countries (Table 1, Figure 1). Most cases are in young men, self-identifying as men who have sex with men (MSM). There have been no deaths. The clinical presentation is generally described to be mild, with most cases presenting with lesions on the genitalia or perigenital area, indicating that transmission probably occurred through close physical contact during sexual activities.

Figure 1. Geographical distribution of confirmed cases of monkeypox in EU/EEA countries, as of 8 June 2022



<https://www.ecdc.europa.eu/en/news-events/epidemiological-update-monkeypox-multi-country-outbreak-8-june>

Risk assessment



WHO risk assessment

- The overall public health risk at global level is assessed as **MODERATE**
- This is the first time that monkeypox cases and clusters are reported concurrently in widely disparate WHO geographical areas, and without known epidemiological links to endemic countries in West or Central Africa
- The sudden appearance and wide geographic scope of many apparently sporadic cases indicate that **widespread human-to-human transmission** is already underway, and the virus may have been circulating unrecognized for several weeks or longer
- Cases have mainly, but not exclusively, been identified amongst men self-identified as part of extended sexual networks. At present the majority, but not all, of identified transmission is linked to recent **sexual contacts**

WHO risk assessment (cont'd)

- Current risk to human health and for general public:
 - **LOW**
- Health workers:
 - Risk if not wearing appropriate PPE
- Vulnerable groups (children and immunocompromised):
 - Risk of severe disease and mortality
- Public health risk could become **high if** this virus exploits the opportunity to **establish itself as a widespread human pathogen**



WHO Advice

- Raising awareness
- Surveillance and reporting
- Laboratory diagnostics and testing
- Risk communication and community engagement case
- Infection, prevention and control in healthcare settings
- Clinical management and treatment
- Vaccines and immunization
- One health approach
- International travel



Actions taken in Hong Kong



Letters to doctors

傳染病處

Communicable
Disease
Branch

本署編號 Our Ref. : (2) in DH CDB/8/103/1
來函編號 Your Ref. :
電話 Tel. :
傳真 Fax No. :

23 May 2022

Dear Doctor,

Vigilance against monkeypox

I would like to draw your attention to the latest surge of overseas monkeypox cases and enlist your support in the notification and prevention of the disease.

Monkeypox is a zoonosis caused by monkeypox virus, and most of the reported monkeypox outbreaks have occurred in Central and West Africa. Infection could occur when a person comes into contact with the virus from infected animals, infected humans or contaminated materials. Humans could get infected from various wild animals, such as some species of primates, rodents and squirrels, etc., through bite or scratch, or direct contact with their body fluids. Human-to-human transmission is also possible through respiratory droplets during prolonged face-to-face contact or direct contact with body fluids.

Recently, cases of monkeypox have been reported in non-endemic countries in Europe, North America and Australia. As at 21 May 2022, 92 laboratory confirmed cases and 28 suspected cases of monkeypox from those non-endemic countries have been reported to the World Health Organization (WHO). According to the WHO, cases have mainly but not exclusively been identified amongst men who have sex with men seeking medical help in primary care and sexual health clinics.

Monkeypox is usually a self-limited disease with symptoms lasting from 14 to 21 days. The first few days after infection with monkeypox are characterised by fever, intense headache, myalgia and lymphadenopathy. Severe swollen lymph nodes before the appearance of rash could be a distinctive feature of monkeypox. Lesions in mouth and body appear about 1 to 3 days after onset of fever. The lesions progress from maculopapules to vesicles, pustules and followed by crusts within a period of 10 days to two weeks and the lesions typically progress simultaneously at all parts of



衛生防護中心為衛生署
轄下執行疾病預防
及控制的專業架構
The Centre for Health
Protection is a
professional arm of the
Department of Health for
disease prevention and
control

香港九龍亞答老街 147C 號 3 樓
3/F, 147C Argyle Street, Kowloon, Hong Kong

- 2 -

the body. Severe cases occur more commonly among children and are related to the extent of virus exposure, patient health status and nature of complications. Complications include secondary infections, bronchopneumonia, sepsis, encephalitis, and infection of the cornea with ensuing loss of vision. The case fatality ratio of monkeypox has varied between 0 and 11 % in the general population, and has been higher among young children. Diagnosis could be made by testing of specimens such as skin swabs or aspirated lesion fluid of suspected patients.

