

# Welcome!

**The webinar will start at 15:00 CEST**

Before we begin:



**Please check your audio and video settings**

- Mute your microphone
- Let us know of any technical problems via the chat
- Webinar presentations will be shared with participants following the meeting





**EACS**  
European  
AIDS  
Clinical  
Society



# 11<sup>th</sup> ECDC/EACS webinar on the monkeypox outbreak

13 September 2022

# Agenda 13 September



- **ECDC epidemiological update on monkeypox**  
(Orlando Cenciarelli, ECDC)
- **Ireland: community-led resources and services**  
(Adam Shanley, MPOWER at HIV Ireland)
- **Treatment of human monkeypox**  
(Boghuma Kabisen Titanji, Emory University)
- **Monkeypox virus infections in children in Spain during the first months of the 2022 outbreak ([Link to paper](#))**  
(David Aguilera Alonso, Hospital General Universitario Gregorio Marañón)
- **Monkeypox epidemic in prisons: how to prevent it?**  
(Nicola Cocco, Penitentiary Infectious Diseases Service, Santi Paolo e Carlo Hospital, Milan)
- **Detection of Monkeypox Virus in Anorectal Swabs From Asymptomatic Men Who Have Sex With Men in a Sexually Transmitted Infection Screening Program in Paris, France ([Link to paper](#))**  
(Jade Ghosn, APHP)

# Monkeypox

## Current epidemiological situation

Orlando Cenciarelli, PHE co-tech Lead  
*on behalf of Joana Haussig*  
13 September 2022

# Epidemiological update

*EU/EEA, WB and Turkey* - as of 9 September 2022



- EU/EEA countries: **19 215 confirmed cases from 29 countries.**
  - The five countries reporting most cases since the start of the outbreak are:
    - Spain (6892)
    - France (3784)
    - Germany (3505)
    - Netherlands (1192)
    - Italy (805)
  - The highest cumulative notification rates have been reported in Spain, Luxembourg and Portugal
  - Deaths have been reported from: Spain (2) and Belgium (1)
- Western Balkans and Turkey: **47 confirmed cases**
  - Serbia (31), Bosnia and Herzegovina (3), Montenegro (2) and Turkey (11).



# Geographical distribution of confirmed cases in the EU/EEA, Western Balkans and Turkey as of 9 September 2022



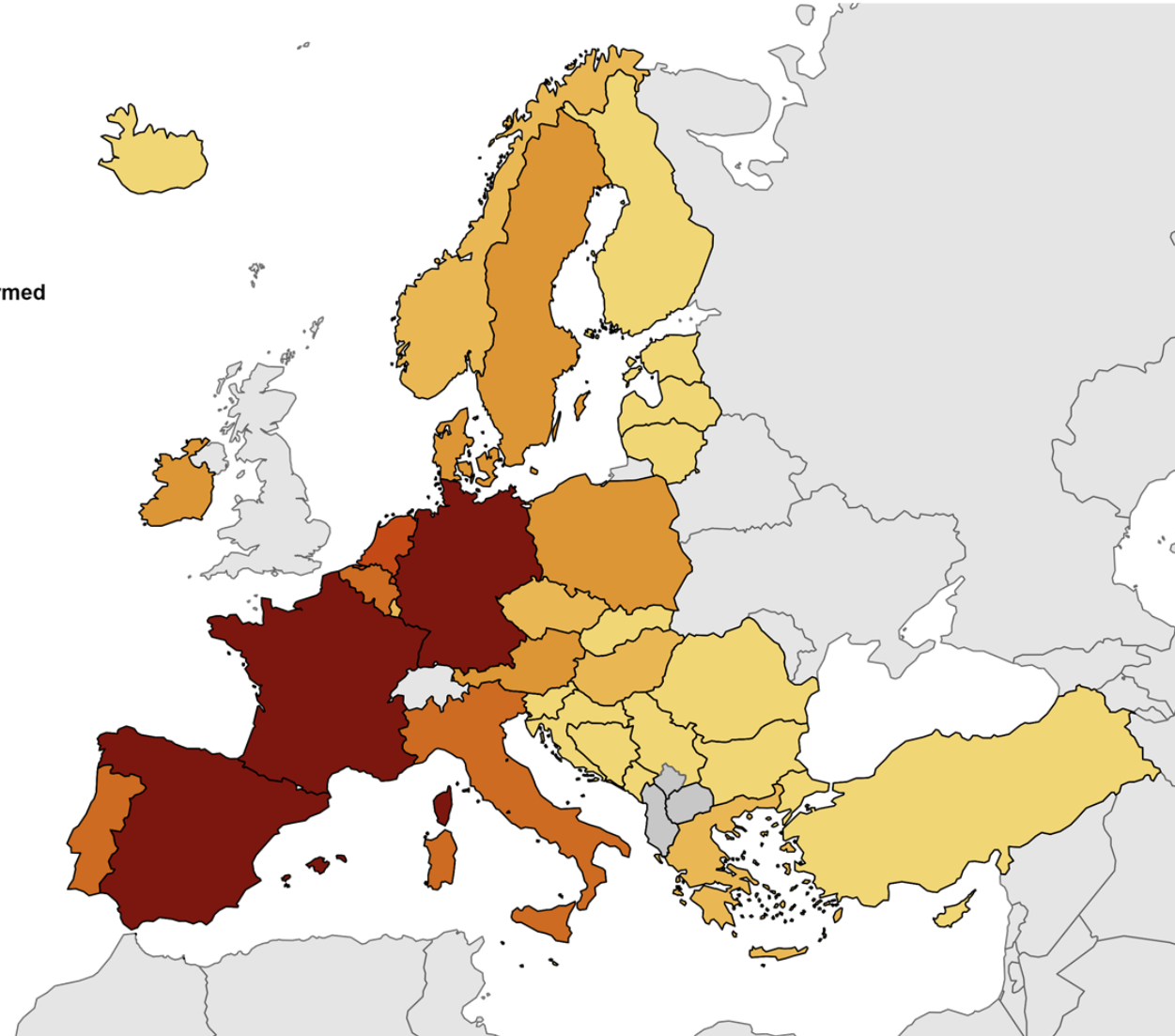
**Geographical distribution of confirmed monkeypox cases in the EU/EEA, Western Balkans and Turkey, as of 09 Sep 2022**

- ≥3000 cases reported
- 2000-2999 cases reported
- 1000-1999 cases reported
- 500-999 cases reported
- 100-499 cases reported
- 50-99 cases reported
- 1-49 cases reported
- No reported cases
- Not included

Countries not visible in the main map extent

Malta

Liechtenstein



Administration boundaries: © Eurographics

The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on 09 Sep 2022

# Geographical distribution of confirmed cases per 1M population in the EU/EEA, Western Balkans and Turkey as of 9 September 2022



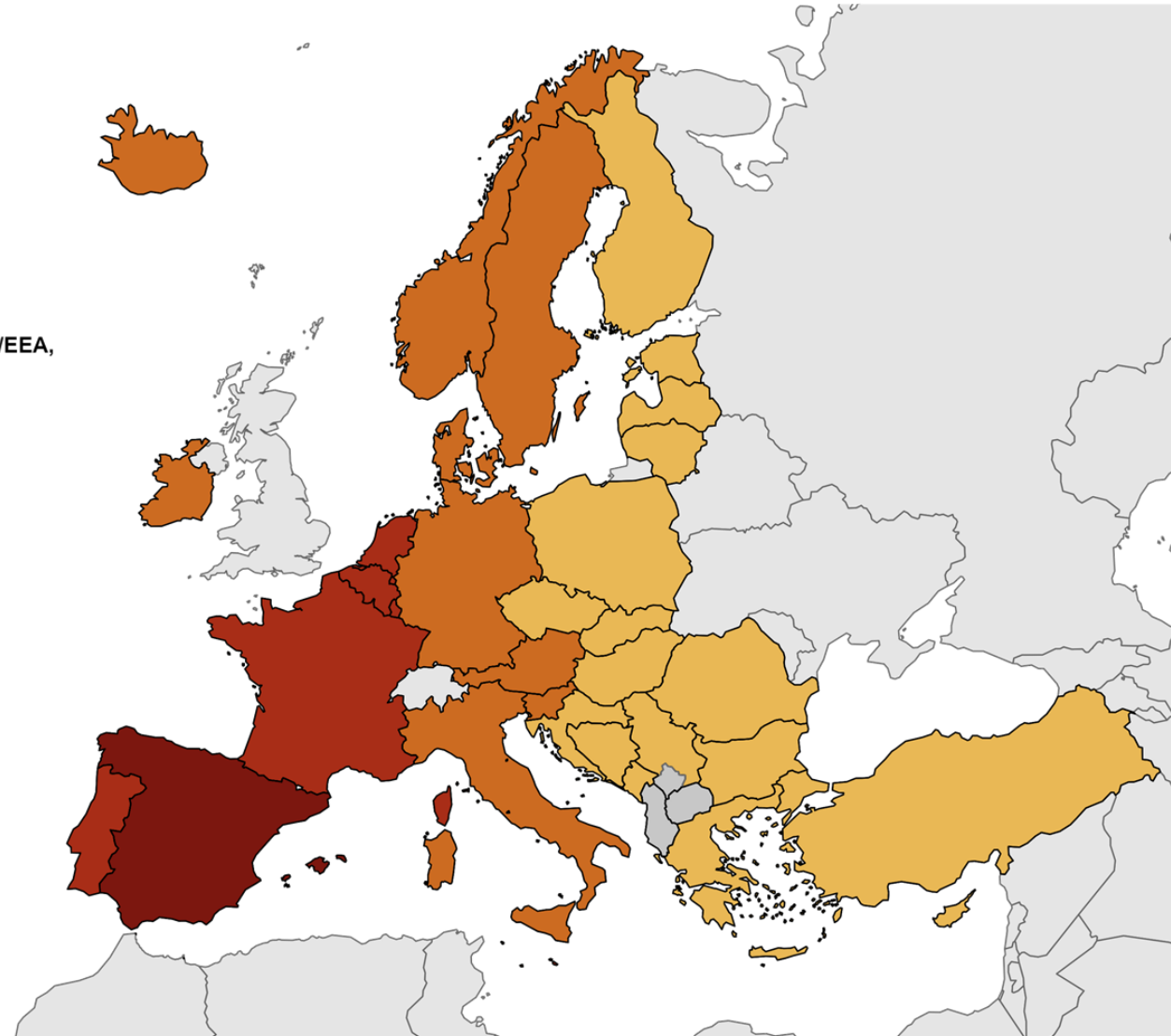
**Geographical distribution of confirmed monkeypox cases per 1 000 000 population in the EU/EEA, Western Balkans and Turkey, as of 09 Sep 2022**

- ≥100 cases per 1 000 000
- 50-99 cases per 1 000 000
- 10-49 cases per 1 000 000
- < 10 cases per 1 000 000
- No reported cases
- Not included

Countries not visible in the main map extent

Malta

Liechtenstein



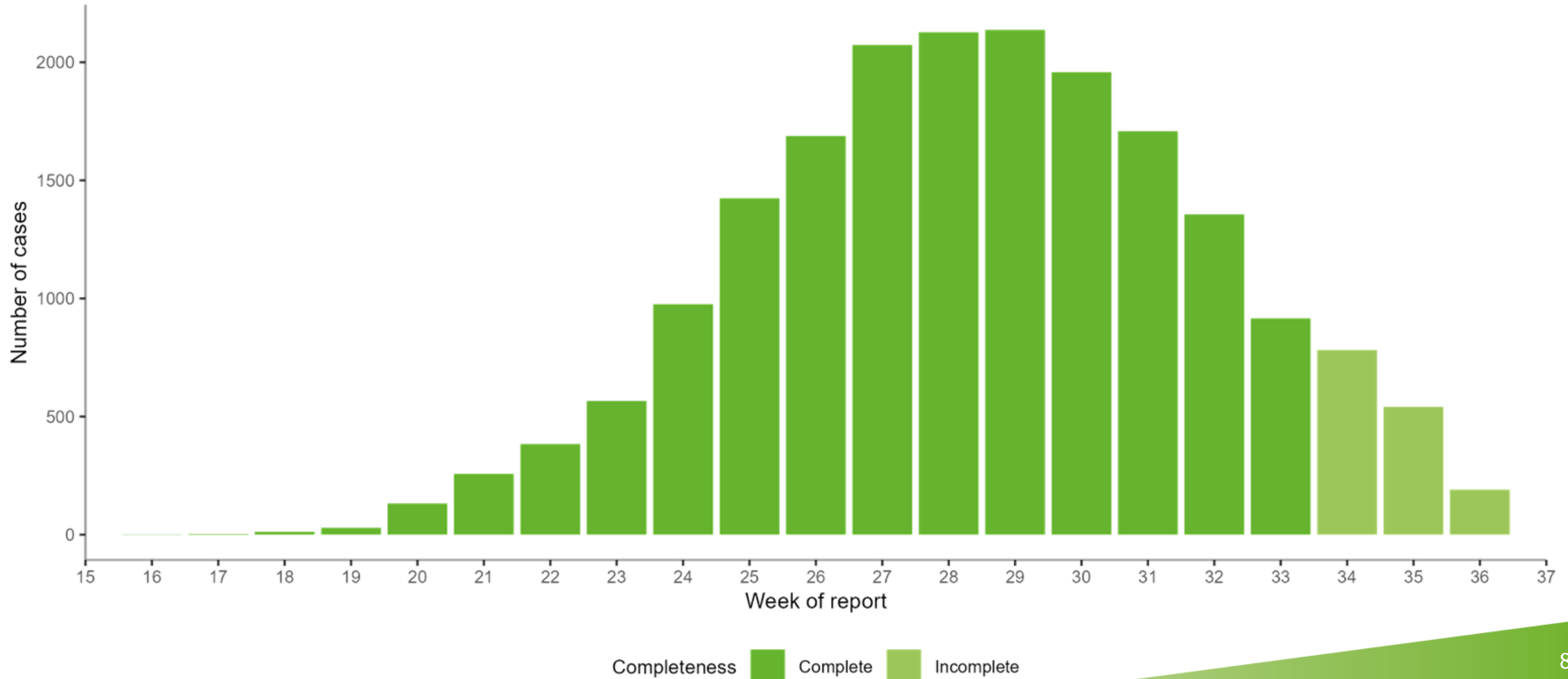
Administration boundaries: © Eurographics

The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on 09 Sep 2022

# Epicurve in the EU/EEA, Western Balkans and Turkey since 22 April and as of 9 September 2022

Monkeypox cases in the EU/EEA, Western Balkans and Turkey since 22 April 2022

by reporting week





# Epicurve in the EU/EEA, Western Balkans and Turkey since 22 April and as of 9 September 2022



Reported case numbers have been decreasing over the past weeks in the EU/EEA.

