

Outbreak Brief #1: Monkeypox in Africa Union Member States

Date of Issue: 8 June 2022

1,406 suspected, 89 confirmed cases, 66 deaths in AU MS

Data sources: US CDC, WHO, and AU Member State Ministries of Health

Global Situation (non-endemic countries): Since 13 May 2022, and as of 7 June 2022, 1,088 confirmed cases and no deaths of monkeypox have been reported from 29 countries that are not endemic for monkeypox. These countries are mainly in Europe and North America: United Kingdom (302 cases), Spain (198), Portugal (166), Canada (80), Germany (80), France (66), Netherlands (54), United States (34), Italy (20), Belgium (17), United Arab Emirates (13), Switzerland (10), Ireland (7), Australia (6), Czechia (6), Slovenia (6), Sweden (5), Denmark (3), Argentina (2), Finland (2), Israel (2), Latvia (2), Austria (1), Gibraltar (1), Hungary (1), Malta (1), Mexico (1), Morocco (1), and Norway (1).¹ Most reported cases have so far presented through either sexual health or other primary or secondary health care facilities and have involved mainly, **but not exclusively**, men who have sex with men (MSM)². Preliminary laboratory data indicate that the monkeypox virus strain detected in Europe and elsewhere belong to the West African clade.³ For more information on the global situation please visit the World Health Organization (WHO) [website](#).

Africa Situation (endemic and non-endemic countries): The first human case of monkeypox was reported in 1970 from the Democratic Republic of Congo (DRC). Since 1970, monkeypox has been reported from 12 African Union (AU) Member States (MS) in the Central and Western Regions. Monkeypox is considered endemic in 10 AU MS: Cameroon, the Central African Republic, the Democratic Republic of the Congo, Gabon, Ghana (identified in animals only), Côte d'Ivoire, Liberia, Nigeria, the Republic of the Congo, and Sierra Leone⁴.

Since the beginning of 2022, 1,494 cases (1,406 suspected; 88 confirmed) and 66 deaths (CFR: 4.4%) of monkeypox have been reported from seven endemic AU MS: Cameroon (25 suspected; 4 confirmed; 2 deaths), Central African Republic (17; 8; 2), Congo (5; 2; 3), DRC (1,284; 53; 58), Liberia (7; 0; 0), Nigeria (66; 21; 1) and Sierra Leone (2; 0; 0).

To date, Morocco is the only non-endemic AU MS that has reported a confirmed case of monkeypox associated with the 2022 multi-country outbreak. The reported case is a 30-year-old,

¹ US CDC - <https://www.cdc.gov/poxvirus/monkeypox/response/2022/world-map.html>

² Note: the risk of transmission is not limited to MSM. Transmission can occur between any two individuals via direct contact with infected body fluids or lesion material, or indirect contact with contaminated material.

³ Virological monkeypox genomic reports: <https://virological.org/c/monkeypox/genome-reports/47>

⁴ To date, reports from Benin and South Sudan have been travel related only.

male with recent travel history to France on 21 May 2022 who developed symptoms the same day. He is currently isolated and undergoing treatment. Case investigations and contact tracing are ongoing to identify potential cases that have been in contact with the infected patient.

Background on Monkeypox

Monkeypox is a viral zoonosis caused by the monkeypox virus belonging to the orthopoxvirus genus of the Poxviridae family. This is the same family as the virus that caused smallpox, which has now been eradicated. There are two groups or “clades” of monkeypox, one found in the Congo Basin of Central Africa with a case fatality of up to 10%, and one in West Africa, with a case fatality less than 3%. The virus is thought to be maintained primarily in wild rodent populations.

Monkeypox can be transmitted via direct contact with infected body fluids or lesion material from humans or animals, or indirect contact with contaminated material. Human-to-human transmission is thought to occur primarily through large respiratory droplets. Symptoms typically include fever, headache, malaise, muscle aches, and swollen lymph nodes followed a few days later by a rash. Complications of monkeypox infections include secondary infections, bronchopneumonia, sepsis, encephalitis, and infection of the cornea with ensuing loss of vision. Immunocompromised persons may progress to severe forms. For survivors, long term complications are most commonly scarring or skin pigmentation changes, but rarely eye involvement can cause loss of vision.⁵

Laboratory confirmation of monkeypox relies principally on nucleic acid amplification tests, such as PCR, performed on material from the skin lesions. On 23 May 2022, the WHO issued interim guidance for laboratory testing for monkeypox.⁶ A directory of commercially available assays has also been recently posted [online](#).⁷

The antiviral drug tecovirimat, has been developed and approved by the European Medicines Agency for use in the treatment of smallpox and other orthopoxviruses like monkeypox. JYNNEOS™, also known as Imvamune or Imvanex, is an attenuated live virus vaccine that has been approved by the U.S. Food and Drug Administration for the prevention of monkeypox. Additionally, ACAM2000, the smallpox vaccine, has been shown to be 85% effective in preventing monkeypox.³ However, neither the treatment nor the vaccines are widely or commercially available.