In regard to the current situation, if you identify patients with suspected monkeypox, please isolate the patient from other clients and report to the Central Notification Office of CHP as soon as possible via fax (2477 2770) or phone (2477 2772) during office hours, or call our Medical Control Officer (pager: 7116 3300 call 9179) outside office hours. The reporting criteria is shown at [Annex](#) for your reference. Softcopy of relevant notification form is available at <https://www.chp.gov.hk/files/pdf/hpf-form3-en-20150109.pdf>. For more details, please refer to <https://www.chp.gov.hk/en/features/105683.html>.

Thank you for your unfailing support in prevention and control of communicable diseases.

Yours faithfully,

(Dr. SK CHUANG)
for Controller, Centre for Health Protection
Department of Health



Reporting criteria for monkeypox

(as of 23 May 2022)

A suspected case of monkeypox refers to a patient who meets **both** the clinical and epidemiologic criteria

Clinical Criteria

- Unexplained acute rash **plus** one of the following signs / symptoms
 - Acute onset of fever ($>38^{\circ}\text{C}$)
 - Chills and/or sweats
 - New lymphadenopathy (periauricular, axillary, cervical, or inguinal)
- A case may be excluded if an alternative diagnosis can fully explain the illness



Reporting criteria for monkeypox

Epidemiologic Criteria

- Fulfilling (a), (b) or (c) within 21 days of illness onset:
 - (a) History of travel to country where monkeypox is endemic
 - (b) History of travel to non-endemic country with confirmed cases of monkeypox
 - Had contact with a person or people who have a similar appearing rash or received a diagnosis of confirmed or probable monkeypox; **OR**
 - Man who regularly has close or intimate in-person contact with other men
 - (c) Contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived such animals (e.g., game meat, creams, lotions, powders, etc.)



Enhanced surveillance and investigation

- Updated reporting criteria of monkeypox with reference taken from WHO, CDC and ECDC
- Reminded doctors to notify CHP any suspected cases promptly, with information on updated reporting criteria, outbreak development, affected areas and recommendations on infection control provided
- CHP to initiate immediate investigation and control measures once notification is received
- Suspected case fulfilling reporting criteria will be referred to the public hospital for isolation, diagnosis and treatment
- Specimens will be collected for laboratory testing and confirmation



Enhanced surveillance and investigation

- WHO created a global minimum data set to facilitate capturing the key epidemiologic parameters on monkeypox cases.

Monkeypox minimum dataset case reporting form (CRF)

4 June 2022 | Technical document



[Download \(33.6 kB\)](#)

Overview

A global minimum data set has been created by WHO to facilitate capturing the key epidemiologic parameters on monkeypox cases, for the purposes of global situational awareness and reporting.

Member States are requested to submit the minimum data on all cases meeting the case definitions of probable or confirmed cases, through their IHR National Focal Points to their respective WHO Regional IHR Focal Points, as soon as the data are available.

The minimum data set is available in both an MS Word (link to the left) and MS Excel (link below) format to facilitate reporting, but any format agreed with the respective Regional Office may be used. The minimum dataset is adapted from the ECDC/EURO case report form and countries in the WHO European Region should follow reporting instructions received previously.

While using the MS Excel format please enable the content of macros in the pop-up message you get when opening the file for the first time.

The data will be aggregated and shared publicly in aggregate form on a regular basis through WHO information products.

[Monkeypox minimum dataset case reporting form \(CRF\) - in MS Excel](#)

Source: WHO. <https://www.who.int/publications/m/item/monkeypox-minimum-dataset-case-reporting-form-crf>



A thematic webpage of monkeypox



<https://www.chp.gov.hk/en/features/105683.html>



Centre for Health Protection
Department of Health
The Government of the Hong Kong Special Administrative Region

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Monkeypox



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Monkeypox



1 June 2022

Since mid-May 2022, cases of monkeypox have been reported to the World Health Organisation from countries that are not endemic for monkeypox virus, including Europe and North America. Most of these cases were identified amongst men who have sex with men seeking medical help in primary care and sexual health clinics.

