



What is Monkeypox ?

It is a rare disease caused by a Pox virus discovered in 1958 in monkeys (hence its name).

Today, evidence indicates that **9 in 10** Monkeypox cases are diagnosed in gay and bisexual men and men who have sex with other men.¹

Diagnosis: A high suspicion rate is required since, in many cases, the lesions can be confused with other rash illnesses or sexually transmitted infections (STIs). It should be noted that in this outbreak, the Monkeypox infection may be associated with other sexually transmitted infections.² It is recommended to:

- 1 Rule out other rash illnesses such as chickenpox, measles and smallpox.
- 2 Rule out other skin lesions such as syphilis, herpes, scabies, and drug allergies.
- 3 Rule out other STIs (especially in those cases where it shows as a single skin lesion in the genital area).
- 4 Have a definitive diagnosis made with a PCR test by obtaining the sample directly from skin lesions or mucosal ulcers.
- 5 If there is no access to a PCR test, use clinical and epidemiological criteria, so that the case can be isolated and managed as a probable Monkeypox case.

WHAT PEOPLE LIVING WITH HIV AND KEY POPULATIONS NEED TO KNOW ABOUT MONKEYPOX

UNAIDS urges people to act with empathy and solidarity in the human rights framework.

Discrimination and criminalization violate these rights and negatively affect public health outcomes, creating structural barriers. During this Monkeypox outbreak, people living with HIV and those from the LGBTIQ+ community who have a greater self-care perception, who have been able to mount effective responses to other pandemics such as COVID-19, and who have been a driving force of the HIV response, are

part of the solution and must be supported.

The experience obtained with the AIDS epidemic can be applied to the Monkeypox response. As with the HIV response, governments must work with communities to find local solutions. UNAIDS calls for using the experience and commitment of civil society and communities in the HIV response to achieve a better health impact and mitigate any form of discrimination.

The diagnosis of any sexually transmitted disease or that can be acquired as a consequence of sexual intercourse should be a cause of shame.

¹PAHO: Epidemiological update Monkeypox in children, adolescents, and pregnant women, 4 August 2022.

²WHO Clinical Management and Infection Prevention and Control for Monkeypox. Interim rapid response guidance 10 June 2022



What to do if you are diagnosed with Monkeypox and live with HIV



Living with HIV does not increase your risk of getting infected with Monkeypox.



If you live with HIV and are on antiretroviral therapy (ARV) with an undetectable viral load with a CD4 count of more than 200, you are not at increased risk for complications.



If you live with HIV and ARE NOT on ARV treatment, have an AIDS-associated disease, or have a CD4 count of less than 200, you may have a more severe case of Monkeypox, so you should be aware of complications.

Monkeypox antivirals and vaccines



Antiviral therapies:

There is no treatment, so far, that has proven effective in humans for Monkeypox. There are, to date, animal data supporting the use of Tecovirimat, BrincidoVir, or Cidofovir.³ Due to the lack of data, the WHO recommends further studies.



Smallpox Vaccines

There are two types of vaccines:

- The live attenuated smallpox vaccine ACAM2000 is NOT recommended for HIV patients with CD4 counts of less than 200 or pregnant women.
- The recombinant MVA Vaccine (Imvanex or Jynneos*) is safe for people with HIV regardless of their viral load and CD4 count, as well as for immunocompromised persons or pregnant women. There is still no information on these vaccines' efficacy in preventing Monkeypox virus infection.

Vaccine availability is deficient, and some countries have begun providing it to close contacts of a Monkeypox case (as post-exposure prophylaxis). In the United States, Canada, and England, people at high risk of exposure are also being vaccinated as a pre-exposure prophylaxis measure.

Opportunity for HIV diagnosis and linkage to HIV prevention and treatment services



The diagnosis of Monkeypox may be the opportunity to undergo an HIV test (a rapid test).