Feedback provided by some EU countries suggest that this is likely a **factual decrease** in case numbers.

EU/EEA countries suggested reasons for this may be:

- Behavioural changes (in the most affected group of MSM) due to RCCE (Risk Communication and Community Engagement);
- The natural immunity acquired in the last months by part of the population at risk (dense social/sexual networks among MSM).

*The number of vaccinations is probably still too low to have had a significant impact on the reported case numbers.*

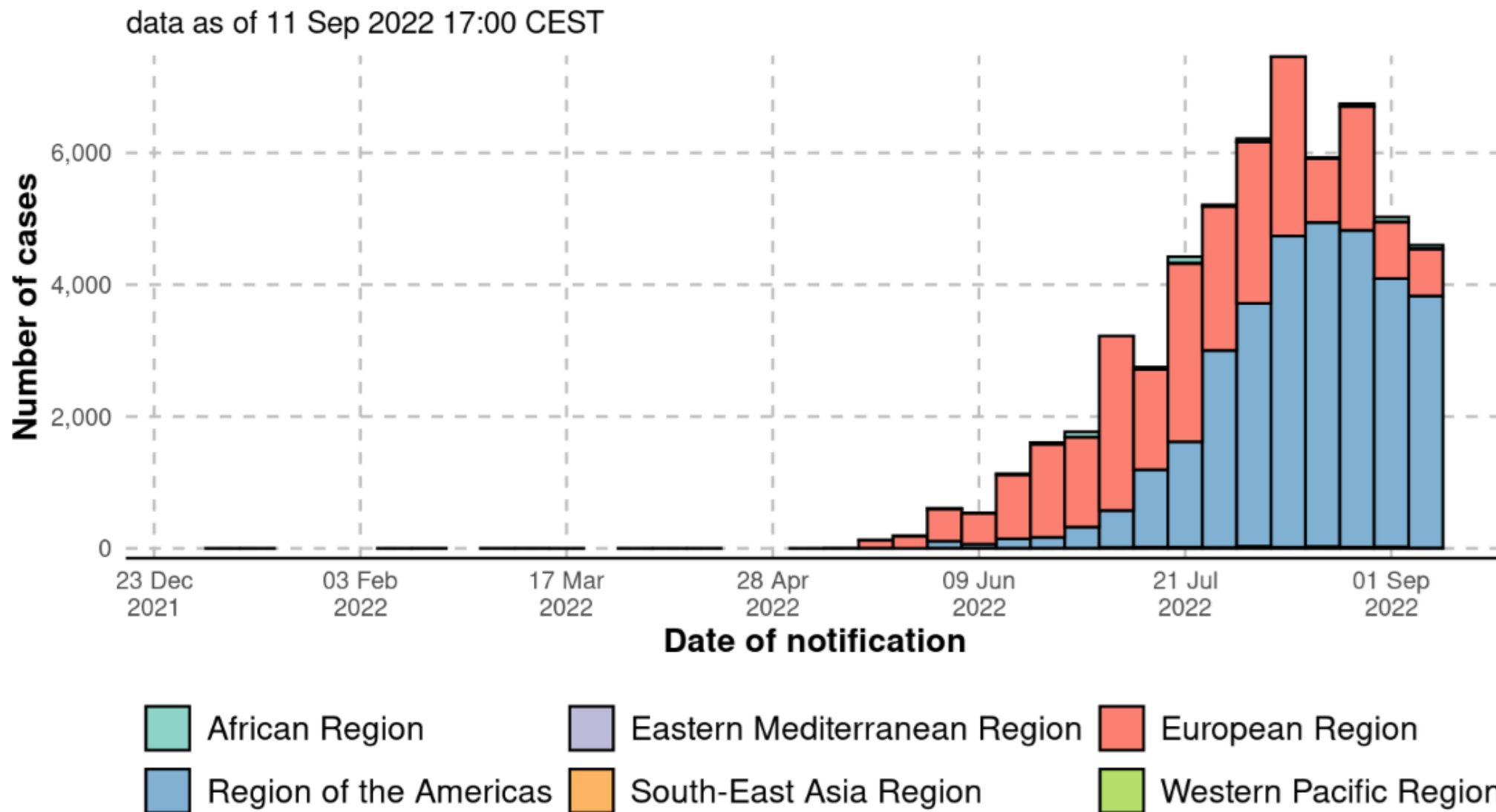
# Epidemiological update

*Worldwide* - as of 12 September 2022



- Worldwide (including EU/EEA, WB and Turkey)
  - **57 607 laboratory confirmed cases from 103 Member States across all 6 WHO regions.**
  - The 5 most affected non-EU/EEA countries are:
    - United States of America (n = 21,504)
    - Brazil (n = 5,726)
    - The United Kingdom (n = 3,484)
    - Peru (n = 1,808)
    - Canada (n = 1,321)
  - 22 deaths: Brazil (2), Ecuador (1), Cuba (1), Nigeria (6), Ghana (4), Cameroon (2), Central African Republic (2), and India (1)

# Epicurve, global, as of 11 September 2022



# Thank you!

# Update on community engagement: Ireland

Adam Shanley, MPOWER at HIV Ireland



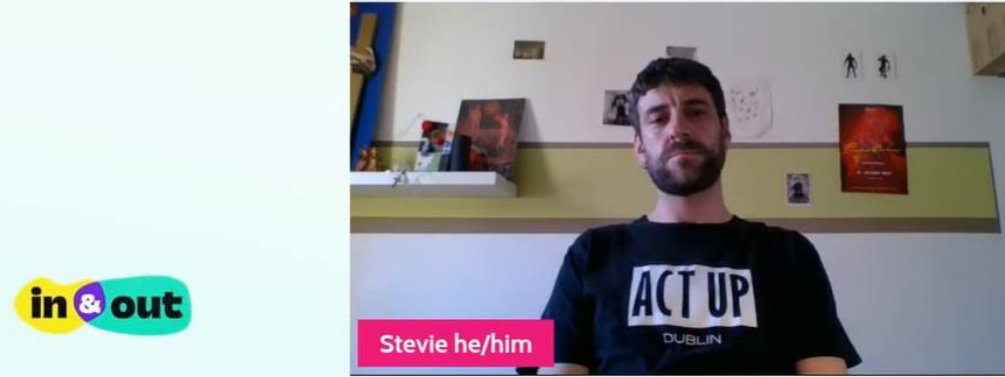
# Ireland: Community-led Resources & Services

Adam Shanley, MPOWER Programme Manager at HIV Ireland

@adlers1 / @hivireland / @mpowerprogramme



# Community Engagement



# Community Outreach





# Poster Campaign

WHAT YOU NEED TO KNOW ABOUT  
**MONKEYPOX**

**WHAT IS MONKEYPOX?**  
Monkeypox is a rare viral infection which usually leads to a mild illness that lasts a few weeks. Some people with monkeypox can get very sick, particularly those with a weak immune system, pregnant people, and young children.

**SYMPTOMS TO LOOK OUT FOR:**  
Be alert to a new rash or blisters that can be on any part of the body particularly, the face, mouth, hands, feet, genitals or bum. Fever, headache, swollen glands, aches and pains can also be a sign of infection.

**HOW DOES MONKEYPOX SPREAD?**  
Monkeypox is passed on through very close contact with a person who has the virus - via contact with their rash or coughs and sneezes. Sexual contact can result in spread. Anyone, regardless of their sexuality, can get monkeypox.

**WHAT TO DO IF YOU HAVE SYMPTOMS:**  
There's no need to panic. Contact your local sexual health clinic or GP. Keep your distance from other people and do not engage in sexual contact until you have been seen.

**GET INFORMATION ABOUT MONKEYPOX FROM TRUSTED SOURCES, VISIT:**  
[mpower.hivireland.ie/monkeypox](http://mpower.hivireland.ie/monkeypox)  
[man2man.ie/monkeypox](http://man2man.ie/monkeypox)



**MPOWER** **Man2Man.ie** **HE**  
MPOWERprogramme | man2manireland  
mpowerprogramme | man2manireland

**MONKEYPOX**

**NOTICED AN UNUSUAL RASH,  
ULCERS OR BLISTERS?**

**MONKEYPOX CAN BE PASSED ON THROUGH  
CLOSE CONTACT, INCLUDING SEX.**

**IF YOU THINK YOU MAY HAVE SYMPTOMS -  
CALL YOUR SEXUAL HEALTH CLINIC OR GP.**

**FOR MORE INFORMATION ABOUT MONKEYPOX VISIT:**  
[mpower.hivireland.ie/monkeypox](http://mpower.hivireland.ie/monkeypox)  
[man2man.ie/monkeypox](http://man2man.ie/monkeypox)



**MPOWER** **Man2Man.ie** **HE**  
MPOWERprogramme | man2manireland  
mpowerprogramme | man2manireland

# Poster Campaign

## MONKEYPOX SAFER SEX CHOICES

Sex is an important part of the lives of many of us. We know that during this outbreak people are going to continue having sex, so we've some suggestions on how to make sex safer, if you choose to have it. It's important to know that we are still learning about how monkeypox is transmitted, stay connected to our website and socials for updates.

### CONSIDER REDUCING SEXUAL PARTNERS

This will reduce the risk of getting monkeypox until the vaccine becomes more readily available.

### CREATE A SEX BUBBLE

Choose a small group of partners that agree to limit sex to members of the bubble.

### WEAR MORE CLOTHING OR GEAR

Having sex with your clothes on or by wearing leather, rubber, or latex gear can provide protection.

### GO VIRTUAL, DISTANCED, OR SOLO

Masturbation, when connected with others online or in-person without touching, will also prevent monkeypox.



For more information or support see:  
[mpower.hivireland.ie/monkeypox](https://mpower.hivireland.ie/monkeypox)  
or [man2man.ie/monkeypox](https://man2man.ie/monkeypox)

### PRACTICE OPEN AND HONEST COMMUNICATION

Talk about monkeypox before meeting up and agree to let the other person know if you develop symptoms.

### CONSIDER CONDOMS

Condoms won't fully protect against monkeypox but can help reduce the risk of skin-to-skin contact.

### TAKE CARE OF YOURSELF AND OTHERS

Be kind to one another as we learn how to navigate this challenging time. If you have flu-like symptoms or a rash contact a sexual health clinic or GP and get vaccinated when you can.



Man2Man.ie



MPOWERprogramme | [man2manireland](https://man2manireland)  
mpowerprogramme | [man2manireland](https://man2manireland)

## MAKING INFORMED CHOICES ABOUT YOUR SEX & SOCIAL LIFE DURING MONKEYPOX

Monkeypox continues to spread in our community and with very limited access to vaccines, we've got some choices to make! When we understand what actions increase the possibility of getting monkeypox, we can make choices about our sex and social lives that work best for us.



### MOST LIKELY:

Direct contact with monkeypox spots, rash, ulcers, scabs or bodily fluids.  
Oral, anal, vaginal/ frontal sex and sharing sex toys.

### MORE LIKELY:

Kissing, cuddling and holding hands.  
Topless or naked dancing at an indoor crowded party.  
Sharing a bed, towels, clothing or toiletry items.

### LESS LIKELY:

Sharing drinks, plates and cutlery at a party.  
Clothes-on dancing at an indoor crowded party.

### VERY UNLIKELY:

Dancing at an outdoor party with mostly clothed people.  
On public transport, in an airport, plane or public toilet.  
At the shops, café, swimming pool or gym.

Remember: reducing close physical and intimate contact, regularly washing your hands and taking a vaccine when its offered will help in preventing monkeypox. If you have flu-like symptoms, or notice any spots or rash, stay at home and contact your sexual health service or GP to organise a test.