Monkeypox is caused by a virus named monkeypox virus. Symptoms include fever, intense headache, myalgia and lymphadenopathy in the first few days of infection. Lesions in mouth and rash on the body may appear about 1 to 3 days after onset of fever. It is usually self-limiting with symptoms lasting from 14 to 21 days. The case fatality in previous monkeypox outbreaks has been between 1-10%.

A person may catch the virus from infected animals (e.g. through bite, scratch and direct contact with body fluid of wild animals), infected humans (e.g. through respiratory droplets during prolonged face-to-face contact or direct contact with body fluids, such as during sexual contact) or contaminated materials.

Take precautions when travelling to places affected by monkeypox to reduce risk of infection. Avoid close physical contact with sick persons or animals, wear protective equipment when taking care of sick persons or handling animals and wash hands afterwards, thoroughly cook animal products before eating and seek medical advice promptly for any suspicious symptoms.

For details, please refer to the factsheet of [monkeypox](#).

Details

▶ [Letters to doctors \(English only\)](#)

▶ [Health Education Materials](#)

▶ [List of affected countries](#)



什麼是猴痘？

What is monkeypox

猴痘由猴痘病毒引起，一般流行於中非和西非國家。
自2022年5月中，在歐洲、北美和澳洲等一些非猴痘流行國家開始陸續出現猴痘個案。
Monkeypox is caused by a virus named monkeypox virus. It is usually endemic in Central and West Africa. Since mid-May 2022, more and more monkeypox cases have been reported in non-endemic countries, starting from Europe, North America and Australia.



◎ 症狀 Symptoms

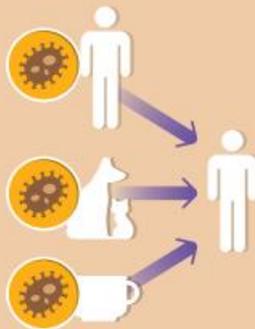


- | | |
|--|--|
| <ul style="list-style-type: none"> 發燒 劇烈頭痛 肌肉痛 | <ul style="list-style-type: none"> 淋巴結腫大 口腔潰瘍 皮疹
(斑丘疹 → 水疱 → 膿疱 → 結痂) |
| <ul style="list-style-type: none"> Fever Intense headache Myalgia | <ul style="list-style-type: none"> Lymphadenopathy Lesions in mouth Rash on the body
(maculopapules → vesicles → pustules → crusts) |

◎ 傳播途徑 Mode of transmission

當人與受感染的動物、受感染的人、或受污染的物件接觸，便可能受感染。
人傳人：長期面對面接觸引致的飛沫傳播、直接的體液接觸 (例如性接觸)

A person may contract the virus from infected animals, infected persons or contaminated materials.
Human to human transmission may be through respiratory droplets during prolonged face-to-face contact or direct contact with body fluids (such as sexual contact)



◎ 潛伏期 Incubation period

潛伏期介乎5至21天，但通常為6至13天。
The incubation period is usually from 6 to 13 days, with a range from 5 to 21 days.



Government to gazette inclusion of monkeypox as statutorily notifiable infectious disease and formulate response plan

The Government of the Hong Kong Special Administrative Region
Press Releases

GovHK 香港政府一站通

繁體版

简体版

Government to gazette inclusion of monkeypox as st

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Government to gazette inclusion of monkeypox as statutorily notifiable infectious disease and formulate response plan

In order to strengthen the response to monkeypox and keep hazards at bay, the Government will publish a Notice in the Gazette next week to include monkeypox as a statutorily notifiable infectious disease, and is formulating a "Preparedness and Response Plan" for tackling monkeypox. In case monkeypox emerges or even causes an outbreak in Hong Kong, the response plan can be activated promptly. The Government and the Hospital Authority (HA) are preparing to purchase relevant vaccines and medicines, and are formulating recommendations on clinical treatment.

