

## **TECHNICAL NOTE No. 60/2022/SEI/COVIG/GGPAF/DIRE5/ANVISA**

Case No. 25351.913049/2022-99

Guidelines about Event in Health Public related to the spread of disease caused by the Monkeypox virus to act in ports, airports and borders.

### **1. REPORT**

On 07/05/2022, the UK Health Safety Agency (UKHSA) reported the first case of illness caused by Monkeypox virus in travelers not staying in disease-endemic areas. Over the next few weeks, other cases were reported in the UK and other countries.

On 05/19/2022, the Ministry of Health issued Risk Communiqué Number 06 Monkeypox (monkey pox) (1901867) on reported cases of the disease.

The World Health Organization issued, on 05/20/2022, an alert about the occurrence of cases in non-endemic countries.

On 05/23/2022, the Monkeypox Situation Room was instituted by the Ministry of Health in Brazil. The Room has the objective of drawing up an action plan for the tracking of suspected cases and the definition of the clinical and laboratory diagnosis for the disease. On the same day, Report 01 Monkeypox Situation Room (1901916) was released.

Between 05/23 and 05/30/2022, the case definition was discussed and established in the Situation Room and the Integrated Action Plan for responding to this public health event, with strategies for laboratory response, public communication, and assistance for possible suspected, probable, and confirmed cases. Updated reports are produced daily.

### **2. ANALYSIS**

As disclosed by the Ministry of Health, the disease caused by the virus Monkey poxvirus (MPXV) is transmitted by animals (zoonosis) and its transmission to humans can occur through contact with an infected animal or person, or with human body material containing the virus. According to the WHO, it is a zoonosis known since 1970, with sporadic cases related to trips carried out in the endemic forest regions of Central-West Africa, where the meat of wild animals with the disease, such as non-human primates, rodents, is consumed and marsupials.

You Signs and symptoms include fever, headache, muscle pain, back pain, adenomegaly, chills, exhaustion, and rash. The rash usually develops by face and then spreads to other parts of the body, including the genitals. Recently detected cases have reported a preponderance of lesions in the genital area. The rash goes through different stages and may look like chickenpox or syphilis, before finally forming a crust, which then falls off. The difference in the appearance of chickenpox or syphilis is the uniform evolution of the lesions. Incubation period is typically 6 to 16 days but can be as long as 21 days. When the crust disappears, the person stops infecting other people.

According to the Centers for Disease Control and Prevention - CDC, the streaming of the virus

Monkeypox occurs when a person comes into contact with the virus from an animal, human, or materials contaminated with the virus. The virus enters the body through lesions on the skin (even if it is not visible) or mucous membranes (eyes, nose or mouth). Human-to-human transmission occurs primarily through large respiratory drops. These respiratory drops usually cannot travel more than one meter, so a prolonged personal contact. Other methods of human-to-human transmission include direct contact with bodily fluids or injury material and contact indirect with injury material, such as contaminated clothing, bedding, or other fomites(CDC, 2022).

The WHO clarifies that person-to-person transmission can occur when the person infected person has signs and symptoms. The rash, body fluids (such as fluid, pus, or blood from skin lesions), and scabs are particularly infectious. Clothing, bedding, towels or objects such as utensils/dishes that have been contaminated with the virus, through contact with an infected person, can also infect other people (WHO, 2022).

The virus can also be transmitted by saliva when there are ulcers, lesions or sores in the infected person's mouth. Because it is a contact-transmitted disease, people who interact closely with someone who is infectious, including healthcare workers, family members, and sexual partners, are at increased risk of infection. Transmission from a pregnant person to the fetus from the placenta can also occur.

The who also highlights that the Monkeypox virus is spread differently of COVID-19 and encourage people to be informed by reliable sources such as national health authorities. As the disease spreads through close contact, the response must focus on affected people and their close contacts. People who interact closely with someone who is infectious run increased risk of infection: includes healthcare workers, family members, and sexual partners. Crushing groups of people because of a disease is never acceptable and can be a barrier to stopping the outbreak by causing people not to seek health services and allowing cases to be identified early.

Based on the information available to date, none is recommended travel and trade restrictions for countries that have identified cases of this disease. The Ministry of Health periodically publishes the list of countries with confirmed cases.

**2.1 Anvisa's legal powers**

THE Law No. 9,782, of 1999 , created the National Health Surveillance System and transferred the competence for coordinating health surveillance entirely from the Union to the National Health Surveillance Agency (Anvisa).

