

How to better report on the interconnections between humans, animals & the environment

# Reporting on mpox



Mpox is spreading rapidly across Africa, with new cases in countries previously unaffected by the disease, like Burundi, Kenya, Rwanda, and Uganda. The most affected country in 2024 continues to be the Democratic Republic of Congo, followed by Burundi. An additional 17 countries are affected (as of 20th October 2024). Swift action is needed to contain concurrent outbreaks - of more than one clade or genetic lineage. This multi-country mpox outbreak is dynamic, and the public health emergency is not resulting in a uniform surge in numbers of infections.



## MAKING SENSE OF THE DIFFERENT CLADES:

An important factor complicating the science and community engagement response is that the mpox virus has two main clades or lineages: Clade I, mostly found in Central and East Africa, and Clade II, in West Africa. (Cameroon is known to harbor both clades). Whereas Clade II was responsible for the 2022 outbreak, the new strain, named Clade Ib, spreads more easily between people and may cause more severe symptoms. This Clade Ib is the current strain of concern, with virology and epidemiology experts working on the urgent challenge of containing the new, highly transmissible Clade Ib.

Since the declaration in mid-August 2024 of mpox as public health emergency by the World Health Organization (WHO) and the Africa Centres for Disease Control and Prevention (Africa CDC), cases of clade Ib mpox have been reported in Sweden, Thailand, India and Germany. The new variant is moving beyond the same-sex transmission pathways seen with a different variant (clade II) during 2022 to 2023. General close contact is spreading clade Ib mpox, with cases being reported in both adults and children.

Below are a set of tools to help you report on the mpox outbreaks:

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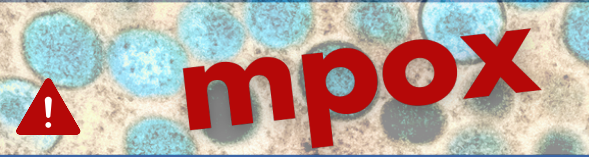
**Epidemics now and epidemics then: make apt comparisons to tell the stories that need to be told.**

*Stories on mpox not only need to investigate what's new about the current outbreaks of clade Ib as well as the epidemic of clade II ongoing since 2022, but also draw parallels with some not-so-new issues, to push the agenda for better outbreak preparedness.*

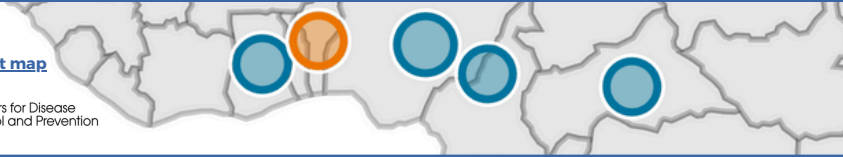
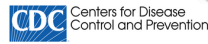
## What are the new stories to tell about the ongoing outbreaks of mpox clades I and II?

- The DRC is experiencing the biggest outbreak of mpox disease recorded thus far. There have always been two mpox clades (types). Clade II is less deadly than Clade I, the clade now spreading in the DRC. In your reporting, be sure to indicate which clade is present in your setting, so that audiences are adequately informed about precautions.
- The DRC is also badly affected by conflict and has limited resources, meaning it is harder for authorities to monitor and treat infected people. Mpox shines a light on the crippling effects of weak health systems. Give your readers a sense of whether the health system in your country is equipped for mpox tracing and treatment.
- The stockout of MPXV tests is hampering the confirmation of cases in the DRC since mid-September 2024.
- Vaccines can help minimize the spread of disease, but there are virtually no mpox vaccines in DRC. What is mpox vaccine availability and access in your country?
- People are contracting the infection in countries where the mpox virus has never before been reported.
- Since September 2024, cases are at a relatively low level of transmission in the Region of the Americas, the European Region, the South-East Asia Region, the Eastern Mediterranean Region, and the Western Pacific. The African Region, on the other hand, shows sharply rising levels of laboratory-confirmed cases reported and the highest number of cases recorded since the start of global surveillance in 2022.
- In the mpox clade IIb outbreak of 2022 in Europe, people had only a few lesions, or none. The lesions may be confined to the genital region or show up even before the usual symptoms like fever or body-ache.