For more information or support see:  
[mpower.hivireland.ie/monkeypox](https://mpower.hivireland.ie/monkeypox)  
or [man2man.ie/monkeypox](https://man2man.ie/monkeypox)



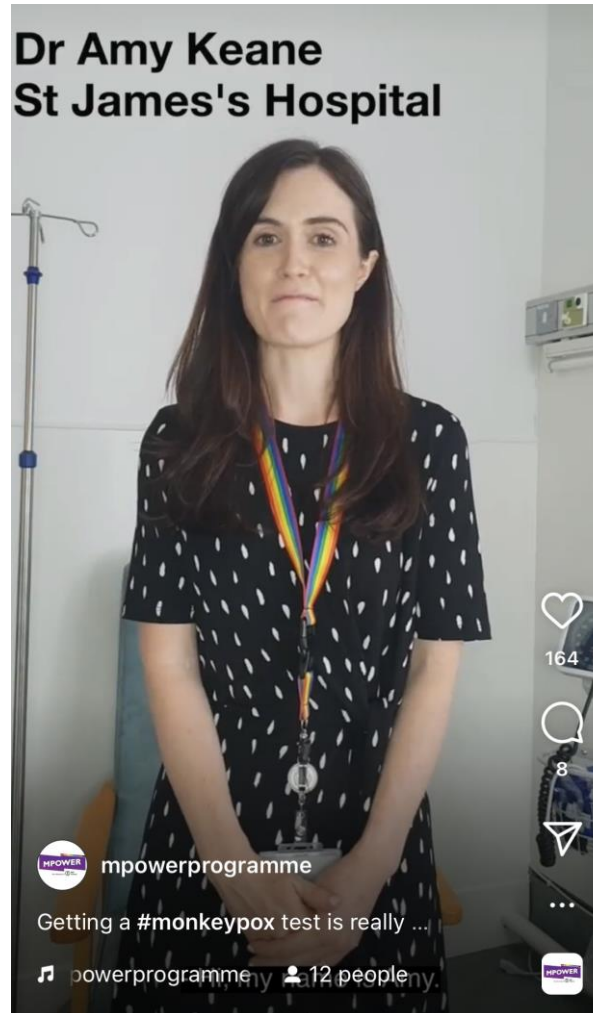
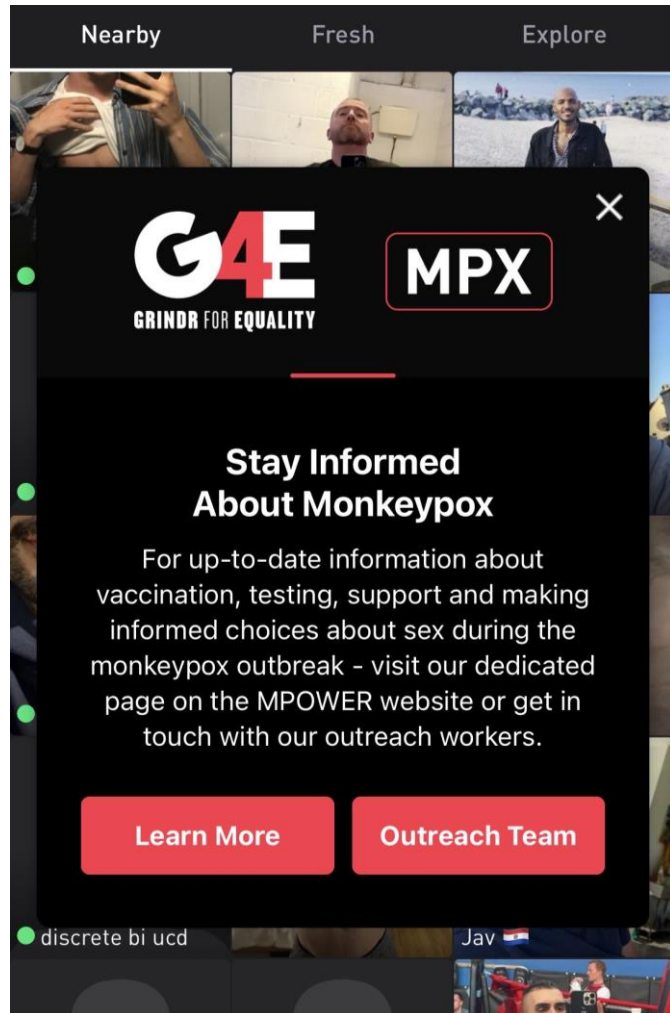
Man2Man.ie



MPOWERprogramme | [man2manireland](https://man2manireland)  
mpowerprogramme | [man2manireland](https://man2manireland)

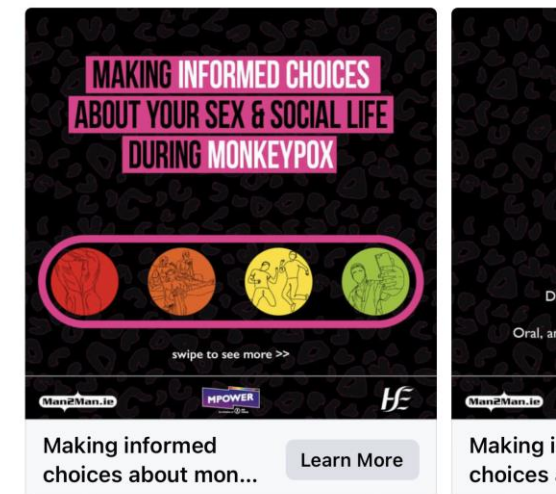


# Social Media & Advertising



MPOWER Programme  
Sponsored ·

When we understand what actions incr... See more



# Services



## Free Monkeypox Counselling Service

Recently diagnosed with monkeypox and finding it difficult to deal with?

Experiencing anxiety due to the ongoing outbreak in our community?

We're offering free counselling sessions with our psychotherapist.

click link in bio for more information



- Managing Monkeypox Manual
- Peer Support
- Outreach Workers
- New team member
- Don't forget the day job!!



# Research





Thank you!

Adam Shanley

[adam.shanley@hivireland.ie](mailto:adam.shanley@hivireland.ie)

@adlers1 / @hivireland  
@mpowerprogramme



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Treatment of human monkeypox

Boghuma Kabisen Titanji, Emory University

# Treatment of Human Monkeypox

Boghuma K. Titanji

MD MSc DTM&H PhD

Assistant Professor of Medicine

Emory University



# Treating Human Monkeypox - Very Limited Options

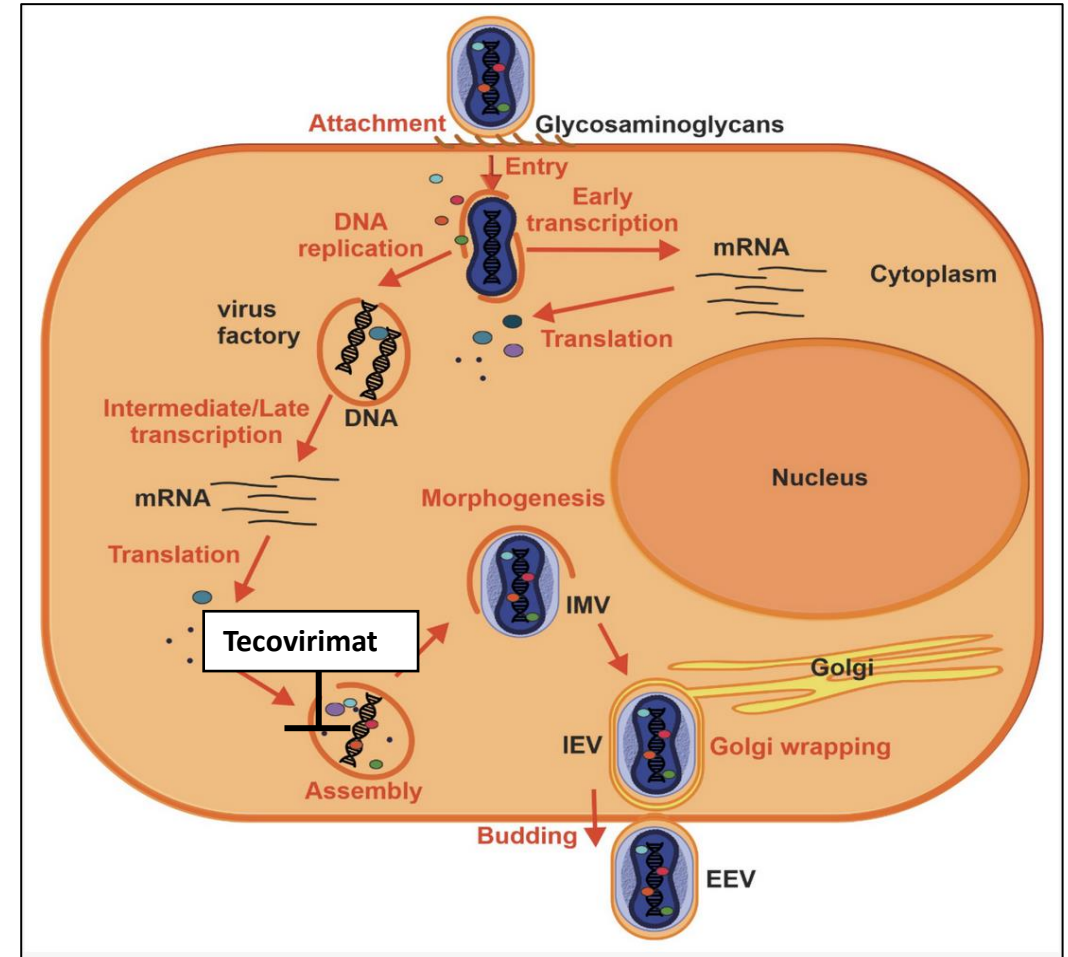
- Antivirals
- Vaccinia immunoglobulin intravenous
- Vaccination as post-exposure prophylaxis
- Supportive care considerations



The effectiveness of available therapies remains uncertain

# Antiviral treatments - Tecovirimat

- Targets a gene which encodes for virus membrane protein p37 and impacts formation of extracellular enveloped virus.
- Efficacy against monkeypox demonstrated in animal models.
- Good safety profile in human studies (Phase I and II).
- Paucity of randomized trials for efficacy in humans.

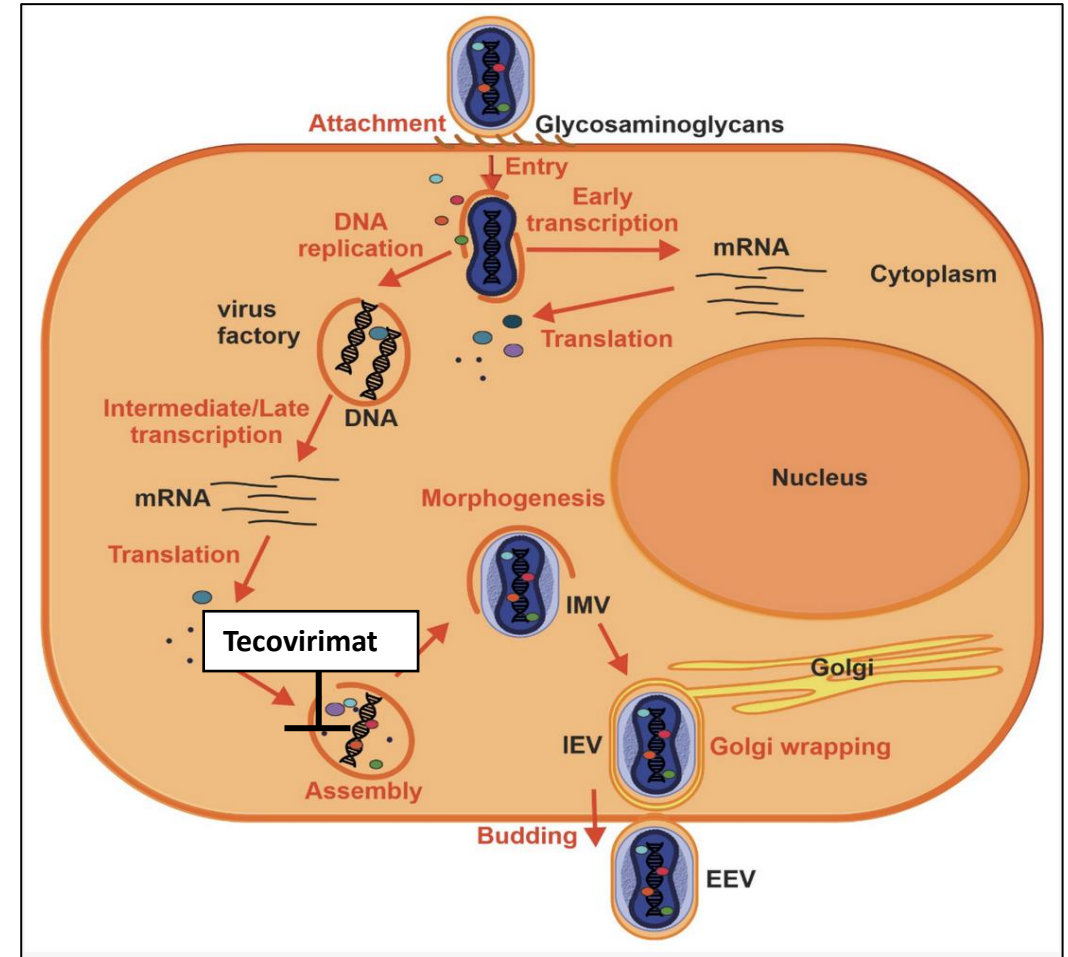




# Antiviral treatments - Tecovirimat

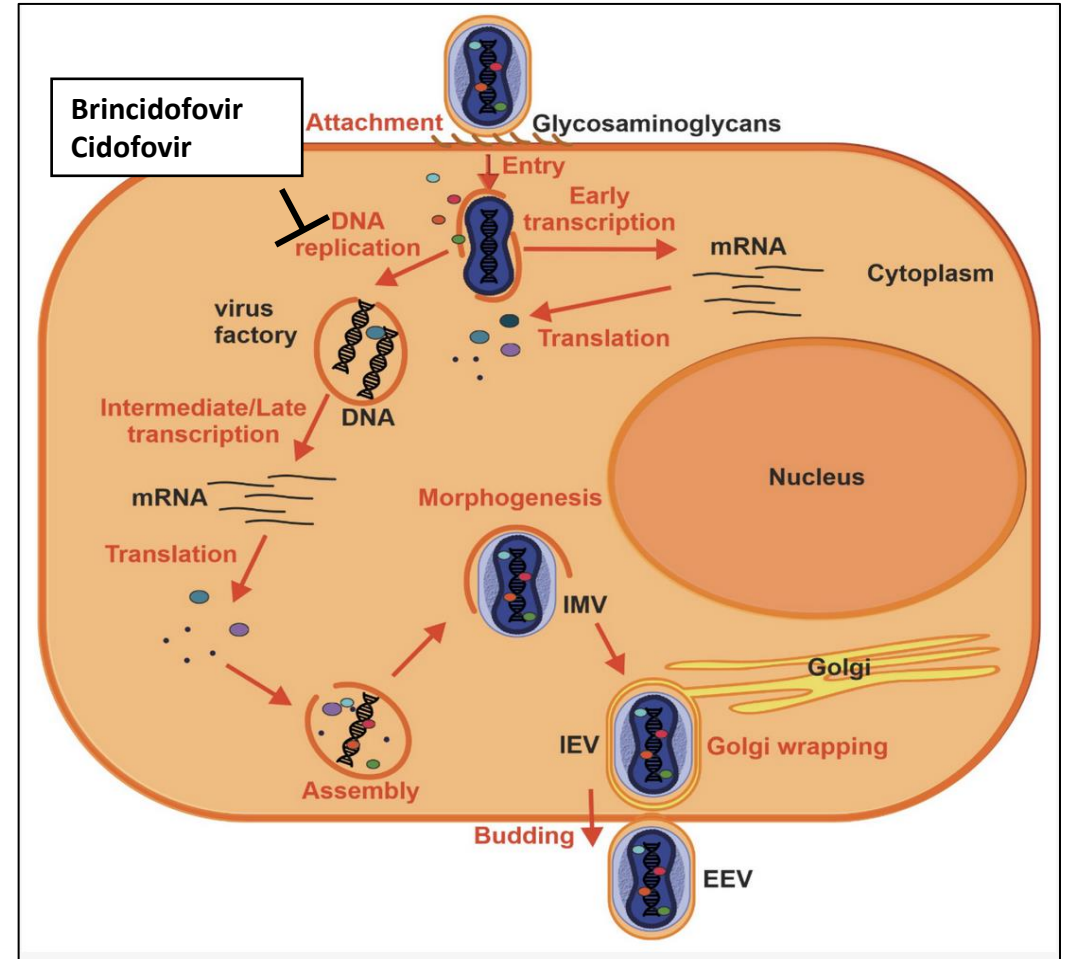
- IV and Oral formulations available.
- Weight based dosing
- Food improves absorption
- 14-day course of treatment
- Major Adverse reactions: headaches, abdominal pain, nausea, vomiting
- Not teratogenic in animal studies