- In the event of a **negative HIV test result**, it may be an excellent time to learn more about available combination prevention measures, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)
- In the event of a **positive HIV test result**, it may be the opportunity to have an early diagnosis of HIV and to be linked to the health service and early initiation of ARV treatment. Early initiation of ARV treatment ensures a better quality of life for people living with HIV and a better prognosis for Monkeypox.



People living with HIV and on treatment with elevated CD4 counts and suppressed viral load CAN get any vaccine.

³WHO Clinical Management and Infection Prevention and Control for Monkeypox. Interim rapid response guidance 10 June 2022

*VIII Ad Hoc Meeting of PAHO's Technical Advisory Group (TAG) On Vaccine-Preventable Diseases: Technical Briefing on the Multi-Country Monkeypox Outbreak, 31 May 2022

How is Monkeypox transmitted?



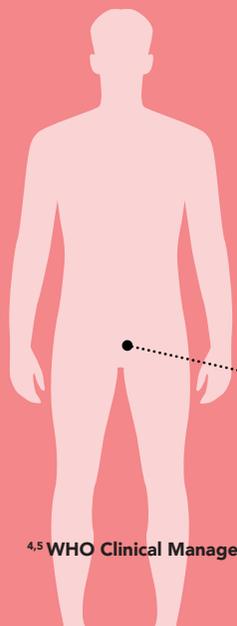
1 Through direct contact (face to face, skin to skin, mouth to mouth, mouth to skin) with someone with Monkeypox lesions. This includes hugs without clothes, massages and vaginal, anal and oral sex. Due to its nature, the sexual activity involves intimate contact; therefore, they are situations of possible transmission, regardless of the person's sexual orientation.⁴

Although there is still no consensus in considering Monkeypox a sexually transmitted infection, there is evidence of the presence of the virus in body fluids.⁵

2 By touching objects of personal use and personal hygiene, sex toys and surfaces that have been in direct contact with a person with Monkeypox.



3 Through respiratory droplets expelled when talking, coughing, or sneezing between people in close and prolonged contact with one another.



People with Monkeypox can transmit the infection from the onset of symptoms until the skin lesions resolve, the scabs fall off, and the skin of the lesions is covered with a layer of healthy skin.

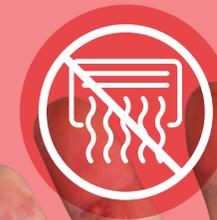
How is Monkeypox not transmitted?



Mosquito bites do **NOT** transmit it.



It is **NOT** transmitted through air conditioning. There must be contact with droplets when talking to a person with Monkeypox.





Symptoms of Monkeypox

- Symptoms last 5 to 21 days.
- They usually start with symptoms such as fever, headache, muscle aches, back pain, tiredness and swollen glands.
- After 5 days, the eruption begins on the face, hands, feet, genitals, anal area, mouth, and throat. In this outbreak, genital and anal lesions were observed before the onset of the symptoms mentioned above. The lesions go through several stages (macula, papule or pimple, vesicle) to pus-filled blisters (pustules), forming crusts that fall off easily after 2 to 4 weeks.
- Skin lesions may itch and hurt a lot, particularly in the pharyngeal, anal, and genital locations. Lesions within the anal canal may manifest as severe pain in the perineal region or the inner area and cause bleeding, pain or mucus when defecating.



Monkeypox is NOT a fatal disease and very rarely can be severe or fatal.



DAY 1

FIRST SYMPTOMS:
fever, headache, muscle aches,
back pain, tiredness and
swollen glands.

DAYS

SKIN AND GENITAL RASHES:
macules, blisters and pustules.

DAY 15

FORMATION OF CRUSTING:
They fall off easily after
2 to 4 weeks.

DAY 21

Complications

People with highly compromised immune systems, including **people living with HIV without treatment**, people with other chronic non-communicable diseases, children, and pregnant women, can experience severe and occasionally fatal complications.