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- Although most cases are mild, children under 12 years old, immunocompromised people and pregnant women face a higher risk of more serious infection.
- There is the likely possibility of spillback events where infected humans can pass on the virus to animals that they handle, leading to the establishment of first-time animal reservoirs of the virus in their regions.
- On June 17th 2022 the WHO declared it was removing the distinction between endemic and non-endemic countries, to emphasize that a unified response to the outbreaks is the need of the hour.
- Most of those infected outside Africa are men who have sex with men, who appear to have acquired the infection through unprotected sex.

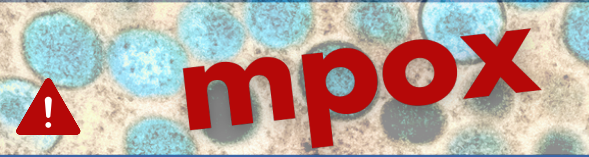
### Which not-so-new stories about the outbreaks also need to be told?

- As is the case with many other diseases that continue to go by the outdated label of 'tropical diseases', the outbreaks have not drawn sufficient attention to the unheard voices of scientists and clinicians from Africa who have, over the years, diligently documented mpox outbreaks in their countries and tried to repeatedly sound the alert. For example, in 2017, Nigerian researchers suggested that mpox patients with genital ulcers might have been infected through sex.
- The term tropical disease is best avoided when referring to mpox, because of its global reach.
- Stigmatizing, judgemental terms are being used to describe those with mpox, because of the disproportionately high number of sexually transmitted cases. It is important to highlight that mpox could be sexually transmitted or through close nonsexual physical contact. The mpox virus is known to spread through close contact with infectious tissue or fluids from the skin lesions of an infected person and through respiratory droplets, as well as through fomites (contaminated surfaces or materials). Mpox can spread through intimate physical contact, with or without sex, and cannot be referred to purely as a sexually transmitted disease. The mpox virus is present in skin lesions as well as semen and vaginal fluids. There is some evidence to suggest that the virus might spread through saliva, for instance by sharing drinking glasses. The virus can also spread during pregnancy to the fetus, during or after birth through skin-to-skin contact, or from a parent with mpox to an infant or child during close contact. The current clade Ib outbreaks in DRC are linked to household, zoonotic and sexual exposure.

- Many of those infected in the clade IIb outbreaks are men who have sex with men. In places where laws, policies and practices criminalize and stigmatize consensual sex between those of the same sex, people may face difficulties in seeking and getting health care.
- Similar to other instances where diseases or germs often earned the name of the animal or place where they were first discovered, such as 'Wuhan virus' for SARS CoV-2, mpox was named 'monkeypox' in 1958, following its discovery among a batch of monkeys imported for research. The natural reservoir for the virus, however, is thought to be small mammals, probably rats, and other rodents. The first case in humans was reported in a 9- month-old child from the Democratic Republic of Congo in 1970. Since then, mpox has been reported in people in several other central and western African countries. Prior to the 2022 outbreak, nearly all mpox cases in people outside of Africa were linked to international travel to countries where the disease commonly occurs, or through imported animals.
- The stereotyping of certain races, communities, or countries as disease-ridden and dangerous has had adverse and far-reaching consequences for global public health. Such reporting distorts the true picture of the risks faced by communities everywhere. Stereotyping also fuels complacency in some countries that mpox is someone else's problem. Policymakers may quote such stories to limit the flow of much-needed material and technical support for health systems everywhere to recognize and respond sensibly to emerging infectious diseases.



