

Monkeypox

Federal, Provincial and Territorial Public Health Response Plan for the Management of the Monkeypox Outbreak

Context

Monkeypox is a viral infectious disease caused by the monkeypox virus, which belongs to the *Orthopoxvirus* genus of the *Poxviridae* family.

In May 2022, a number of monkeypox cases were reported in countries where the disease is not typically found, including in Canada. These cases were spread (transmitted) from person to person. On July 23, 2022, the World Health Organization (WHO) director-general declared the global monkeypox outbreak a public health emergency of international concern.

The Government of Canada, including the Public Health Agency of Canada (PHAC) and other federal government departments, is working with provinces and territories (PTs) and Indigenous partners to monitor and respond to the outbreak of monkeypox in Canada. These efforts have led to the ongoing detection of new cases across the country, the identification of people who may be at higher risk, and the development of a federal, provincial and territorial public health response plan for the management of monkeypox to address the outbreak.

Goal and objectives

The Federal, Provincial and Territorial (F/P/T) Public Health Response Plan for the Management of Monkeypox (“the plan”) takes a whole-of-Canada approach to controlling the disease while still reflecting the respective responsibilities of each level of government. Driven by the goal of containing the outbreak, the plan and its actions support the following F/P/T objectives in response to the monkeypox outbreak:

- ④ reduce the health impact of monkeypox on the people of Canada
- ④ rapidly stop the chains of transmission of monkeypox in Canada
- ④ minimize the risk of monkeypox becoming established in people and animals in Canada
- ④ ensure Canada’s public health response and clinical management of monkeypox are based on the best available and up-to-date scientific evidence and expert input



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Guiding principles

Canada's response to the monkeypox outbreak is based on existing plans and guidance related to public health events and pandemic preparedness and builds on lessons learned from past public health emergencies. It is further guided by the following principles:

- ④ **Collaboration, coordination and community engagement**—All governments, together with stakeholders and partners—including Indigenous partners—need to work together and engage with communities to produce an effective and coordinated response.
- ④ **Evidence-informed decision-making**—Decisions should be based on the best available evidence, including scientific studies, surveillance, and epidemiological data; and on expert engagement.
- ④ **Clear, transparent, and evidence-informed communications**—Communications to the public, including to high risk populations and Indigenous communities, should be non-stigmatizing to impacted populations and should reflect a degree of medical literacy appropriate for each community.
- ④ **Proportionality**—The response to a public health emergency should be appropriate to the level of the threat.
- ④ **Flexibility**—Actions taken should be tailored to the situation and evolve as new information becomes available.
- ④ **A precautionary approach**—Preventative action should be cautious, timely, and reasonable, using the best available evidence, and recognizing that scientific knowledge is emerging and evolving.
- ④ **Use of established practices and systems**—Well-practised strategies and processes already in place should be rapidly ramped up to manage this urgent public health event.
- ④ **Ethical decision-making**—Ethical principles and societal values should be explicit and embedded in all decision-making.
- ④ **Applying a 'One Health' approach**—Specialists in human and animal health should work together to minimize the risk of animal-to-human transmission and the establishment of disease in animal populations.
- ④ **Equity**—Decisions should be made to maximize health equity and mitigate disproportionate impacts for marginalized population groups.

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The plan was developed with the following assumptions:

- ④ It is informed by the best available and most recent scientific evidence and national and international epidemiological data as well as expert opinion.
- ④ As new scientific information becomes available that triggers a shift in guidance, it will be updated accordingly.
- ④ Uncertainties and evidence gaps will be acknowledged as actions are implemented.
- ④ It will be continuously improved through regular feedback and lessons-learned exercises.
- ④ It will be read in conjunction with the *Federal/Provincial/Territorial Public Health Response Plan for Biological Events* and other relevant F/P/T legislation, regulations, and policies.
- ④ It reflects the Canadian situation and therefore may differ from response plans developed by other countries.

Key areas of focus

Guided by the temporary recommendations of the WHO director-general in relation to the multi-country outbreak of monkeypox, the key areas of focus for the plan and related actions are outlined below, as are general descriptions of activities undertaken to prevent further human-to-human transmission.

