



MULTI-COUNTRY MONKEYPOX OUTBREAK: SITUATION UPDATE

The situational report updates the epidemiological and public health response activities on the ongoing multi-country monkeypox outbreak.

The situation in South Africa

Since 22 June 2022 to date (14 July), there have been three unlinked laboratory-confirmed monkeypox cases in South Africa. The cases were reported from Gauteng (n = 1), Western Cape (n = 1) and Limpopo (n = 1) provinces and are males aged 30, 32 and 42 years, respectively. From 25 May to 13 July 2022, South Africa has conducted 204 monkeypox laboratory tests (PCR) from individuals suspected of monkeypox disease within South Africa (n=100) and other African countries (n=104).

The third confirmed case reported on 10 July 2022 in Limpopo province is an imported case involving a tourist from Switzerland who arrived in South Africa on 02 July 2022. However, he has a history of being in close contact with a suspected/confirmed case of monkeypox on 28 June 2022 in Switzerland and developed signs and symptoms of monkeypox on 02 July 2022 before travelling to South Africa. He developed mild disease, not requiring hospital treatment and has since returned to Switzerland on 10 July 2022.

The first case was reported on 22 June (<https://www.nicd.ac.za/monkeypox-case-identified-in-south-africa/>) and the second on 28 June 2022 (<https://www.nicd.ac.za/second-monkeypox-case-identified-in-south-africa/>). No recent international travel history was reported in either of these cases; however, the first case reported in Gauteng had close contact with an undiagnosed person with international travel history while the Western Cape case reported, had unspecified contact with people who had international travel history due to his line of work. Public health response measures were initiated, with 17 close contacts (five for the case reported from Gauteng, six for the case from Western Cape and six for the case from Limpopo) identified and monitored. The close contacts for both the Gauteng and Western Cape cases have completed the 21 days monitoring period. At the time of this report, there have been no secondary cases linked to the three confirmed cases reported. Full genetic sequencing for both cases from Gauteng and Western Cape was conducted. The viral genomes clustered in the B.1 lineage of the Western Africa clade with other viral genomes associated with cases of the current multi-country outbreak. The genetic sequencing for the third case is being conducted.

Even though the risk of monkeypox to the general South African public is considered low, healthcare workers should be on high alert and maintain a high index of suspicion for any individuals presenting with an unexplained acute rash or skin lesions **AND** one or more of the following signs or symptoms: headache, acute onset of fever (>38.5°C), lymphadenopathy (swollen lymph nodes), myalgia (muscle pain/body aches) and backache **AND** for which the following differential diagnoses are excluded: chickenpox, measles, bacterial skin infections, syphilis, molluscum contagiosum, allergic reactions and other locally relevant common cause of papular or vesicular rash. For more information on monkeypox preparedness and response activities, visit <https://www.nicd.ac.za/diseases-a-z-index/monkeypox/>

Global situation

Since May 2022 and up to 14 July 2022, 11 015 laboratory-confirmed cases have been reported from 60 non-endemic countries across five WHO regions (The European Region, Regions of the Americas, Eastern Mediterranean Region, Western Pacific Region and the African Region). The majority of the cases have been reported from the WHO European Region. The latest updates on the global situation can be accessed at <https://www.who.int/emergencies/disease-outbreak-news> or <https://map.monkeypox.global.health/country>