Ongoing RCTs in Europe, United States and Congo



# Antivirals - Brincidofovir and Cidofovir

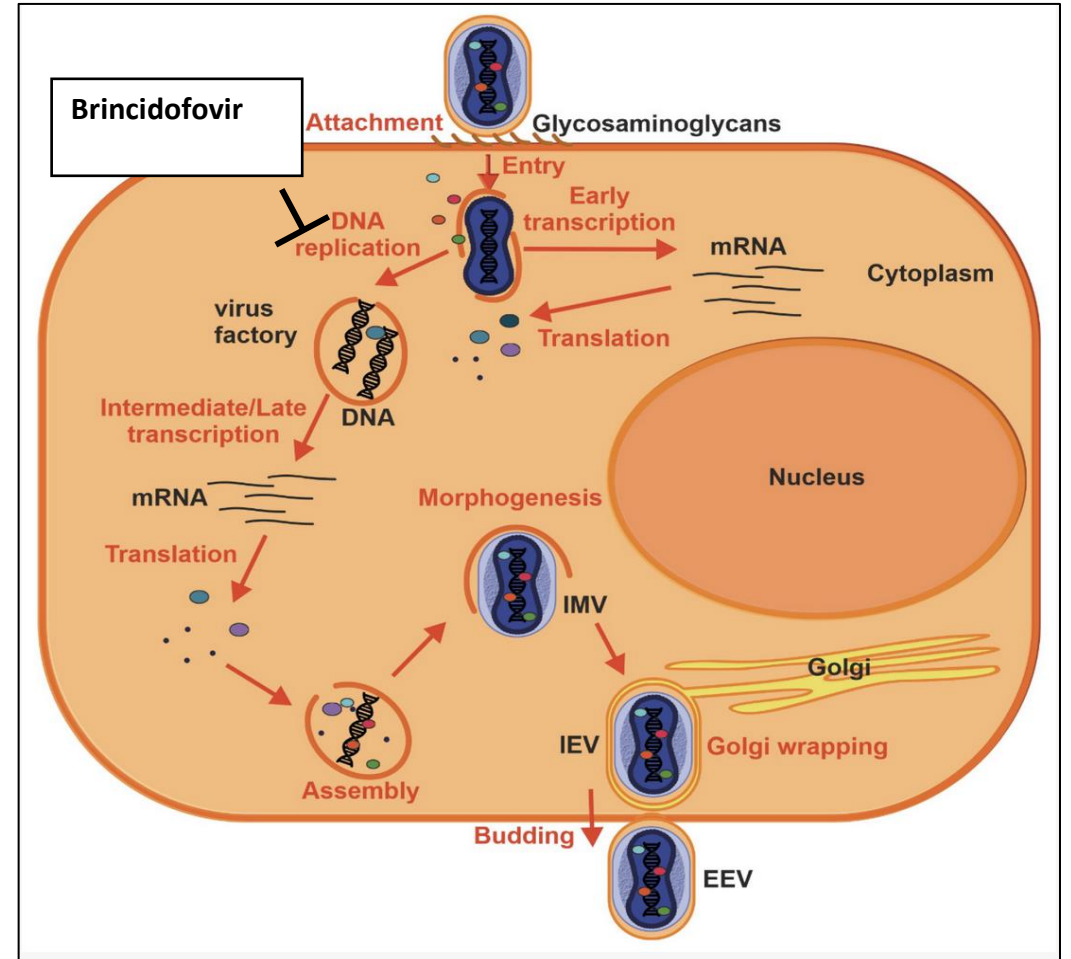
- Inhibit virus DNA synthesis.
- Both have *in-vitro* antiviral activity against orthopox viruses.
- Animal models support efficacy against orthopox virus infection when administered early.
- Data in humans limited to case reports, true efficacy remains uncertain.



Clinical trials are needed

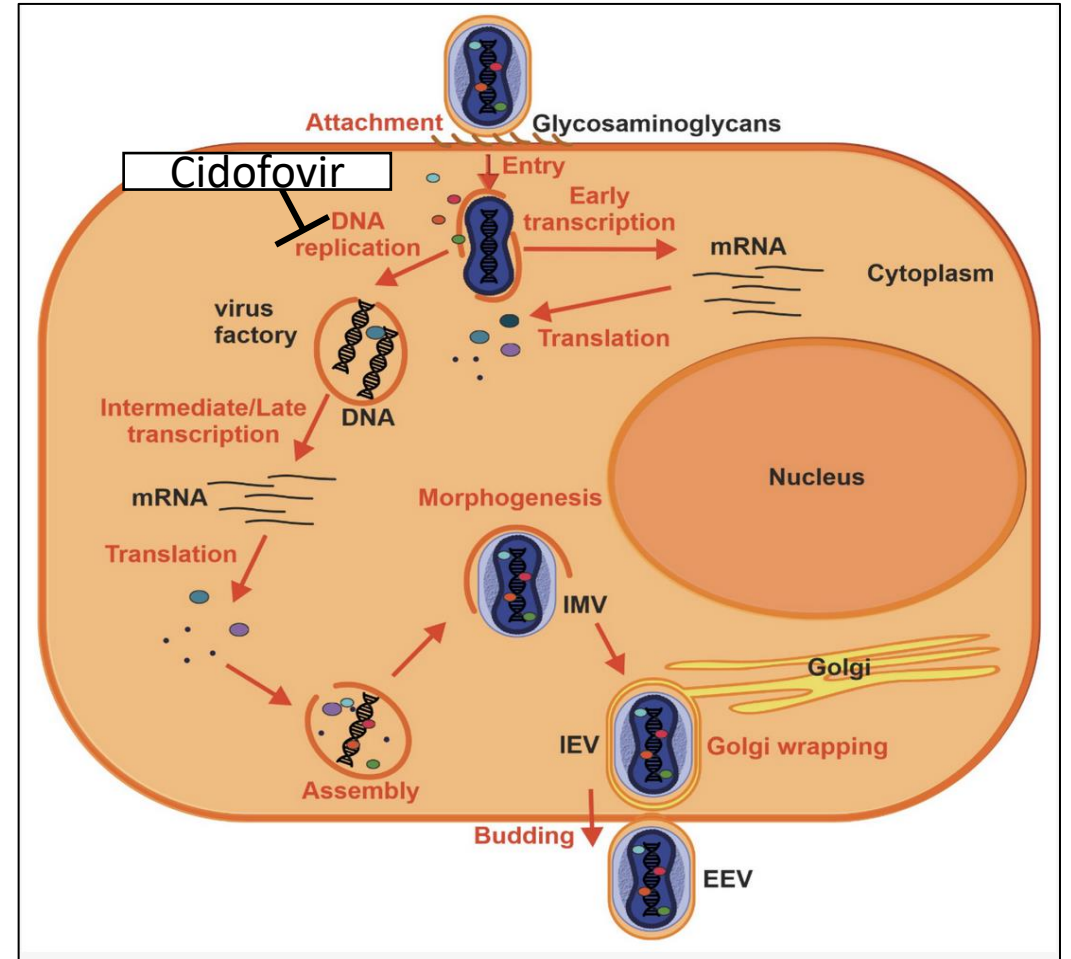
# Antivirals - Brincidofovir

- Exist as oral formulation
- Authorised for smallpox treatment in USA
- 2 doses given 1 week apart.
- May be embryotoxic based on animal data.
- Major drug adverse reactions: Diarrhea, nausea, vomiting, abdominal pain (may be dose limiting and second dose may need to be held), and elevations in transaminases and bilirubin.
- Availability is limited.



# Antivirals - Cidofovir

- IV and topical formulations
- Not approved for orthopoxviruses but has activity in animal models.
- 5mg/kg dose used in monkeypox models, once a week for two weeks.
- Administered with probenecid (to reduce renal toxicity).
- Embryotoxic in rabbits.
- Major adverse effects - Neutropenia, decreased ocular pressure, nephrotoxicity; probenecid: hypersensitivity reactions, rash, nausea, vomiting



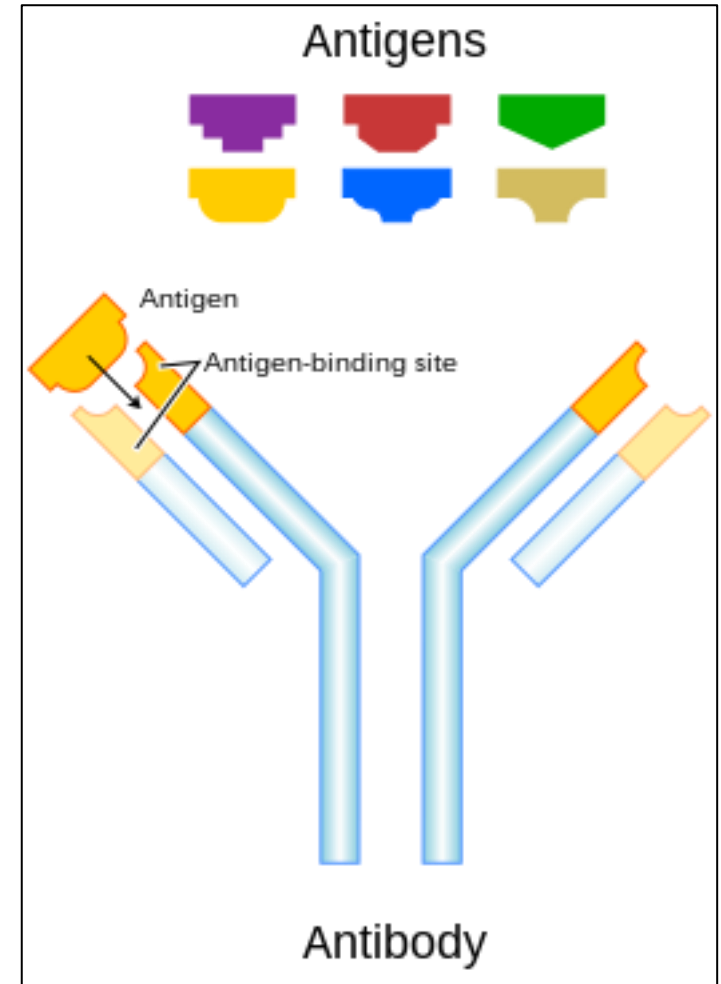
# Antiviral therapy – Outstanding Questions

- How effective are these antiviral medications against monkeypox in humans?
- Is there a role for combination therapy in severe disease?
- Is development of antiviral drug resistance a concern?
- What about antivirals as pre-exposure and post exposure prophylaxis?

# Vaccinia Immunoglobulin Intravenous

- Licensed for disseminated vaccinia.
- Has no demonstrated efficacy against smallpox and efficacy against monkeypox is unknown.
- May be considered for treatment of severe monkeypox by clinicians.

Needs to be studied for this indication



# Post-exposure vaccination

- Vaccinia based vaccines
- Administered ideally within 4 days of the exposure ( up to 14 days )
- Early antibody response to vaccination may help prevent symptomatic infection or reduce disease severity
- Limited data indicating some benefit with MVA-BN used as PEP in current outbreak (data from France – preprint)





**Warning: Graphic Images on next slide!!!**



# Adjunctive therapies

*Patel et.al BMJ 2022;378:e072410*

- Skin protectants e.g. Petroleum jelly, Sarna for itching, Calamine lotion.
- Proctitis – lidocaine based preparations, topical anti-inflammatory agents e.g. mesalamine suppositories.
- Perineal lesions – Sitz baths
- Systemic analgesics – Opioids
- Engage the assistance of dermatologists early.



Day 3



Day 7



Day 11 (admission)



Day 16



Day 24

**Monkeypox lesions are painful. Managing this pain is an important part of treatment**

# Monkeypox virus infections in children in Spain during the first months of the 2022 outbreak

David Aguilera Alonso, Hospital General Universitario Gregorio Marañón

# ECDC/EACS webinar

September 13, 2022

## Monkeypox virus infections in children in Spain during the first months of the 2022 outbreak

**David Aguilera-Alonso**

Pediatric Infectious Diseases Unit, Hospital  
Gregorio Marañón, Madrid (Spain)



Hospital General Universitario  
Gregorio Marañón



*ciberinfec isciiii*

# Monkeypox in children

## Background

Mostly acquired through **household contact**, with transmission from a parent or an adult caregiver

Higher **mortality and risk of complications** in children:

- During the first decades since the 70s, the mortality was mainly in children (probable protective effect of the smallpox vaccine in adults).
- Persists in the last decades:
  - 244 cases hospitalized with MPX in 2007-2011 in DRC: 3 deaths (1.2%), all children (Preprint, doi: 10.1101/2022.05.26.22273379)
  - The 2 cases with severe infection in the 2003 US outbreak: encephalitis and retropharyngeal abscess (Huhn GD, Clin Infect Dis. 2005)

# Monkeypox in children

## Severity during pregnancy

- Higher severity associated with smallpox in pregnant women.
- Risk of miscarriage and fetal death due to smallpox during pregnancy.
- Limited information on MPX during pregnancy.
- 2007-2011 in DRC: 4 pregnant women with MPX:
  - ▶ 1 pregnant woman died.
  - ▶ 2 miscarriages in the 1st trimester.
  - ▶ 1 fetal death (hydrops fetalis) at week 18. Positive MPXV PCR in peritoneal fluid, umbilical cord and placenta (vertical transmission)



Rash on the skin of the fetus



Pox lesion on the sole of the right foot of the fetus

Mbala PK, et al. *J Infect Dis.* 2017;216(7):824-828. doi:10.1093/infdis/jix260;  
Kisalu NK, et al. *J Infect Dis.* 2017 Oct 17;216(7):795-797. doi: 10.1093/infdis/jix342.