A Government spokesman said today (June 1), "Hong Kong has not recorded any confirmed monkeypox human infection case so far. However, confirmed monkeypox human infection cases have been reported worldwide, and the World Health Organization (WHO) has also reminded governments around the world to be well-prepared. In order to address the potential risk posed by monkeypox to Hong Kong, the Government will include monkeypox as a statutorily notifiable infectious disease, and formulate a response plan to enhance Hong Kong's surveillance on the disease and capability to tackle it. The Government also urges the public to seek medical attention as soon as possible if they experience symptoms of monkeypox, including fever, severe headache, muscle pain, swollen lymph nodes, mouth ulcers and rash."

To include monkeypox as a statutorily notifiable infectious disease

A reporting system is an important part in the surveillance, prevention and control of infectious diseases. The Centre for Health Protection (CHP) of the Department of Health (DH) has enhanced its surveillance work on monkeypox since May. Apart from further communication with the HA with regard to notification matters, letters were also sent to all doctors and private hospitals in Hong Kong on May 23 to request notification of suspected cases so as to facilitate the epidemiological investigations and isolation in a timely manner. The CHP also updated its [website](#) to provide information on monkeypox as well as a list of countries with confirmed cases.

To further strengthen related work, the Government will publish a Notice in the Gazette next week to include monkeypox as a statutorily notifiable infectious disease in Schedule 1 of the Prevention and Control of Disease Ordinance (Cap. 599). The Notice will take effect on the same day. In accordance with the law, if a doctor has reason to suspect that there is a case of a scheduled infectious disease listed in Schedule 1 of the Ordinance, he/she must report it to the DH.

Formulation of a response plan

Meanwhile, the Government is drawing up a response plan on monkeypox to set out its preparation and response arrangements in case of an emergence or even an outbreak of monkeypox cases in Hong Kong. The response plan adopts a three-tier response level (namely Alert, Serious and Emergency) which will be activated based on risk assessment and the disease's health impact on the community. The Government will promulgate the response plan next week.

The WHO states that travel restrictions measures in light of monkeypox are not recommended at this stage. In fact, Hong Kong has all along been adopting very stringent quarantine measures in response to the COVID-19 epidemic. All inbound travellers are required to undergo temperature checks and perform health declarations. Febrile travellers will be compulsorily sent to public hospitals for isolation. If patients are found with monkeypox-related symptoms, medical practitioners will carry out appropriate investigations and follow up accordingly. The Government will continue to maintain close contact with the WHO and carefully monitor the monkeypox infection cases recorded overseas, as well as the latest recommendations of the WHO.

Health advice on monkeypox

The CHP reminds members of the public that the symptoms of monkeypox are similar to those of smallpox, but in milder forms. It is generally transmitted through direct or indirect contact, but not through short-lived contact with respiratory droplets like COVID-19. Patients can usually recover on their own. Since the first human infection of monkeypox was reported in 1970, most of the outbreaks were found in Central and West Africa. Infection may occur when a person comes into contact with the infected animals and humans or contaminated material. Since May this year, confirmed and suspected cases of monkeypox have been reported in places such as Europe, America and Australia. There has been no death case so far.

The CHP also reminds members of the public that proper personal and hand hygiene can help prevent getting infected via contact, and having received smallpox vaccination (commonly known as "cowpox") can also prevent infection of monkeypox. To reduce the risk of infection, members of the public who need to travel to places affected by monkeypox should:

- avoid physical contact with sick persons or animals;
- wear protective clothing and equipment including gloves and surgical masks when taking care of sick persons or handling animals, and wash hands after these procedures;
- thoroughly cook all animal products before eating; and
- seek medical advice promptly in case of any suspicious symptoms.