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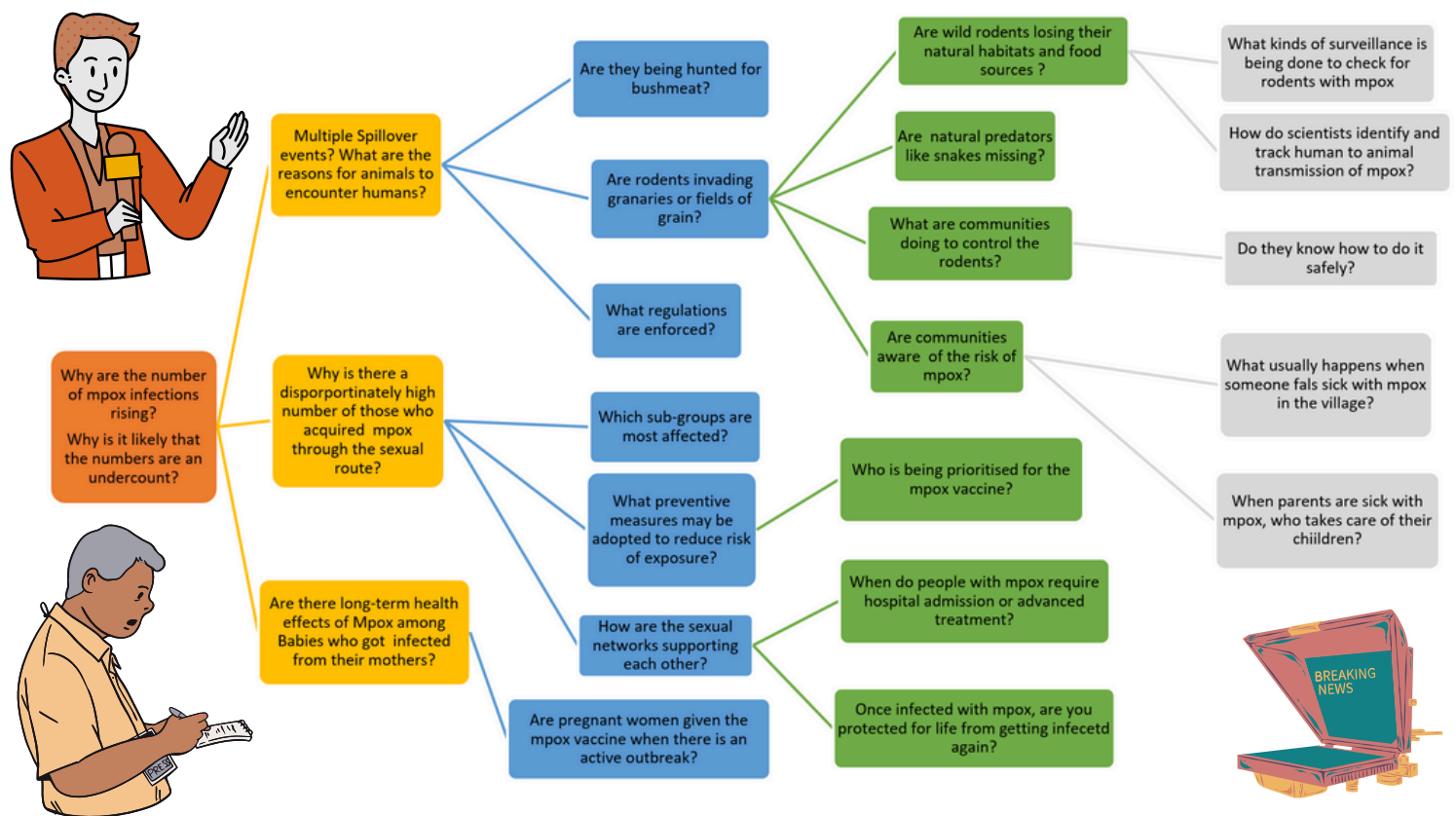


### Stories need to highlight the need for investments in zoonotic disease surveillance.

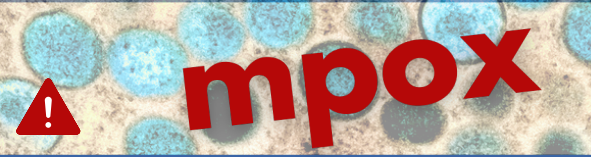
Health agencies are closely monitoring the rapid spread of the virus, both in Africa, where the virus occurred sporadically before the current outbreak and in new territories. Deaths reported might have been averted with better community awareness about preventive measures, and facilities for surveillance, timely detection and care. The media needs to draw attention to the risk of spillover events and community spread of mpox, no matter in which part of the world they occur and highlight the growing need to invest in surveillance and prevention of zoonotic diseases.

### 2 Widen your canvas of themes to explore while reporting on mpox

Stories on mpox need not all sound alike. The story map below presents a sample of questions about the mpox outbreaks that journalists could investigate and, in the process, build stories that are varied and rich in detail. Try creating a question map to develop your special story on mpox.