# International outbreak 2022

**EL PAÍS**

May 18, 2022

ENFERMEDADES INFECCIOSAS >

## **Alerta sanitaria tras detectarse en Madrid ocho pacientes sospechosos de tener la viruela de los monos**

El Reino Unido y Portugal han confirmado en los últimos días 12 casos de esta rara enfermedad endémica de África. La enfermedad se contagia por contacto de fluidos y en España de momento todos los casos que se investigan son hombres



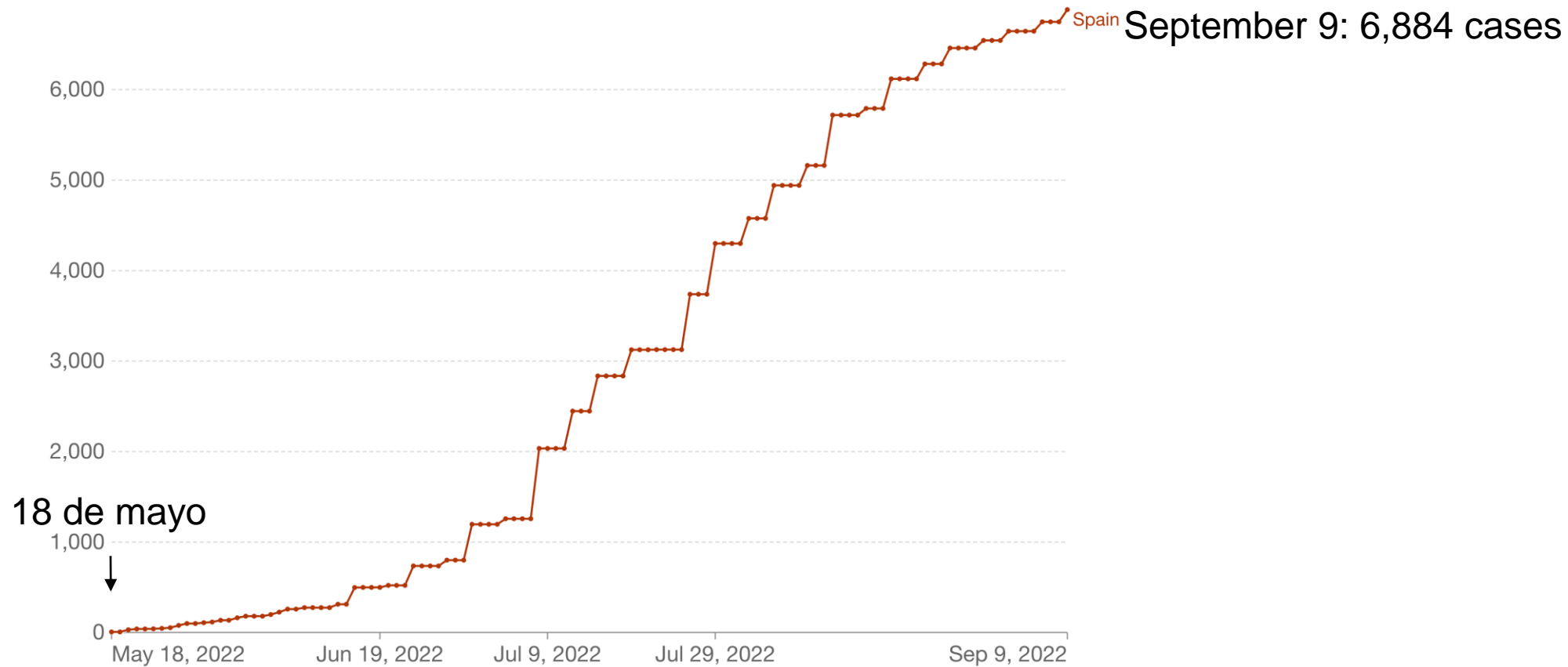
El Ministerio de Sanidad y las comunidades autónomas han lanzado una alerta sanitaria [tras detectar en Madrid ocho casos sospechosos de la viruela de los monos](#), según documentos a los que ha tenido acceso EL PAÍS y han confirmado fuentes sanitarias. Los casos están pendientes de confirmación mediante pruebas genéticas que se llevan a cabo en el Centro Nacional de Microbiología (CNM).

# International outbreak 2022



Monkeypox: Cumulative confirmed cases

Our World  
in Data



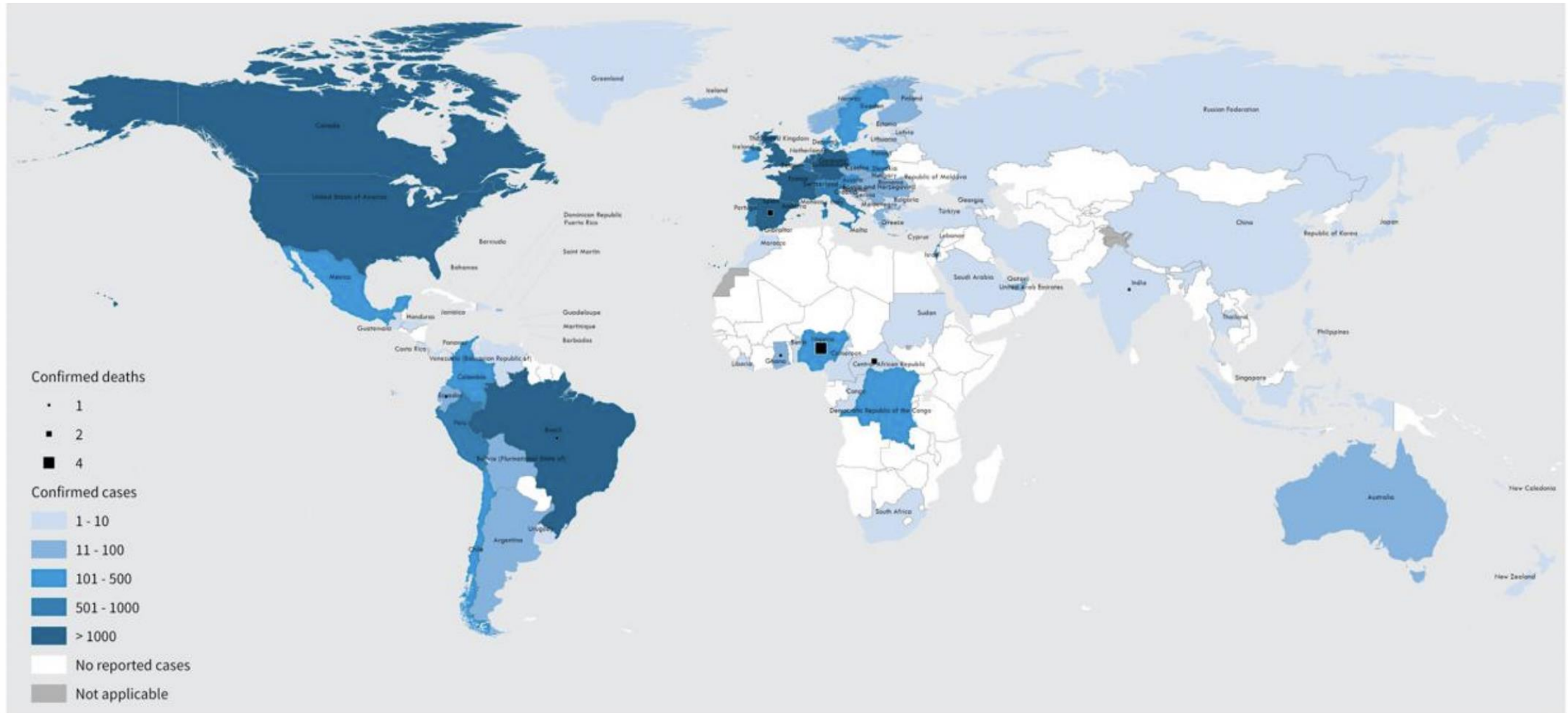
Source: Data produced by the 'Global.health' team — available at [github.com/globaldothealth/monkeypox](https://github.com/globaldothealth/monkeypox)

CC BY



# International outbreak 2022

1 January - 22 August



*Multi-country outbreak of monkeypox External Situation Report 4, WHO; published 24 August 2022*



# International outbreak 2022

## Epidemiology in Spain



6,884 confirmed cases



- 98.0% males.
- Age: Median 37 years (IQR: 31-44 years, range: 7 months-88 years).
- Route of transmission: 82.3% sexual close contact; 6.4% non-sexual close contact

*Data from Red Nacional de Vigilancia Epidemiológica (RENAVE), updated on September 9*

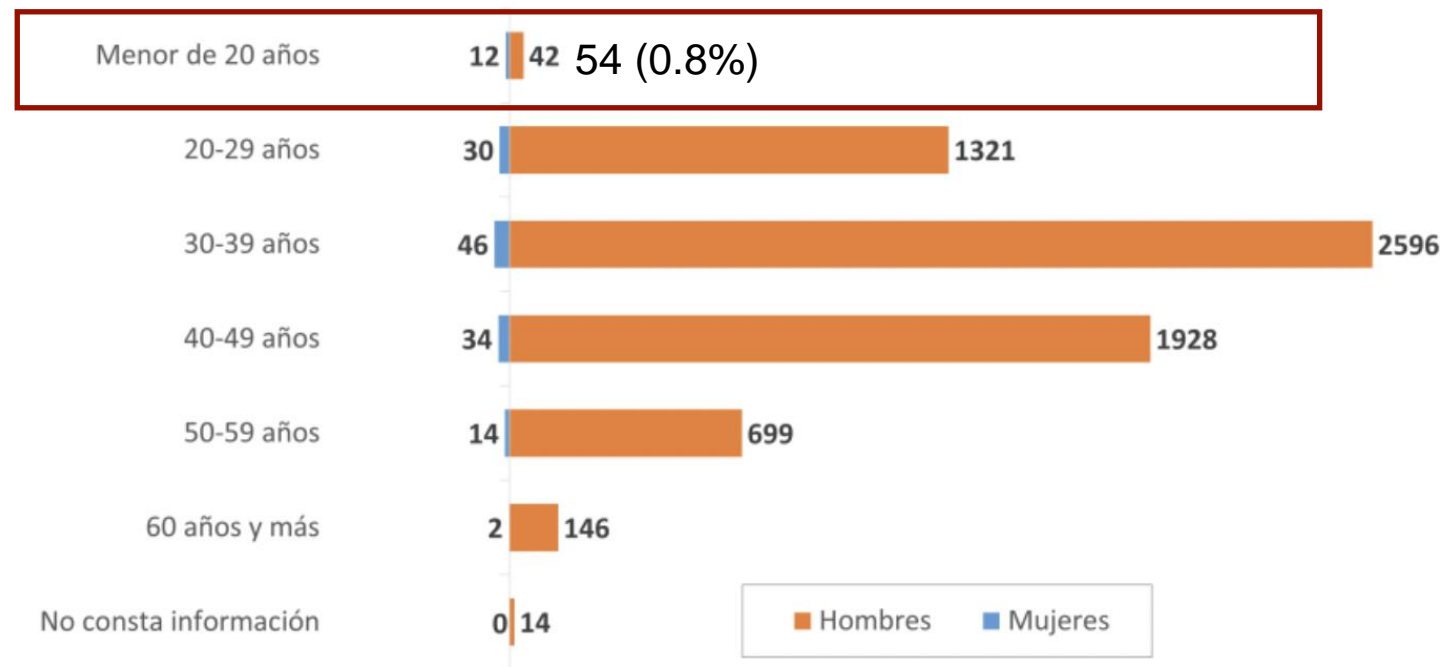
# International outbreak 2022

## Epidemiology in Spain



6,884 confirmed cases

Age groups



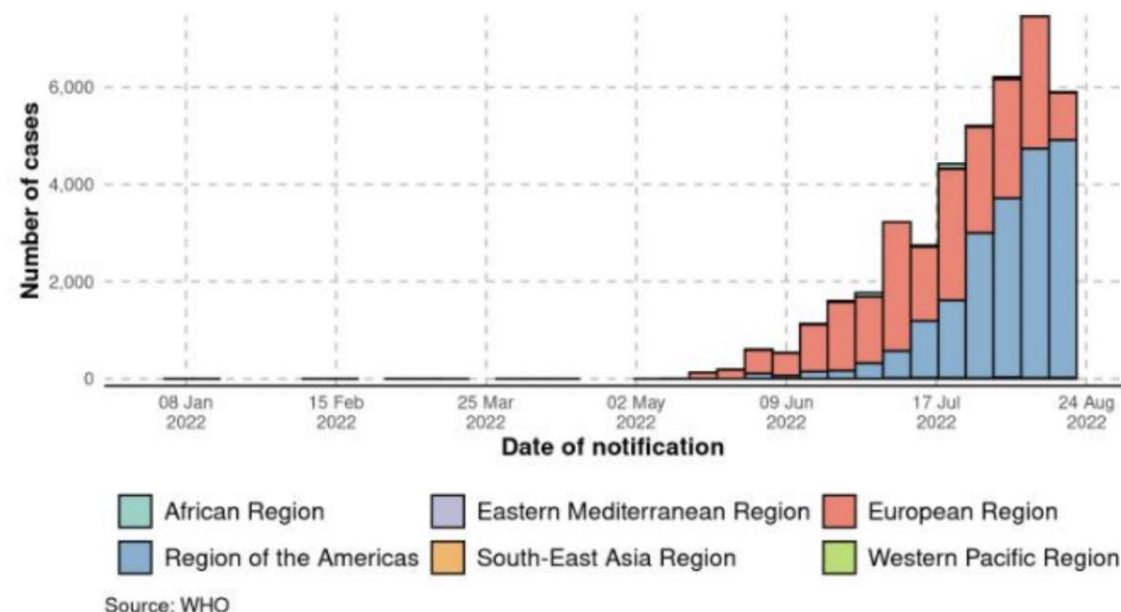
*Data from Red Nacional de Vigilancia Epidemiológica (RENAVE), updated on September 9*

