



Weekly report on the epidemiology of Human Monkeypox in Ireland, Week 39 2022

Key Points

- Cases of monkeypox infection with no link to an endemic area have been reported since 16-05-2022. On 23 July 2022, the World Health Organization (WHO) declared the multi-country outbreak (including both endemic and non-endemic countries) a [Public Health Emergency of International Concern \(PHEIC\)](#). A PHEIC is the highest level of alert that the United Nations health body can confer.
- To enable the monitoring of cases in Ireland and the Public Health response, Monkeypox infection was made a [notifiable infection](#) on the 27-05-2022.
- This report includes [confirmed cases](#) of Monkeypox infection notified on the Computerised Infectious Disease Reporting system for Ireland (CIDR) up to the end of the preceding [epidemiological week](#).
- As of week 39 2022 (up to midnight on the 01-10-2022), 194 [confirmed cases](#) of Monkeypox infection have been notified on CIDR.
- In week 39 2022, 12 confirmed cases were notified.
- Among all 194 cases notified to date, gender for 192 cases is male and for two cases is female. Median age is 35 years.
- Sexual orientation is known for 170, 169 of whom self-identify gbMSM.
- Nineteen cases have been hospitalised; eleven cases were admitted for clinical care related to Monkeypox infection, two admitted for isolation purposes only, and information on the reason for admission for the other six is still awaited.
- The epidemiological picture to date in Ireland is similar to that seen in other countries where cases are primarily among gbMSM. Information on the global epidemiological situation is available [here](#), WHO Dashboard is available [here](#) and information on the European situation is available [here](#).
- Further information on Monkeypox infection including the symptoms, and how to reduce the risk are available [here](#).