Ends/Wednesday, June 1, 2022

Issued at HKT 20:03

Use of Vaccines for prevention



Vaccines

- Vaccination against smallpox was demonstrated through several observational studies to be about 85% effective in preventing monkeypox
- Currently, there is one monkeypox vaccine (JYNNEOS) and one smallpox vaccine (ACAM2000) available overseas
- ACAM2000 is at least 85% effective in preventing monkeypox in Africa but had risk of myocarditis of up to 5 in 1000
- No data on vaccine effectiveness of JYNNEOS though it is believed to be non-inferior to ACAM2000 based on neutralizing antibody studies



Vaccines

- Mass vaccination is not required nor recommended
- Possible target groups for vaccination
 - Pre-exposure
 - Health care worker with possible risk of exposure
 - Animal care personnel with possible risk of exposure
 - Clinical laboratory personnel
 - Staff responsible for environmental decontamination
 - Post-exposure
 - Close contacts of monkeypox cases



Prevention

預防措施 Precautions



市民前往受猴痘病毒影響的地方應該採取預防措施以減低受感染風險。避免與病的人或動物接觸。在照顧病人或處理動物時，要穿戴防護裝備並在完成後洗手。徹底煮熟動物產品方可進食和如有任何可疑病徵，應及時求醫。

Take precautions when travelling to places affected by monkeypox to reduce risk of infection. Avoid close physical contact with sick persons or animals, wear protective equipment when taking care of sick persons or handling animals and wash hands afterwards, thoroughly cook animal products before eating and seek medical advice promptly for any suspicious symptoms.

回港後 After returning to Hong Kong

曾前往受影響地方的市民回港後，請留意自己的身體狀況，如出現可疑病徵（例如發燒、皮疹、淋巴結腫大等），請立刻求醫，並告知醫生你曾到過的地方。

After returning to Hong Kong, members of public who have visited places affected by monkeypox should take note of their own bodily conditions. Seek medical help immediately if suspicious symptoms (e.g. fever, rash, lymphadenopathy) occur and tell your doctor the places where you have been.



詳情請參閱衛生防護中心網頁：

<https://www.chp.gov.hk/zh/features/105683.html>

For details, please refer to website of the Centre for Health Protection:

<https://www.chp.gov.hk/en/features/105683.html>



中文



English

Take Home Messages

- A zoonotic disease
- Usually a self-limited disease, but could be severe
- Atypical mode of presentation in recent multi-country outbreak in non-endemic areas
- Need to remain vigilant and monitor development
- Importance of prevention and preparedness



**MONKEYPOX:
WHAT YOU NEED TO KNOW**

World Health Organization

There is currently an outbreak of monkeypox in some countries that do not normally have cases:

- Most people recover fully without treatment, but in some cases, people can get seriously ill
- It is called 'monkeypox' because it was first found in monkeys
- While the risk to the general public is low, WHO is responding to this outbreak as a high priority
- What we know about the outbreak is changing fast - we are learning more every day

Symptoms of monkeypox include:

- Rash with blisters on face, hands, feet, body, eyes, mouth or genitals
- Fever
- Swollen lymph nodes
- Headaches
- Muscle and back aches
- Low energy

You can catch monkeypox through close contact with someone who has symptoms including:

- Skin-to-skin contact
- Face-to-face contact
- Mouth-to-skin contact
- Touching infected bedding, towels, clothing or objects

Protect yourself from monkeypox by avoiding close contact with someone who has symptoms:

- Avoid skin-to-skin, face-to-face and mouth-to-skin contact, including sexual contact
- Clean hands, objects, surfaces, bedding, towels and clothes regularly
- Wear a mask if you can't avoid close contact and when handling bedding, towels and clothes
- Ask people if they have symptoms before you have close contact
- Using condoms may not prevent monkeypox spreading during sexual contact, but can prevent other sexually transmitted infections

If you think you have monkeypox:

- Get advice from a health worker
- Isolate at home if possible
- Protect others by avoiding close contact with them
- Wear a mask and avoid touching if you need to have close contact

Stigmatising people because of a disease is NEVER ok.

Anyone can get or pass on monkeypox

24/05/2022

<https://www.who.int/multi-media/details/monkeypox-what-you-need-to-know>

Thank you!