# International outbreak 2022

1 January - 22 August



WHO Region	Confirmed cases	Deaths
African Region	404	7
Region of the Americas	20 438	2
Eastern Mediterranean Region	35	0
European Region	20 652	2
South-East Asia Region	14	1
Western Pacific Region	121	0
<b>Cumulative</b>	<b>41 664</b>	<b>12</b>

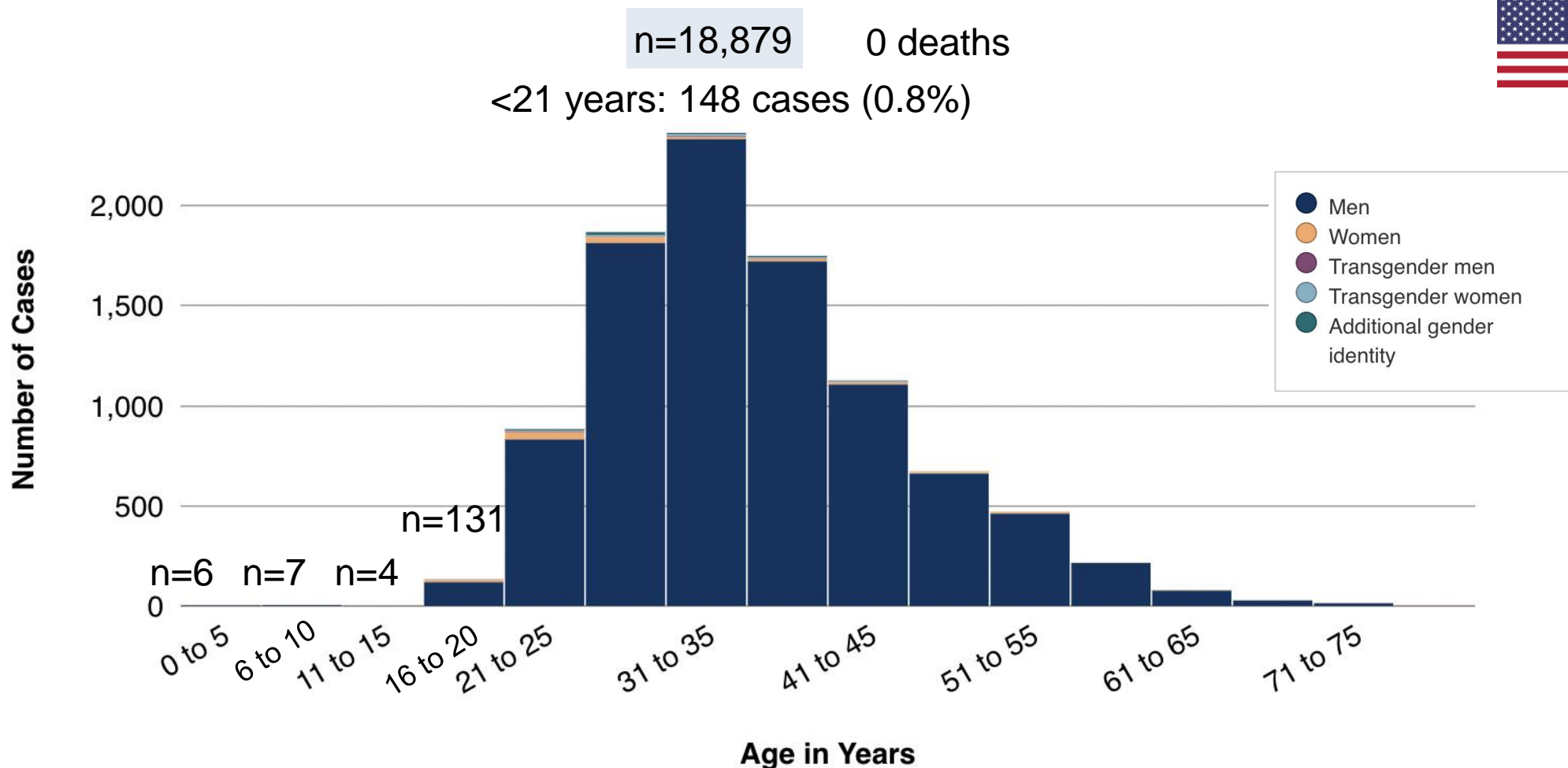


- 98.2% males.
- Median age 36 years (IQR: 30-43 years).
- 0.6% (140/23,626) aged 0-17 years.
- In West and Central Africa: 38.7% (65/168) of cases for whom age was available were 0-17 years, and 12.5% (21/168) 0-4 years.

No deaths were reported in these age groups in the August 4 report (n=96)

*Multi-country outbreak of monkeypox External Situation Report 4, WHO; published August 24, 2022*

# Pediatric monkeypox in US



Data as of August 31, 2022 2:00 PM EDT

<https://www.cdc.gov/poxvirus/monkeypox/response/2022/index.html>

# Monkeypox virus infections in children in Spain during the first months of the 2022 outbreak

David Aguilera-Alonso ✉ • José Antonio Alonso-Cadenas • Marc Roguera-Sopena • Nicola Lorusso •

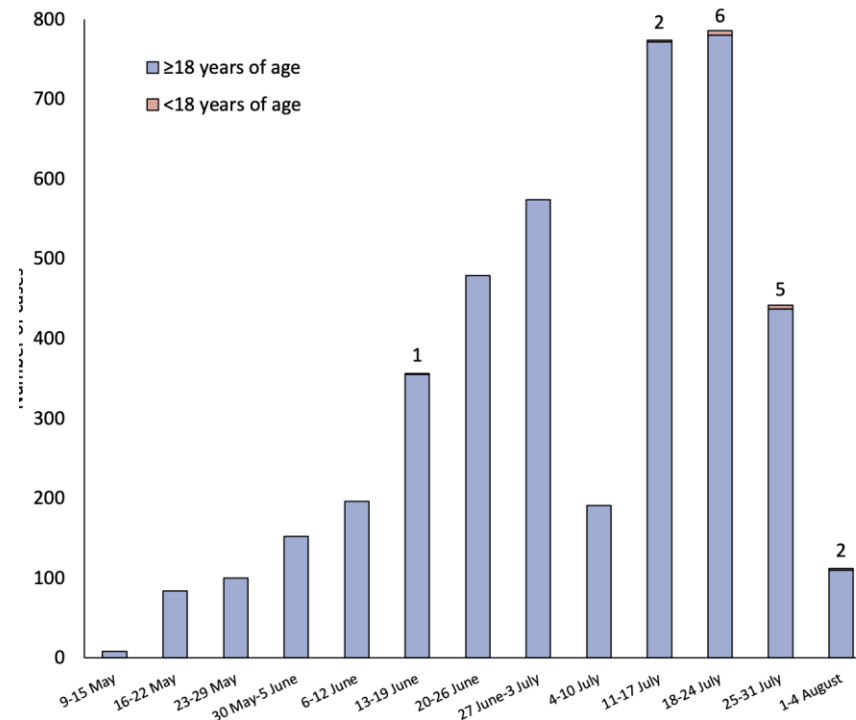
Lucía García San Miguel • Cristina Calvo

Published: September 01, 2022 • DOI: [https://doi.org/10.1016/S2352-4642\(22\)00250-4](https://doi.org/10.1016/S2352-4642(22)00250-4) •

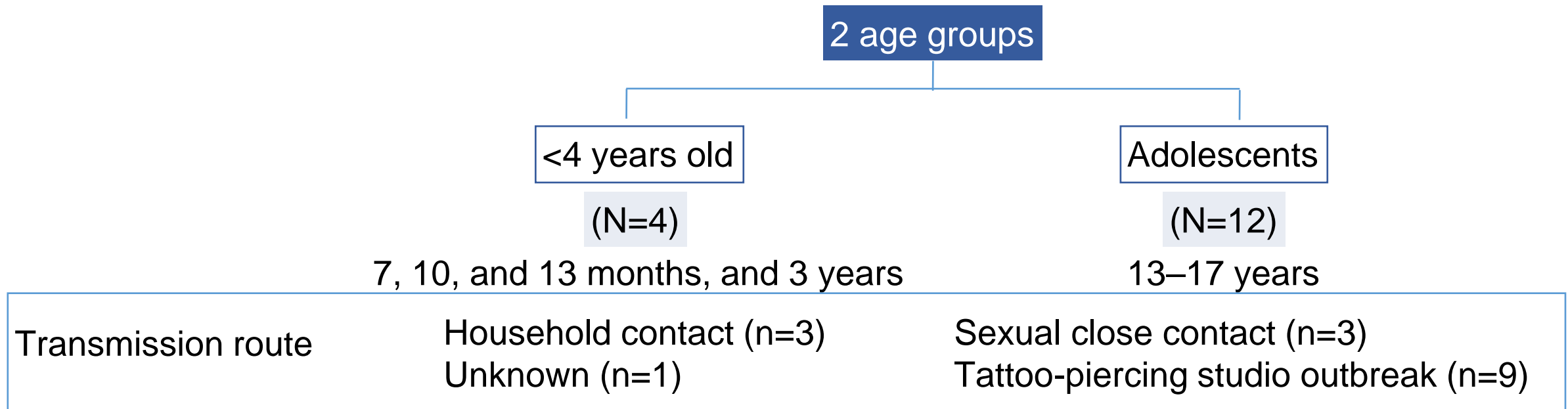


As of August 3, 2022, 4,663 laboratory-confirmed cases of monkeypox in Spain.

- Only 16 (0.3%) patients younger than 18 years (males n=10, females n=6)
- All cases autochthonous



# Pediatric monkeypox in Spain



*Aguilera-Alonso D. Lancet Child Adolesc Health. 2022;S2352-4642(22)00250-4*

# Pediatric monkeypox in Spain

## Outcomes

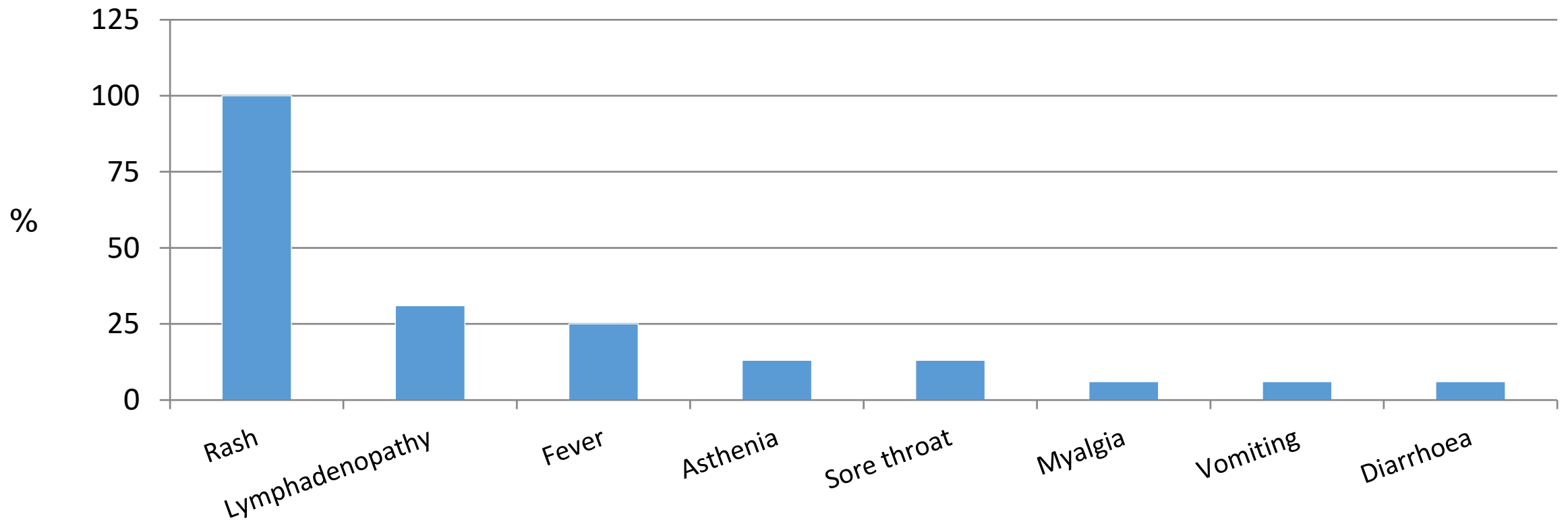
- 1 (6%) case developed an acute complication (bacterial superinfection that required drainage of an abscess).
- No patient required hospital admission.
- All were followed up on an outpatient basis (by telephone or in person).
- All 16 patients survived without sequelae.

*Aguilera-Alonso D. Lancet Child Adolesc Health. 2022;S2352-4642(22)00250-4*



# Pediatric monkeypox in Spain

## Symptoms



*Aguilera-Alonso D. Lancet Child Adolesc Health. 2022;S2352-4642(22)00250-4*

# Pediatric monkeypox in Spain

	All paediatric patients (n=16)	Younger than 4 years (n=4)	Aged 13–17 years (n=12)
Median age, years	15 (8–16)	1 (0–2)	16 (14–16)
Sex			
Male	10 (63%)	2 (50%)	8 (67%)
Female	6 (38%)	2 (50%)	4 (33%)
Country of birth			
Spain	16 (100%)	4 (100%)	12 (100%)
Transmission route			
Contact with contaminated material	9 (56%)	0	9 (75%)
Household contact	3 (19%)	3 (75%)	0 (0%)
Sexual close contact	3 (19%)	0	3 (25%)
Unknown	1 (6%)	1 (25%)	0
Specimen of detection			
Skin lesion	16 (100%)	4 (100%)	12 (100%)
Symptoms			
Rash	16 (100%)	4 (100%)	12 (100%)
Lymphadenopathy	5 (31%)	0 (0%)	5 (42%)
Fever	4 (25%)	2 (50%)	2 (17%)
Asthenia	2 (13%)	0	2 (17%)
Sore throat	2 (13%)	0	2 (17%)
Myalgia	1 (6%)	0	1 (8%)
Vomiting	1 (6%)	1 (25%)	0
Diarrhoea	1 (6%)	1 (25%)	0
Antiviral treatment	0	0	0
Hospitalisation	0	0	0
Complications	1 (6%)	1 (25%)	0
Survived	16 (100%)	4 (100%)	12 (100%)

Data are median (IQR) or n (%).