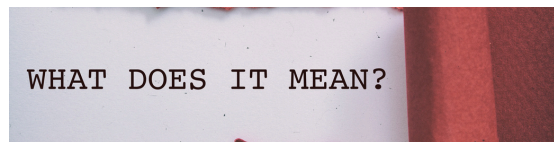
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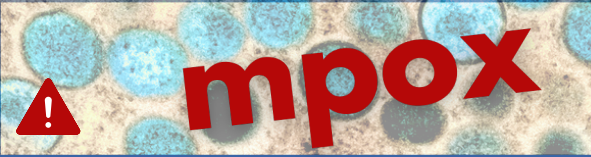
**3 Understand and interpret scientific terms for audiences**



When scientists say:	It means:
"...a case of illness"	A clinical condition (illness) that a person has. The words patient or a person with mpox are used when describing individuals with infection. Avoid referring to a person as a 'case' as it is dehumanizing.
"...a suspected case"	An unexplained acute rash in a person of any age and any of the following signs or symptoms since 15 March 2022: headache, sudden fever, body ache, back pain, weakness and swollen lymph nodes, when other common causes of sudden rash like measles or chicken pox don't fit the picture.
"...a probable case"	A person with an unexplained acute skin rash, mucosal lesions or swollen lymph nodes. The skin rash may include single or multiple lesions in the ano-genital region or elsewhere on the body. Mucosal lesions may include single or many in the mouth, eyes or anogenital, urethral, penile, vaginal regions. The person must also have had face-to-face exposure or physical contact with skin or skin lesions, including sexual contact; or contact with contaminated materials such as clothing, bedding or utensils of a probable or confirmed case of mpox in the 21 days before symptoms appeared; or have travelled to a country that has active cases of mpox, or who had multiple or anonymous sexual partners in the 21 days before symptoms appeared or who has not been immunized against smallpox and tests positive for orthopoxvirus or is hospitalized due to the illness.
"...a confirmed case"	Either a suspected or probable case together with a positive test for the mpox virus either by real-time polymerase chain reaction (PCR) and/or genomic sequencing.



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**4**

### Alert decision-makers and general audiences by tracking the trends in infection

Stay updated on the numbers of new infections in various countries by following the WHO mpox updates here:

<https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON396>

Or use other open-access database and visualizations to track the occurrence of cases in different countries, such as:

<https://www.mpox.global.health/>

<https://ourworldindata.org/mpox>

Speak with public health authorities in your country to follow surveillance activities and outbreak alerts.



**“** We all have a role to play in being alert to misinformation – share only reliable, evidence based and non-stigmatizing information from trustworthy sources.

**Dr Rosamund Lewis**  
Technical Lead for mpox at WHO

**”**

**5**

### Give audiences news they can use

As the number of reported cases of mpox rises, people will want to know what they can do to stay safe and reduce their risk of exposure.

#### Here is a set of simple prevention messages from the WHO on preventing human-to-human transmission:

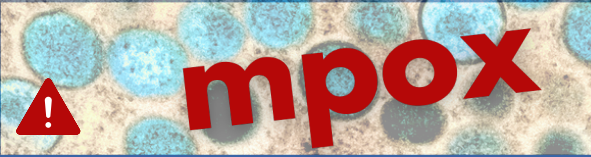
- **Avoid close contact** with people who have suspected or confirmed mpox
- When caring for a person with mpox, encourage the person to **cover any lesions** with a light bandage or clothing if possible
- **Wear a medical mask** and ask the patient to wear one also
- **Avoid skin-to-skin contact** and use disposable gloves
- **Clean hands regularly** with soap and water or alcohol-based hand rub, especially after contact with the patient or contaminated materials such as bedding, clothing or eating utensils
- **Wash clothes, towels, bedsheets** and eating utensils with warm water and detergent
- **Wear a mask** when handling any clothes or bedding
- **Clean and disinfect** any contaminated surfaces and dispose of contaminated waste

#### Stories on mpox prevention can address audiences at many levels:

**At the individual level:** Prior to the current outbreak, during which most of the infections are spreading through intimate physical contact among human beings, most people got infected directly from animals that were sick or dead because of mpox. Audiences need to know that they can prevent spill-over from animals and avoid getting infected by not eating or handling meat, blood and body organs or rodents. If there is an outbreak going on, and vegetarian food options are limited, it is advisable to thoroughly cook the meat before eating.