The most frequent complications and generally associated with other pre-existing health problems are:

- Infection of skin lesions
- Corneal infection with loss of vision
- Pneumonia
- Encephalitis
- Sepsis or generalized infection

Prevention



Stay informed through reliable media.



At this time **of a health emergency due to an unprecedented outbreak of this virus and due to the lack of effective prevention measures to prevent infection:**

- Being lightly clothed or naked in places with many people in a space with a lot of physical contact can further expose you to the risk of infection.
- Being in saunas and sex clubs at this time can further expose you to the risk of infection.
- Increase open dialogue with your casual sex partners. Before having intimate contact, ask them and discuss whether they have had Monkeypox symptoms in the last 21 days.



Avoid direct contact, including sexual intercourse with people with Monkeypox.



If you have close contact and casual sex, **it is advisable to exchange the phone number, or profile used in social networks or applications** to be able to contact in case someone has been exposed to Monkeypox.

If you have to live with or care for someone with Monkeypox:

- Avoid entering the room where the person with Monkeypox is isolated
- If you must enter, **wear a mask** and gloves and keep a distance greater than one meter.
- Avoid direct contact and wear gloves to touch the sick person and their clothes, sheets, and towels.
- All clothing and bedding should be washed separately with very hot water or a few drops of bleach.



- **Wash your hands frequently with soap and water or hand sanitizer,** and before and after touching the infected person.
- Wear a mask when handling the infected person's bedding or clothing.
- Clean silverware, utensils and contact surface disinfectants. Pay special attention to frequently touched surfaces (handles, handrails, etc.)



What to do if you are diagnosed with Monkeypox ?

- ✓ **Contact a physician** and suggest you suspect you have Monkeypox.
- ✓ **Isolate yourself, preferably in a well-ventilated room, until ALL the crusts have fallen off and there are no skin lesions of any kind**
- ✓ **Clean ALL surfaces** with disinfectant after touching them (if they are to be touched by others).
- ✓ **Do not share clothes, towels, sheets,** objects or phones with other people.
- ✓ Wear a **mask** in the presence of others.
- ✓ Drink plenty of fluids, eat well and rest.
- ✓ In case of a lot of pain or fever, you can take acetaminophen or ibuprofen.
- ✓ Avoid scratching the lesions and keep them clean with soap and water and always dry.
- ✓ Gargle with water and salt if you have throat lesions.
- ✓ If you do not use **condoms** regularly during sex, **it is recommended to use them for the next 12 weeks after recovery** (it has been shown that the virus can be found in semen and vaginal discharge).⁶
- ✓ **Stay connected!** Even if you are isolated, contact your friends and peers frequently. Seek help or support if you feel anxious, distressed, or have symptoms of depression.
- ✓ **Consult a health care professional** for any complications and exacerbation of symptoms.



KEEP YOUR SPIRITS UP WE'VE ALREADY BEEN THROUGH THIS!

As in previous pandemics, you can experience pleasure and intimacy, but we must be vigilant and attentive, take care of our health and fight against stigma and discrimination.

**UNITED,
WE WILL GET OUT OF THIS
EVEN STRONGER!**

HUMAN RIGHTS

The Monkeypox response must prioritize equity, human rights and an evidence-based approach, supporting community empowerment and participation.

- Stigma, guilt and shame undermine trust and the ability to respond effectively against outbreaks like this one, such as consulting a health professional. **Experience from the HIV response shows that stigma and discrimination can quickly deactivate the evidence-based response by fueling cycles of fear, driving people away from health services and hampering efforts to identify cases.**
- Governments must respect the human rights and dignity of people affected by Monkeypox. Restrictive, stigmatizing and punitive measures can lead to significant abuses with disproportionate effects on already vulnerable communities. **We cannot let stigma and discrimination do more damage than the virus. It is your right to report if that is the case!**
- UNAIDS recognizes the leadership of community-led organizations of gay and bisexual men, who are at the forefront of this outbreak, challenging misinformation and supporting their country's responses.