**Table:** Characteristics of patients younger than 18 years with laboratory-confirmed monkeypox virus infection in Spain from April 26 to Aug 3, 2022

Aguilera-Alonso D. *Lancet Child Adolesc Health.* 2022;S2352-4642(22)00250-4

# Take-home messages

- In the current outbreak in non-endemic countries, the impact of MPX on children is very low (<1%).
- The knowledge of the severity in children in recent years is limited.

Until there is more evidence, children, neonates, and pregnant women should be considered a risk group for complications and mortality, and it is necessary to maintain a high level of alertness.



@DavidAguileraAl

# Thanks

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# Monkeypox epidemic in prisons: how to prevent it?

Nicola Cocco, Roberto Ranieri, Penitentiary Infectious Diseases Service, Santi Paolo e Carlo Hospital, Milan



# MONKEYPOX EPIDEMIC IN PRISONS: HOW TO PREVENT IT?



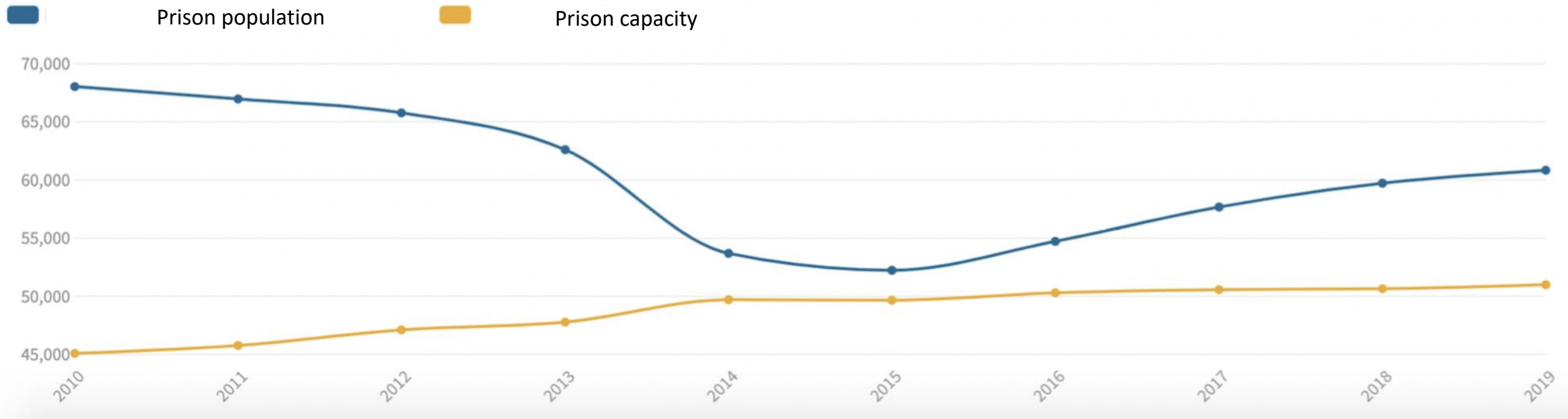
Nicola Cocco

Penitentiary Infectious Diseases Service, Santi Paolo e Carlo Hospital, Milan

10th ECDC/EACS webinar on the monkeypox outbreak – 13.9.2022

# A couple of important numbers about Italian prison...

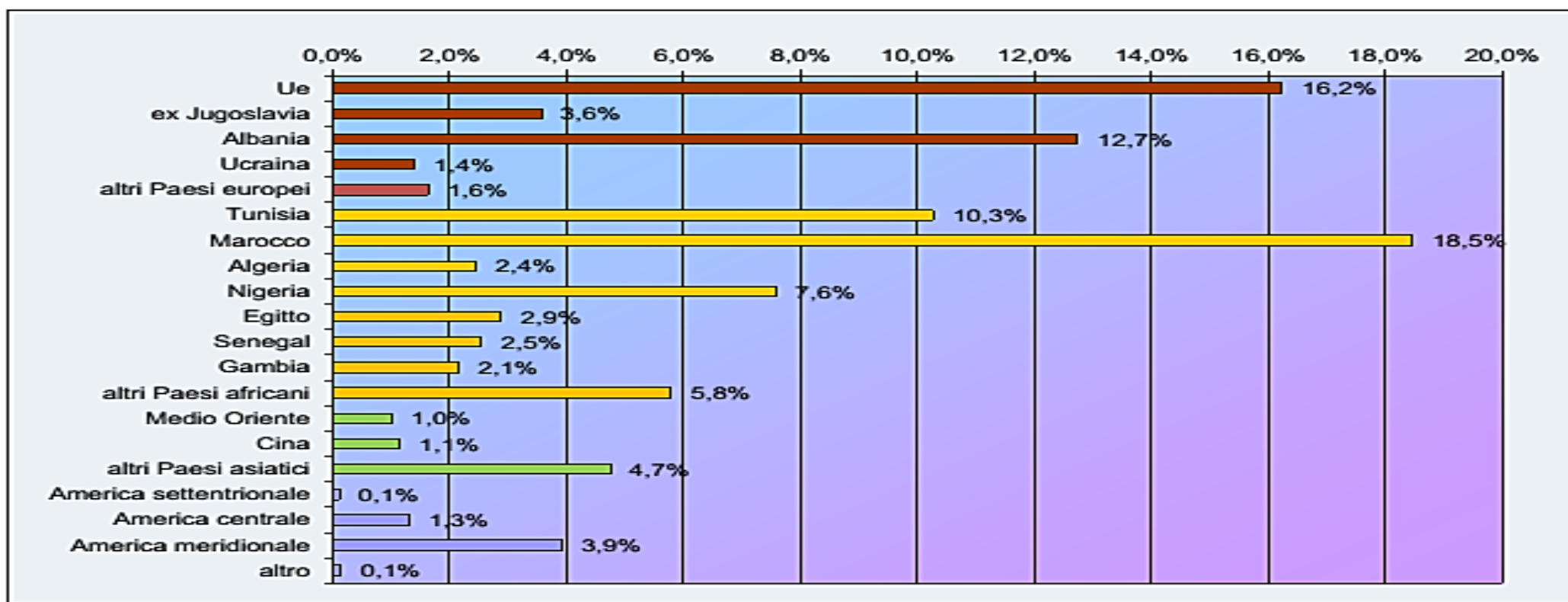
117.7%  
Overcrowding



A couple of important numbers about Italian prison...

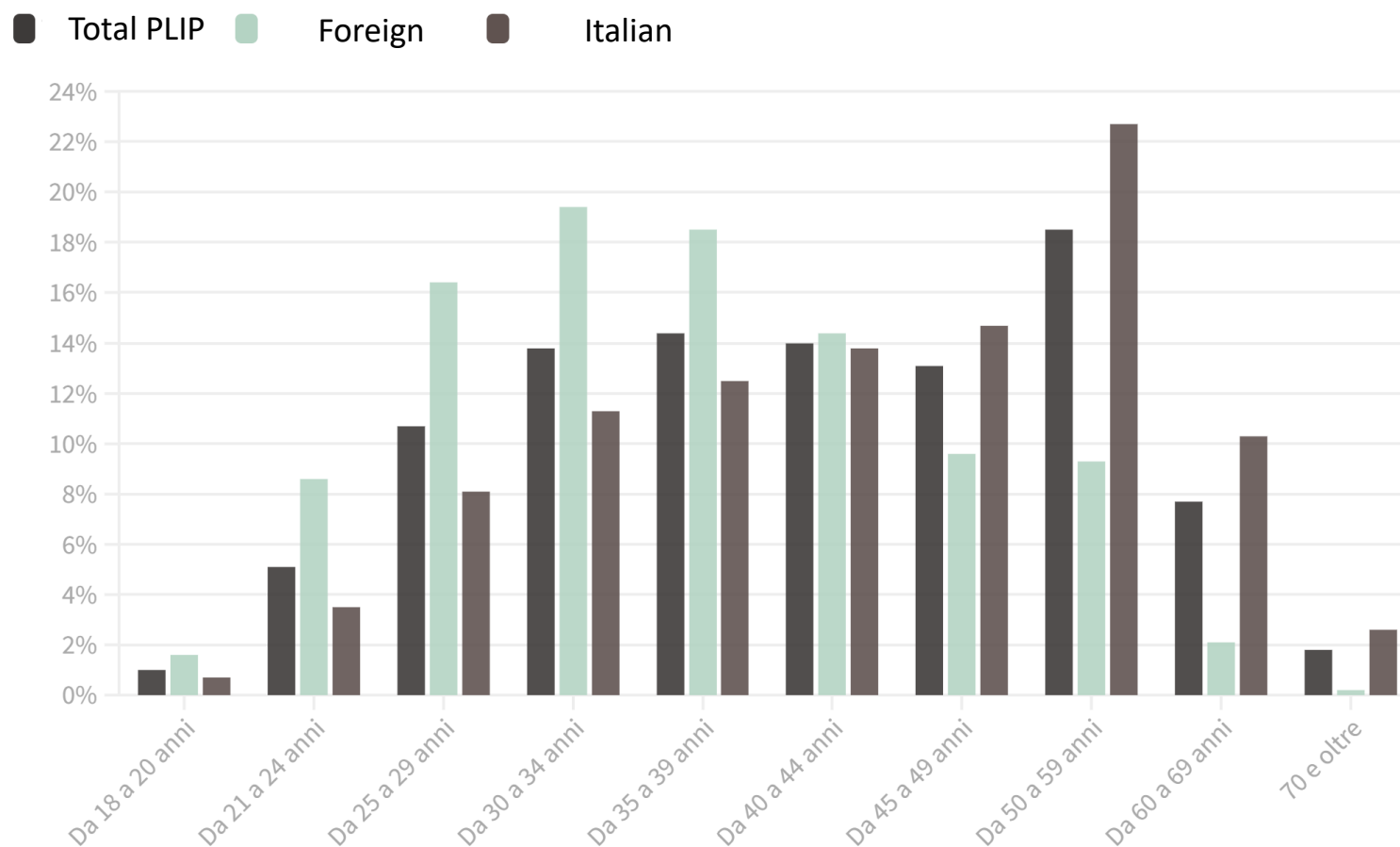
## Foreign People living in prison (PLIP) in Italy

17.209  
(32%)

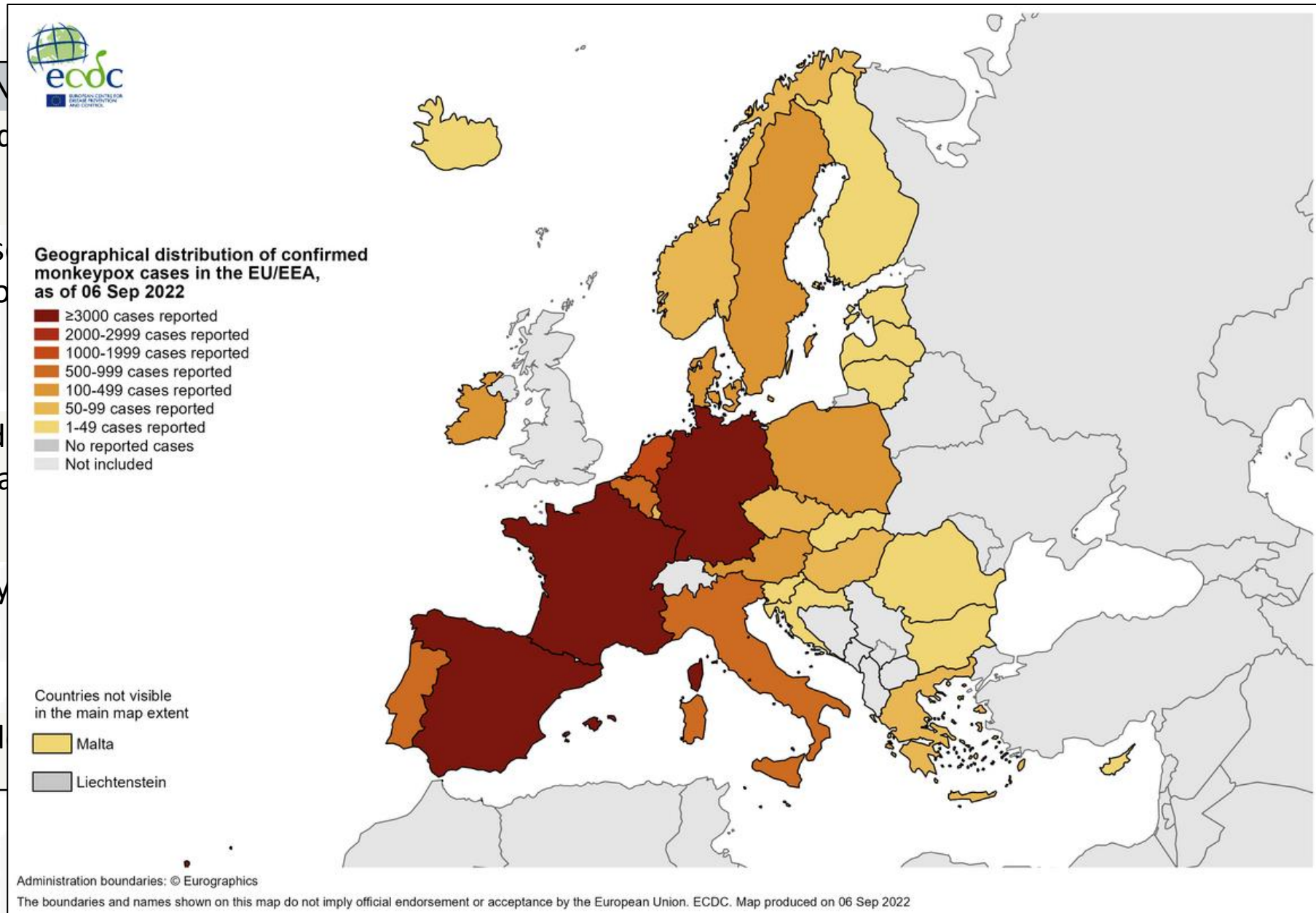


# A couple of important numbers about Italian prison...

## PLIP age groups in Italy



# MPXV epidemic: the Italian situation



in Milan

Our World  
in Data



2022 Sep 9, 2022

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# What if... MPXV outbreaks in prison?