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**At the community level:** As the majority of mpox cases are seen among men who have sex with men, gay bars and other places of social interaction where the community gets together would be good spaces to make available information on the disease and how to mitigate risks. At such spaces, people can also be informally referred to health services, on request. Ask: how are such networks supporting each other?

Workers handling live animals, bushmeat and meat products at abattoirs and wet markets need to wear goggles and protective gowns and gloves to reduce the risk of exposure. Food grain storage houses need to be inspected for rodent infestations. Are farmers on the alert for signs of sickness among their livestock? Are they isolating sick animals away from healthy ones? Any animals thought to have been exposed to infected animals need to be quarantined for 30 days to see if any signs of mpox emerge. Do farmhands wear protective gear when working with sick or quarantined animals? When visiting wet markets or farms for your story, wear a mask and gloves and avoid physical contact with the animals and your interviewees.

**At the policy maker level:** Only some countries restrict the importation of rodents and non-human primates. How are these regulations being enforced? Considering that men who have sex with men are disproportionately affected in the current outbreaks, are health officials taking steps to ensure that accurate, inclusive and helpful preventive information about mpox is reaching these vulnerable communities?

**At the health system level:** Most people with mpox do not require hospitalization and are cared for at home. However, every instance of mpox must be confirmed and notified to the health authorities. Are the health care facilities in your setting equipped to isolate and care for severe cases of mpox? What sorts of awareness programs do health workers undertake to make communities aware of mpox? Are men who have sex with men being reached with health services and treated in a timely and non-discriminatory way by health workers?

**Audiences usually have several common concerns about the current outbreaks. Update yourself regularly with the help of authentic sources like [the WHO's Q and A on mpox](#)**

A 2-dose vaccine that protects against mpox and smallpox was approved for public use in 2019. The vaccine, named Imvamune in Canada, Imvanex in the UK and Europe, and Jynneos in the USA, is made by the Danish company Bavarian Nordic.

An [Access and Allocation Mechanism \(AAM\)](#) for mpox has allocated an initial 899 000 vaccine doses for 9 countries across the African region that are hit hard by mpox.

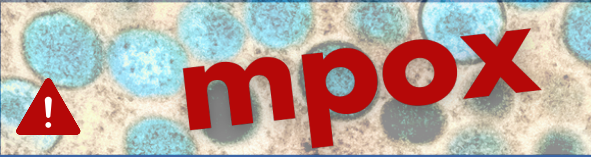
Over 5.85 million vaccine doses are expected to be available to the Mpox Vaccines AAM by the end of 2024, including 900 000 allocated doses. The supply includes contributions from multiple nations and organizations, including 1.85 million dose donations of MVA-BN from the European Union, United States, and Canada, 500 000 doses of MVA-BN from Gavi utilizing the First Response Fund, 500 000 doses procured through UNICEF, as well as a further 3 million doses of the LC16 vaccine from Japan.

Countries such as the USA had earlier stockpiled the vaccine to immunize health workers and those tending to people with mpox. In Europe, Imvanex was given off-label-use approval for mpox. During the 22 outbreaks, the delivery of the first vaccine doses purchased by the European Commission's Health Emergency Preparedness and Response Authority (HERA) in response to the current mpox outbreak began with an initial 5,300 doses arriving in Spain, out of the total 109,090 doses procured. Other countries like France or the United Kingdom are also offering the vaccine to those especially vulnerable.

Ring vaccination is an immunization strategy under consideration for the control of mpox. Unlike mass vaccination, the strategy is to offer the vaccine to everyone who has been or could have been exposed to someone infected with the virus, to limit its spread. The ring vaccination approach was first tried against smallpox and has also been successfully deployed against Ebola.

Tecovirimat, an antiviral drug to treat smallpox was approved for the treatment of mpox by the European Medicines Agency in January 2022. Mpox cases caused by [tecovirimat-resistant monkeypox virus \(MPXV\)](#) was detected among persons with no documentation of previous tecovirimat treatment between October 2023 to February 2024 in five US states.