⁵ US CDC - <https://www.cdc.gov/poxvirus/monkeypox/index.html>

⁶ WHO - [Laboratory testing for the monkeypox virus: interim guidance, 23 May 2022](#)

⁷ FIND - [Monkeypox test directory](#)

Event Geoscope and Risk Assessment Levels

**Geoscope
level: High**

**Risk level:
Moderate**

Africa Centres for Disease Control and Prevention (Africa CDC) conducted a preliminary assessment of the geographic scope (geoscope) and risk level for the monkeypox events being reported for Africa and globally. Given that this outbreak is currently affecting multiple countries both on and outside of the continent, the geoscope assessment is high. If additional AU MS

report disease linked to this outbreak, we will reassess and elevate accordingly. For the risk assessment level, we looked at the following criteria: morbidity and mortality of the disease, probability to spread within and to other AU MS, and the availability of effective treatments, vaccines, or other control measures. We have listed the risk level as moderate given that monkeypox is not an easily transmissible, self-limiting disease with low mortality, which lacks effective treatment for those infected. We are closely monitoring the situation and we will reevaluate the risk periodically.

Africa CDC Response Activities

- The Africa CDC Emergency Operations Centre remains in alert mode and is closely monitoring the situation globally and in Africa
- Africa CDC is in close communication with WHO, the European CDC and the US CDC to share epidemiological information about the evolving situation in non-endemic countries
- Africa CDC remains in communication with the AU MS reporting cases to discuss the situation and provide any needed support
- The Africa CDC Pathogen Genomics Institute is coordinating with AU Member States to provide additional sequencing support for the recently detected cases
- The Africa CDC Laboratory Division, in collaboration with the Nigerian CDC, will be holding a diagnostic training for AU MS between 21-23 June 2022 in Abuja, Nigeria

Recommendations for AU Member States

Member States are advised to:

- Establish laboratory diagnostic and genomic sequencing capacity for orthopoxviruses, including monkeypox
- Establish and/or strengthen existing monkeypox surveillance efforts
- Develop and distribute both general and tailored risk communication messages for the community at large as well as specific populations currently impacted and at risk (e.g. MSM, sex-workers, immunocompromised individuals)
- Strengthen knowledge of monkeypox clinical management and infection prevention control measures
- Report new cases of monkeypox as part of the current multi-country outbreak to Africa CDC (AfricaCDCEBS@Africa-Union.org)

The general public is advised to:

- Seek medical attention if you experience any monkeypox-like symptoms (e.g. develop rash with or without prior symptoms of fever, swollen lymph nodes, body aches, and weakness), especially if you have been in contact with a positive case.
- Practice effective hand hygiene by washing your hands with soap and water or using an alcohol-based hand sanitizer, especially after contact with any infected animals or humans
- Avoid contact with animals that could harbor the virus, including animals that are sick or found dead in areas where monkeypox occurs
- Avoid contact with any potentially contaminated materials, such as clothes and bedding, with which animals with monkeypox have been in contact with
- If deemed a close-contact of a monkeypox case, individuals should self-monitor for the development of symptoms up to 21 days from the last exposure to a case
- If you are infected with monkeypox, adhere to recommended isolation protocols prescribed by your medical provider to minimize transmission to others, including pets and other animals that may be susceptible to monkeypox infection

References

1. European Centre for Disease Prevention and Control (ECDC) - [Risk assessment: Monkeypox multi-country outbreak](#) (23 May 22)
2. Nigerian CDC National Monkeypox Public Health Response Guidelines - https://ncdc.gov.ng/themes/common/docs/protocols/96_1577798337.pdf
3. US CDC - [Information for the clinical management of monkeypox](#)
4. US CDC - [Monkeypox: Get the Facts](#)
5. WHO - [Monkeypox](#) factsheet
6. WHO - [Multi-country monkeypox outbreak in non-endemic countries](#)
7. WHO - [Laboratory testing for the monkeypox virus: Interim guidance](#)