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## Monkeypox case reported at Cook County Jail

Health officials believe the risk to the general population and staff at the jail is low based on how the disease is transmitted.

By Mitch Dudek | Updated Jul 26, 2022, 9:47pm CEST



# Risk factors for MPVX spread among PLIP

- Vulnerability
- Poor healthcare access and awareness
- Overcrowding
- Promiscuity
- Frequent exchange of clothing and personal items, home-made tattoos
- PLIP coming from countries where MPXV is endemic and/or is widespread
- High turnover of people awaiting trial (remand houses)
- PLIP who are MSM
- PLIP who are transgender
- PLIP practice promiscuous sexual activities and/or chemsex



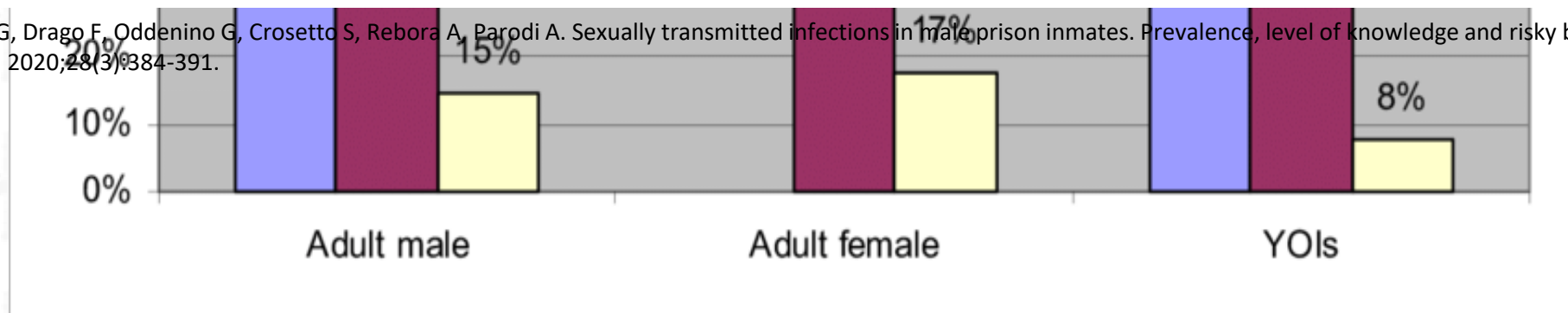
# Risk factors for MPXV spread among PLIP



**Table 5** - Prevalence of HIV, HBV, HCV infection and syphilis in our study in comparison with other studies.

Infection	Prevalence in Marassi prison	Prevalence in other Italian prisons <sup>11</sup>	Prevalence in other European prisons <sup>2,16-18</sup>	Prevalence in Italian general population <sup>14</sup>	Prevalence in Ligurian blood donors <sup>15</sup>
HIV	1.8%	3.8%	0-0.4%	0.005%	0.005%
HBV	2.7%	4.4%	0.1-1.9%	0.0004%	
HCV	12.5%	22.8%	4.9-11.5%	0.0001%	
Syphilis	1.3%	2.1%	0.3-1.1%	0.002%	0.003%

Ciccarese G, Drago F, Oddenino G, Crosetto S, Rebora A, Parodi A. Sexually transmitted infections in male prison inmates. Prevalence, level of knowledge and risky behaviours. *Infez Med.* 2020;28(3):384-391.



# Risk factors for MPVX spread among PLIP: not only sex behaviors...

**Table 1.** Prevalence of scabies in Polish prisoners in 2001–2015 in relation to the number of imprisoned individuals and the number of cases noted.

Years	Number of Prisoners <sup>1</sup>	Scabies	
		Number of Cases	Prevalence
2001	78,716	3072	3.9%
2002	81,391	3071	3.8%
2003	81,321	2324	2.9%
2004	80,239	1833	2.3%
2005	82,761	1455	1.8%
2006	87,370	1245	1.4%
2007	89,995	1115	1.2%
2008	85,920	1103	1.3%
2009	85,384	1172	1.4%
2010	82,863	1387	1.7%
2011	82,558	2029	2.5%
2012	84,399	2121	2.5%
2013	83,898	2455	2.9%
2014	78,987	2465	3.1%
2015	74,814	2096	2.8%
		<b>Total 28,943</b>	<b>M * 2.3%</b>



Incidence of scabies in Polish  
general population (2008):  
0.029%

<sup>1</sup> In 2001–2015, foreigners constituted on average 0.96% (from 0.65% to 2.03%) of the inmates. \* Mean.





## Monkeypox isn't like HIV, but gay and bisexual men are at risk of unfair stigma

Published: May 23, 2022 12:57pm BST Updated: May 23, 2022 1:56pm BST

Challenges in collecting detailed anamnestic data about sexual behaviors in PLIP  
Risks of stigma for MSM and transgender PLIP

# Preventing MPXV outbreaks in prison: main tools

- Surveillance on newcomers (geographical origin, anamnestic data, detection of cutaneous lesions / systemic symptoms)
- Accurate visit and prompt contact and respiratory isolation of suspected and confirmed cases
- Efficient contact tracing systems
- Availability and correct use of personal protective equipment by PLIP and prison staff (FFP2 mask, disposable gown, protective goggles or visors, gloves, shoe covers)
- Collection of virological swabs and efficient procedures for sending and communicating with the Laboratory
- Information and sensitization on healthcare and penitentiary staff and PLIP, including targeted measures against stigma
- Primary prevention interventions, including vaccination for selected groups at risk





# The Italian vaccination campaign against MPXV

Started on August 10<sup>th</sup> 2022

Jynneos vaccine, Bavarian Nordic

Selected risk groups:

- Laboratory personnel with possible direct exposure to orthopoxvirus;
- Gay, transgender, bisexual and other MSM, who meet the following risk criteria:
  - recent history (last three months) of multiple sexual partners and/or
  - participation in group sex events and/or
  - participation in sexual encounters in local/club/cruising/saunas
  - and/or recent sexually transmitted infection (at least one episode in the past year)
  - and/or the habit of associating sexual acts with the consumption of chemical drugs (chemsex)

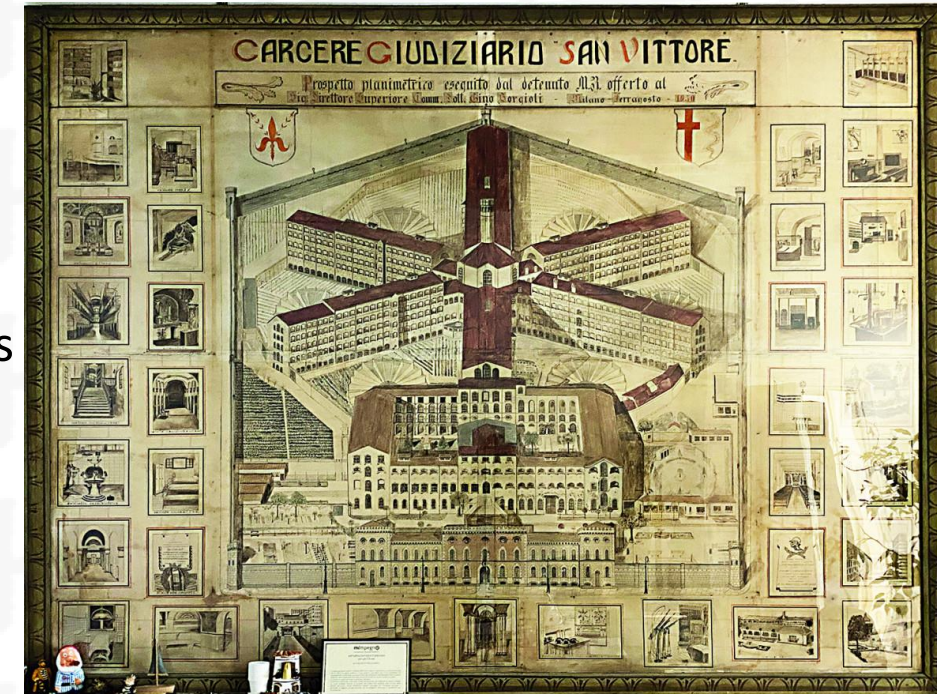
Individuals already vaccinated for smallpox virus are excluded





# Pilot vaccination campaign against MPXV in Milan prison

- Vaccines (Jynneos) available from August 10<sup>th</sup> 2022 (same day of the vaccination campaign for the general population)
- More than 80 vaccines for pilot in San Vittore remand house (Milan)
- Priority risk groups:
  - transgender PLIP
  - Young (< 35 years old) PLIP with history of recent STD and/or chemsex
- Dedicated meeting with all Lombardy Region prison health managers
- ID Specialist Group in Milan available for clinical and PH consultancy
- MPXV issues being integrated in San Vittore new Vaccination Clinic and in the European RISE-Vac Project
- Under discussion to get more vaccine doses and get more people involved in vaccination, considering
  - risk factors in prison and
  - the opportunity to protect after the release people belonging to groups with poor access to healthcare



# Conclusion: proposal for preventing MPXV outbreaks in prisons



- Elicit scientific and institutional attention on prison as a place of possible spread of MPXV infection, given the coexistence of known risk factors, aggravated by overcrowding, difficult conditions of life and the dynamics of stigma
- Alert health and justice authorities over the risk that MPXV circulation in prison could be sustained by transmission modes other than sexual activities
- Collect and share epidemiological data and clinical experiences of MPXV infection management in prisons at national and local level, to build a solid body of evidence at least among the European countries
- Implement educational and prevention interventions for prison staff and for PLIP, considering the challenges and needs of overcoming the anamnestic barriers and the possible risks of marginalization for some categories of PLIP
- Take advantage of the recent management of the COVID-19 pandemic, especially in the procedures of isolation, diagnosis, contact tracing, and in the use of personal protective equipment
- Ensure the enforcement of the equivalence of care between the general and the prison population, including for the provision of limited resources such as the MPXV vaccination

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**THANK  
YOU!**

**There is no Public Health  
without Prison Health**

# Detection of Monkeypox Virus in Anorectal Swabs From Asymptomatic Men Who Have Sex With Men in a Sexually Transmitted Infection Screening Program in Paris, France

Jade Ghosn, APHP

# **Annals of Internal Medicine**

## **OBSERVATIONS: BRIEF RESEARCH REPORTS**

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**Detection of Monkeypox Virus in Anorectal Swabs From Asymptomatic Men Who Have Sex With Men in a Sexually Transmitted Infection Screening Program in Paris, France**

- First case of MPXV in France: May 19<sup>th</sup>, 2022
  - Since then, many cases with no documented exposure
  - Belgian study : possibility of asymptomatic carriage of MPXV?
- We retrospectively performed MPXV testing on all anal swabs that were collected between June 5<sup>th</sup> and July 11<sup>th</sup> in our Sexual Health Clinic and/or in the HIV Outpatient Clinic as part of a quarterly screening program for NG and CT
- in asymptomatic PrEP users and in asymptomatic PLWHIV
  - who tested NEG for NG and CT



**June 5 to July 11**  
**706 MSM attended the Clinic**

**383 with  
suspected  
MPXV**

**323 for routine  
follow-up (PrEP or  
HIV)**

**271 MPXV  
+**

**Mailhe M et al, CMI 2022**

***Férré et al, Annals of Internal Medicine 2022***

**Table.** Screening for Sexually Transmitted Infections and MPXV Infection in 706 MSM Visiting the Sexual Health Clinic Between 5 June and 11 July 2022

Variable	MSM With No Symptoms of MPXV Infection	MSM With Symptoms Suggesting MPXV Infection
Total number of MSM visiting between 5 June and 11 July 2022	323	383
<i>C trachomatis</i> infections detected on anal swab, n/N (%)	32/323 (9.9)	Not tested
<i>N gonorrhoeae</i> infections detected on anal swab, n/N (%)	24/323 (7.4)	Not tested
<i>C trachomatis</i> and <i>N gonorrhoeae</i> co-infection detected on anal swab, n/N (%)	8/323 (2.5)	Not tested
<i>C trachomatis</i> infections detected on first-void urine sample or urethral swab, n/N (%)	6/323 (1.9)	Not tested
<i>N gonorrhoeae</i> infections detected on first-void urine sample or urethral swab, n/N (%)	3/323 (0.9)	Not tested
<i>C trachomatis</i> and <i>N gonorrhoeae</i> co-infection detected on first-void urine sample or urethral swab, n/N (%)	1/323 (0.3)	Not tested
MPXV-positive test result, n/N (%)	13/200* (6.5)	271/383 (71)

*C trachomatis* = *Chlamydia trachomatis*; MPXV = monkeypox virus; MSM = men who have sex with men; *N gonorrhoeae* = *Neisseria gonorrhoeae*.

\* All 200 of the asymptomatic participants who were tested for MPXV were negative for both *C trachomatis* and *N gonorrhoeae* on anal swab.

**Per French recommendations, STI screening was halted in case of suspected MPXV infection**

**June 5 to July 11  
706 MSM attended the Clinic**

**383 with  
suspected  
MPXV**

**323 for routine  
follow-up (PrEP or  
HIV)**

**271 MPXV  
+**

**213 had anal  
swabs collected  
in our center  
and no clinical  
symptoms and  
CT/NG NEG  
MPXV PCR  
successful in  
200/213**

**Mailhe M et al, CMI 2022**

**13/200 MPXV+  
6,5%**

**All were called: no  
symptom at the time of the  
call**

**13/200 MPXV+  
and no  
symptoms**

**7 days later: one  
participant with anal  
rash and a confirmed  
MPXV+**

**9 days later: one  
participant presented with  
fever and pharyngitis but  
no anal symptoms, and a  
positive pharyngeal PCR**

**187/200 MPXV -**

**> 21 days: 3  
presented with  
symptoms  
suggestive of MPXV  
infection and all  
three tested +**



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## **Next webinar**

**Tuesday 27 September 15:00-16:30 (CET)**

# Thank you!