In addition to the field of Sanitary Surveillance, this Law established that surveillance activities epidemiological and vector control related to ports, airports and borders will be carried out by the Agency, under the technical and normative guidance of the Ministry of Health. In this area, through the Ordinance No. 30, of 2005 , the Ministry of Health created the Center for Strategic Information on Health Surveillance (CIEVS Nacional), defining the form of direct intervention of the Ministry of Health in the identification, investigation and elaboration of responses, which extrapolate the capacity of states and municipalities, necessary in the face of to emergencies of public health interest of national or international relevance. According to this Ordinance, the National CIEVS is linked to the Health Surveillance Secretariat of the Ministry of Health, which, under the terms of Ordinance No. 1,865, of 2006 , is National Focal Point for the International Health Regulations - IHR 2005 with the World Health Organization - WHO.

According to the principle of decentralization of the Unified Health System - SUS, the power and the responsibility to act in epidemiological surveillance are then distributed among the three levels of government (Chart 1), aiming at providing services with more efficiency and quality, as well as inspection and control by society.

**Table 1. Powers and responsibilities of federation entities and Anvisa in the field of surveillance epidemiological.**

entity	Epidemiological surveillance and vector control	Legal base
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Unity (Ministry of health)	Coordinate and participate in the execution of epidemiological surveillance actions;	<b>Law No. 8080, in nineteen ninety - Art. 16, VI</b>
States and District Federal	Coordinate and, in a complementary way, perform surveillance actions and services epidemiological;	<b>Law No. 8080, from 1990 - Art. 17, IV, to</b>
Counties	Carry out epidemiological surveillance activities;	<b>Law No. 8080, from 1990 - Art. 18, IV, to</b>
Anvisa	Epidemiological surveillance and vector control activities related ports, airports and borders, will be performed by the Agency, under technical guidance and regulation of the Ministry of Health. (Emphasis ours)	<b>Law No. 9,782, from 1999 - Art. 7th, § 3rd</b>

## 2.2 Actions taken

To define recommendations and measures to be adopted at entry points, the Anvisa is:

- monitoring the epidemiological scenario of this disease and adapting the established measures to the context of Entry Points.
- participating in the Situation Room of the Health Surveillance Secretariat - SVS/MS to define additional actions to be carried out in coordination with other SUS entities.
- establishing with the Command of Maritime Operations and Protection of the Blue Amazon - COMPAAZ a communication channel and flow of alerts for possible identification of vessels affected by the disease, as well as the need for protection and surveillance measures in cases of acute skin rashes; and
- reinforcing with SAC the need to provide contact information (e-mail and telephone) in the API-PNR data set accessed by the SISBRAIP system.

## 2.3 Guidelines for entry points

At this moment, the focus of the actions is the monitoring of cases of suspicious symptoms for illness caused by Monkeypox virus. Thus, the signs and symptoms related to this disease should be widely publicized for case management:

**Suspicious case:** Individual of any age who, as of March 15, 2022, has a sudden onset of fever, adenomegaly and an acute rash of the papulovesicular type of uniform progression.

Heads up! Clinical and/or laboratory investigation is essential in order to rule out diseases that qualify as a differential diagnosis\*.

**Likely case:** Individual who meets the definition of a suspected case and one or more of the following criteria:

- 1- Have an epidemiological link (close and prolonged exposure without respiratory protection; direct physical contact, including sexual contact; or contact with contaminated materials, such as clothing or bedding) with a probable or confirmed case of Monkeypox, since March 15, 2022, in the 21 days prior to the onset of signs and symptoms of Travel history to an endemic country or with confirmed cases of

Monkeypox in the 21 days prior to the onset of symptoms. And without laboratory confirmation.

- **Confirmed case:** An individual who meets the definition of a suspected or probable case that is laboratory confirmed for Monkeypox virus by molecular testing (qPCR and/or sequencing).
- **Discarded case:** Suspected case that does not meet the confirmation criteria for Monkeypox or that has been confirmed for another disease\* by clinical or laboratory diagnosis.
  - \*Varicella, herpes zoster, measles, zika, dengue, chikungunya, herpes simplex, bacterial skin infections, disseminated gonococcal infection, primary or secondary syphilis, chancroid, lymphogranuloma venereum, granuloma inguinal, molluscum contagiosum (poxvirus), allergic reaction (such as plants).
  - Source: Report 8 Monkeypox Situation Room (1910909)

Anvisa's local teams must support epidemiological investigations, When requested, with the timely availability of passenger list through the system SISBRAIP, notification to the airline in cases of domestic flights and Maritime Declaration of Health – DMS on vessels.

At the Health Events service, health professionals should be aware of the signs and symptoms that have particular characteristics of the disease caused by the Monkeypox virus, as well as the origin of the travelers. When identifying Suspected cases, management must be carried out with isolation of the case, in order to avoid contact with other people, referral to the referral health unit and notification to local, state and national health authorities, in accordance with the entry point contingency plan.