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**6**

### Choose to use language that's accurate and respectful towards those infected, to reduce discrimination against them.

Avoid referring to mpox as an STI. Avoid referring to someone infected with mpox as a 'case'. Avoid implying that certain communities are prone to wilfully risk their health. The truth is that anyone who has not been immunized against smallpox can get infected with mpox. The more inclusive the tone of the story, the greater the chances of reducing stigma and supporting those at risk to seek information and health care. [This story](#) by Patrick Schwaeter in BuzzFeed News illustrates how journalists can give mpox a human face and alleviate needless fears of the virus and those infected by it.

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*Communities of gays, bisexual and men who have sex with men are providing tremendous leadership in the context of mpox outbreak. We need to work hand in hand with them in our response to the outbreak.*

**Andy Seale**

Adviser, Office of the Director, WHO

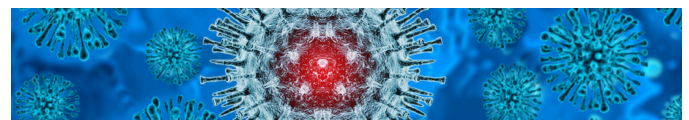
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### Avoid inflating the outbreaks and creating needless panic

A common concern is whether mpox could become a big pandemic like COVID-19. Evidence shows that the mpox virus spreads through close physical contact with an infected person or their belongings and so is not as easily spread as SARS CoV-2. Close physical contact means direct contact with body fluids or sores of someone who has mpox, or touching materials such as clothing or bed linen that are used by them and become contaminated.

Although respiratory transmission is possible, this likely occurs through large droplets that don't linger in the air or travel far, and so may occur when people have close, face-to-face contact.



**8**

### Hold decision-makers to account

The spread of mpox may be halted by improving awareness of how the virus spreads and how to protect oneself. Journalists need to investigate if such information is being made available to those who are most at risk. The media can also play a critical role in tracking procurements and distribution of the mpox vaccines, tests and treatments and hold decision makers to account, to reduce the chances of the kinds of inequities in distribution that happened during the COVID-19 pandemic. With some African countries who have never before reported mpox now detecting cases, concerns have been voiced by the WHO that the limited supply of mpox vaccines may not be made available to them, as wealthier countries have begun stockpiling doses.

Rather than mass vaccination, which is not recommended, offering the vaccines and treatments to those most affected and their contacts is a priority and journalists need to investigate if it is being met.

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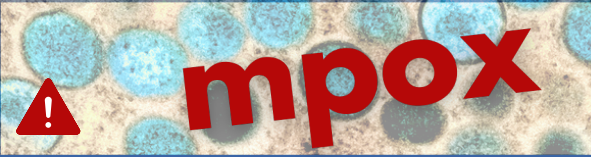
*What happened in the early days of the Covid-19 vaccine rollout when Africa watched on the side-lines as other countries snapped up limited supplies must not be allowed to recur. There are some signs that this is already happening.*

**Dr Matshidiso Moeti**

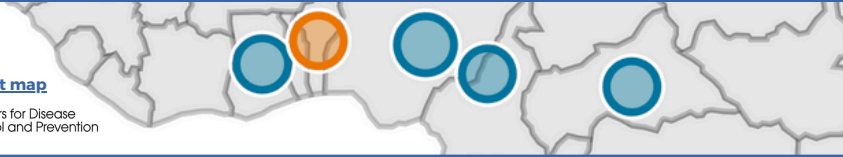
WHO Regional Director for Africa, June 2022.

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### 9 Help audiences see how countries have traditionally dealt with mpox

There are many examples of mpox prevention and care from African countries which have successfully overcome outbreaks in the past. Sharing the experiences of African scientists, health workers and caregivers can not only help audiences learn about the best practices that have helped slow down the spread of mpox, but also mitigate needless fear of the disease.

### Additional resources



mpox- here's what you need to know  
 London School of Hygiene and Tropical Medicine (English)



mpox what do we know so far? Claves de Salud. Internews (Spanish). Interview with Dr. Eva Orviz, responsible for diagnosing and treating hundreds of patients in the current outbreak.

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### A Journalist's Guide to Covering Zoonotic Diseases



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