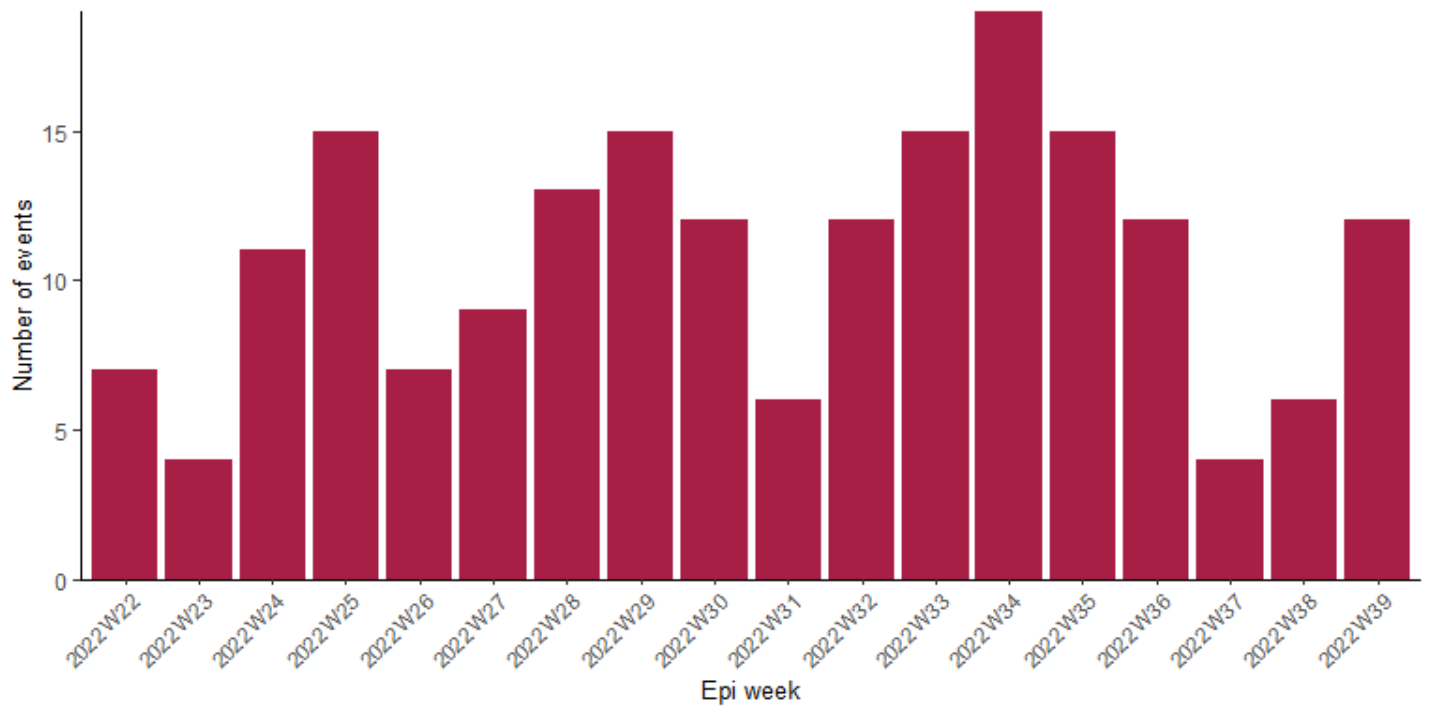


Figure 1: Number of confirmed cases of Monkeypox infection by week of notification reported on CIDR in Ireland up to midnight 01-10-2022.

Table 1: Summary characteristics of confirmed cases of Monkeypox infection, based on cases reported up to midnight 01-10-2022

		Number of events	% of events
Gender*	Male	192	99.0
	Female	2	1.0
	Unknown/missing	0	0.0
Age(years)	Mean age (years)	37	
	Median age (years)	35	
Age groups(years)	0-18	1	0.5
	19-24	7	3.6
	25-34	83	42.8
	35-44	68	35.1
	45-54	24	12.4
	55-64	10	5.2
	65 and older	1	0.5
	Area	CHO1	4
	CHO2	0	0.0
	CHO3	6	3.1
	CHO4	6	3.1
	CHO5	6	3.1
	CHO6	21	10.8
	CHO7	62	32.0
	CHO8	11	5.7
	CHO9	78	40.2
Sexual orientation	gbMSM	169	87.1
	Other	1	0.5
	Not known	24	12.4

Male includes cis and trans males; Female includes cis and trans females

Technical Notes

1. Data Source: Data for this report are based on cases notified on the Computerised Infectious Disease Reporting (CIDR) up to midnight 01-10-2022. Data were extracted from CIDR system on 04-10-2022. Some data have been supplemented by information provided by Departments of Public Health. Data are provisional and subject to ongoing review, validation and update. As a result, figures in this report may differ from previously published figures.

2. Case definitions: The current case definition for Monkeypox infection is available [here](#).

3. Epidemiological week: For the purposes of epidemiology the 365 days of the year are split into 52 or 53 epidemiological weeks (epi weeks). This is to standardize time for epidemiological surveillance. This is important to allow for comparison of events that occurred in a given year, or a period of a year, with previous years. As these are internationally agreed they also facilitate comparison between countries. Epi weeks (epidemiological weeks) start on a Sunday and end on a Saturday. The first epidemiological week of the year ends on the first Saturday of January, as long as it falls at least four days into the month, even if it means that this first week starts in December. A breakdown of epidemiological weeks is available [here](#).

4. Epidemiological date (Epi date): Epidemiological date is based on the earliest of dates available on the case and taken from date of onset of symptoms, date of diagnosis, laboratory specimen collection date, laboratory received date, laboratory reported date or event creation date/notification date on CIDR. By using this date rather than event creation/ notification date, adjusts for any delays in testing/notification.

5. Gender: Gender is based on gender identity where it is provided, otherwise sex at birth is used. Gender identity refers to a person's internal sense of themselves (how they feel inside) as being male, female, transgender, non-binary or something else. This may be different or the same as a person's assigned sex at birth. Further information and resources can be found at the website of Transgender Equality Network Ireland www.teni.ie.

6. CHO Areas: The counties covered by each CHO area are as follows:

- CHO 1: Donegal, Sligo/Leitrim/West Cavan, and Cavan/Monaghan;
- CHO 2: Galway, Roscommon, and Mayo;
- CHO 3: Clare, Limerick, and North Tipperary/East Limerick;
- CHO 4: Kerry, North Cork, North Lee, South Lee, and West Cork;
- CHO 5: South Tipperary, Carlow/Kilkenny, Waterford, and Wexford;
- CHO 6: Wicklow, Dun Laoghaire, and Dublin South East;
- CHO 7: Kildare/West Wicklow, Dublin West, Dublin South City, and Dublin South West;
- CHO 8: Laois/Offaly, Longford/Westmeath, Louth, and Meath;
- CHO 9: Dublin North, Dublin North Central, and Dublin North West

Acknowledgements

Sincere thanks are extended to all those who are participating in the collection of data used in this report. This includes notifying clinicians, laboratory staff, public health doctors, nurses, surveillance scientists, microbiologists and administrative staff.