Key areas of focus and related actions

Area of focus	Related action
Coordinated communication and response	Activate the Federal, Provincial, Territorial (F/P/T) Special Advisory Committee (SAC) on Monkeypox to help ensure coordinated action
Public health measures and guidance for domestic and international travel	Make recommendations for public health authorities and the public for preventing monkeypox transmission
Surveillance, reporting and laboratory capacity	Establish surveillance and reporting systems for monkeypox
Clinical management and infection prevention and control	Support health care partners involved in identifying and managing the disease—for example, by increasing their laboratory capacity
Medical countermeasures	Support the distribution of vaccines and drugs for treating monkeypox
New scientific evidence generation and monitoring	Develop plans to ensure research related to monkeypox is supported

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Coordinated communication and response

Public health responses to the monkeypox outbreak from F/P/T governments for their respective populations are coordinated through the activation of the Federal, Provincial, Territorial (F/P/T) Special Advisory Committee (SAC) on Monkeypox and involves various stakeholder groups in pursuit of the following objectives:

- ③ Identify and reach populations and communities that may be at higher risk while recognizing that anyone can get infected and transmit monkeypox if they come into close contact with someone who has the virus, regardless of sex, race, gender or sexual orientation.
- ③ Extend technical, financial, and other support to the general public as well as populations and communities that may be at higher risk.
- ③ Develop targeted communications that are sensitive to the needs of health professionals and populations and communities that may be at higher risk, with consideration given to language barriers and the need for culturally appropriate materials.
- ③ Raise public awareness about monkeypox transmission—including awareness of the need to prevent transmission to animals and avoid establishment of the disease in animal populations—using a range of communications platforms, such as press conferences, websites and social media.
- ③ Provide recommendations and information about the state of the disease and risks to people in Canada.
- ③ Engage with populations and communities that may be at higher risk to inform response actions and communications.
- ③ Seek out and correct misleading information to better inform people in Canada with facts.

Public health measures and guidance for domestic and international travel

To help minimize the risk of onward transmission and support the management of cases, the F/P/T public health response is working through SAC to engage other government departments and relevant expert groups to develop and communicate public health guidance and information, including:

- ③ technical public health guidance related to the management of cases and contacts
- ③ advice for individuals on recommended public health measures to prevent onward transmission in case of infection, exposure, or provision of care at home
- ③ [travel health notices](#) and the provision of communication materials at points of entry

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Surveillance, reporting and laboratory capacity

The collective F/P/T public health response includes increasing surveillance, reporting on the situation in Canada, and enhancing laboratory capacity by:

- ④ focusing surveillance efforts on illnesses similar to monkeypox as part of existing pan-Canadian and PT disease surveillance (up-to-date counts of cases and monkeypox-related guidance can be found at [Canada.ca](https://www.canada.ca) and on PT websites)
- ④ reporting of a weekly dataset
- ④ sharing data with the WHO in compliance with the *International Health Regulations (2005)* and contributing to situational awareness and the building of a global body of knowledge around the public health event
- ④ ensuring that distinction-based reporting for First Nations, Métis, and Inuit is reflected in the national monkeypox surveillance (when the information is available)
- ④ increasing equitable access to reliable, affordable, and accurate diagnostic tests via technology transfer between the National Microbiology Laboratory (NML) and the Canadian Public Health Laboratory Network (CPHLN)
- ④ promoting situational awareness and collaborations between NML and CPHLN partners
- ④ developing high-throughput testing protocols to ensure readiness for mass testing, should such testing be required

Clinical management and infection prevention and control

The F/P/T public health response for clinical management and infection prevention and control includes:

- ④ developing, maintaining, and monitoring technical guidance documents for health professionals and laboratory personnel
- ④ updating technical guidance documents for health professionals and laboratory personnel based on emerging/evolving evidence related to clinical management and infection, prevention and control as it pertains to both humans and animals
- ④ increasing health care provider awareness through knowledge translation
- ④ monitoring supplies of personal protective equipment and medical supplies on an ongoing basis in the event of a surge response

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Medical countermeasures

The collective F/P/T public health response includes:

- ④ managing existing and new vaccines and treatments against monkeypox in coordination and alignment with regulatory approval
- ④ pursuing a coordinated vaccination- and treatment-deployment approach with F/P/T partners and Indigenous Peoples supported by the National Emergency Strategic Stockpile and considering equitable access to these supplies
- ④ involving Indigenous leadership decisions and discussions about allocation of treatment and vaccine
- ④ developing vaccine and treatment guidance, including public communications about vaccine availability and benefits, that is informed by the advice of medical and other experts, including that of the National Advisory Committee on Immunization (NACI) and PT immunization committees
- ④ monitoring vaccine effectiveness and safety via integrated data sharing
- ④ developing a procurement strategy, if needed, to bolster supply of vaccines and treatments as the situation evolves

New scientific evidence generation and monitoring

The collective F/P/T public health response to monkeypox is evidence-informed and grounded in science. In order to increase the foundation of knowledge and scientific evidence to guide decision making, the following approaches will be considered:

- ④ convening panels of intra- and extramural public health experts to identify science gaps and priorities and coordinate research efforts
- ④ developing a research plan to address needs within the Canadian context that also aligns with the [WHO Research and Development Blueprint](#)
- ④ supporting academic research on key priorities to address knowledge gaps

For more information on monkeypox:
canada.ca/monkeypox