Your health services present and active at entry points must meet the recommendations contained in Technical Note No. 03/2022/GVIMS/GGTES/ANVISA, with guidelines for the prevention and control of Monkeypox in health services.

At evaluation of Health Events, for travelers in transit by waterway, It is noted that, in the form of the Maritime Declaration of Health - DMS, there is already a field for the captain to register if there is or was there a crew member with symptoms of "fever, inflammation of the lymph nodes and any rash or acute erythema", which indicates the presence of suspected cases of Monkeypox on board.

On ships and aircraft, the in-flight service to travelers considered cases suspects should be performed using face mask, apron, and gloves. These PPE must be removed, properly discarded, and changed, if necessary, before a new service is performed. On vessels, the Suspected case should be isolated in individual cabin. Solid waste from means of transport with suspected cases must be treated as waste A.

At this moment, there is no indication for isolation of asymptomatic contacts. At the case of vessels, embarked travelers who see contact with suspected, probable cases or fomites of these, must be monitored with the daily measurement of temperature for a period of 21 days.

Suspected and probable cases must be reported immediately to surveillance epidemiological investigation and to the Center for Strategic Information on Health Surveillance - CIEVS for the 0800 644 6645 or email address Fica@saude.gov.br and monkeypox@saude.gov.br. The team must also register with the Risk Manager/Sagarana the service of the *Public Health Event*, according to Service Guideline No. 76/2019.

## 2.4 Preventive measures for travelers

Within Anvisa's scope of action in ports, airports, and borders, the RDC No. 21/2008, which provides for the Guidance and Sanitary Control of Travelers in Ports, Airports, Border Crossings and Customs Enclosures. As provided for in this RDC, whenever, through analysis of health information carried out by the Ministry of Health, a health risk is identified that constitutes a public health emergency of international importance, the health measures established will be adopted to ensure their applicability in the areas of flow of travelers.

Furthermore, there are currently RDC No. 584/2021 and RDC No. 456/2020 that establish sanitary control measures in ports and airports, respectively, as a result of human infection with the new coronavirus (SARS-CoV-2). Considering that the transmission of the SARS-CoV-2 virus occurs mainly through droplets of the respiratory tract, the measures related to the use of masks, respiratory equate, distancing and sanitizing surfaces currently recommended in these regulations act synergistically to reduce the risk of infection. risk of spreading both viruses.

Therefore, specifically regarding monkeypox, considering the forms of transmission of the disease, it is necessary to reinforce the adoption of health measures already in force for platforms, cargo vessels, aircraft and airports, provided for in Resolutions RDC No. 584/2021 and RDC No. not only against Covid-19, but also against other diseases.

Therefore, considering that there is currently no guidance for travel restrictions due to the disease caused by the Monkeypox virus, travelers are advised to pay attention to signs and symptoms of this disease, avoid traveling if they present them and seek guidance from a health professional in the place where they are.

For travel,

### **WE RECOMMEND:**

- Use of face masks;
- Maintain social distancing whenever possible, especially in environments with a high flow of people;
- Wash your hands frequently with soap and water;
- If you don't see access to water and soap or when your hands are not visibly dirty, 70% alcohol gel can be used;
- When not wearing a mask, practice breathing apparatus:
  - a) Use disposable tissue for nasal hygiene;
  - b) Cover nose and mouth when sneezing or coughing;
  - c) Avoid touching the mucous membranes of the eyes, nose and mouth; and
  - d) Wash your hands after coughing or sneezing.

### **3. CONCLUSION**

Recent cases of Monkeypox virus illness in people in non-endemic countries, despite meeting the criteria of the International Health Regulations - IHR of impact on public health and occurrence in an unusual and widespread way for several countries, they were not considered a Public Health Emergency of International Concern - PHEIC and there is no recommendation, to date, restrictive measures for travel and trade between countries with confirmed cases.

Thus, the measures recommended above aim at the early identification of cases suspects and their isolation, in coordination with other SUS entities. They act synergistically with the measures currently recommended to control the SARS-Cov-2 virus, reducing the risk of spread of both viruses. The recommendations may be updated according to the evolution of the epidemiological scenario.

### **4. References**

1. Ministry of Health, Risk Communiqué number 06/2022, [Risk-Communication-06-North-of-Monkeypox-Monkeypox-Monkeypox-United-Kingdom-of-Great-Britain-Portugal-and-North-Ireland-1.pdf](#) (cosemssp.org.br)
  2. CDC, <https://www.cdc.gov/poxvirus/monkeypox/transmission.html> , accessed on 05/24/2022.
  3. WHO, <https://www.who.int/philippines/news/qa-detail/monkeypox> , accessed on 05/24/2022.
  4. WHO, <https://www.who.int/news/item/20-05-2022-who-working-closely-with-countries-responding-to-monkeypox> , accessed on 05/24/2022.
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