Outbreak Brief #2: Monkeypox in Africa Union Member States

Date of Issue: 28 June 2022

1,636 suspected, 79 confirmed cases, 73 deaths in AU MS

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

Global Update (non-endemic countries): Since 13 May 2022, and as of 27 June 2022, 4,357 confirmed cases and one death of monkeypox have been reported from 48 countries that are not endemic for monkeypox. These countries are mainly in Europe and North America.[1]

On 23 June 2022, the International Health Regulations 2005 (IHR) Emergency Committee held a meeting to discuss the ongoing multi-country monkeypox outbreak. The Committee issued the following conclusions and advice:

- The current multi-country outbreak does not constitute a Public Emergency of International Concern (PHEIC) at this time. Key issues discussed prior to this decision include:
    - Plateauing or downward trends in case numbers in some of the countries experiencing outbreak early on
    - Low severity of cases (mortality and rates of hospitalization)
    - Knowledge gaps and areas of uncertainty for which more information is needed to support a more comprehensive assessment of the public health risk
- The event needs to be monitored closely and reviewed after a few weeks based on specific reassessment criteria;
- The response to the outbreak requires collaborative international efforts and must serve as a catalyst to increase efforts to address monkeypox in the longer term in endemic countries;
- Finally, in alignment with article 44 of the IHR, countries are encouraged to collaborate, share information and engage with affected communities effectively.

For more information on the global situation please visit the World Health Organization website.

Africa Update (endemic[2] and non-endemic countries): Since the last report (8 June 2022), a total of 161 new cases (13 confirmed and 148 suspected) and six new deaths (CFR: 4%) of monkeypox have been reported from the Democratic Republic of Congo (DRC) (62 cases; 6 deaths), Ghana (72; 0), Nigeria (26; 0) and South Africa (1; 0).

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

[2] Cameroon, the Central African Republic, the Democratic Republic of the Congo, Gabon, Ghana, Côte d'Ivoire, Liberia, Nigeria, the Republic of the Congo, and Sierra Leone

DRC: Since the last report, 62 new suspected cases and six new deaths (CFR: 8.3%) of monkeypox have been reported in DRC. This is a 38% increase in the number of new suspected cases compared to the last report. Cumulatively in 2022, 1,356 cases (10 confirmed[3]; 1,346 suspected) and 64 deaths (CFR: 4.7%) have been reported from 91 health zones in 19 provinces of DRC. Five provinces account for 78% of the cases; Sankuru (481; 36%), Maniema (181; 13%), Tshopo (169; 13%), and Tshuapa (111; 8%) and Sud-Ubangi (105; 8%).

Ghana: Since the last report, the Ghana Health Services (GHS) reported 72 new cases (65 suspected; 7 confirmed) and no deaths of monkeypox from three regions of the country: Eastern, Western and greater Accra. This is a 58% increase in the number of new confirmed cases compared to the previous report. Cumulatively, 84 cases (72 suspected; 12 confirmed) and no deaths of monkeypox have been reported from Ghana in 2022.

Nigeria: Since the last report, the Nigerian Centers for Disease Control and Prevention (NCDC) has reported 26 new cases (21 suspected; 5 confirmed) and no new deaths of monkeypox from 15 states and the Federal Capital Territory (FCT) in Nigeria. The confirmed cases were from Adamawa (5), Bayelsa (4), Cross River (2), Edo (3), Delta (3), FCT (2), Kano (2), Imo (2), Lagos (8), Nasarawa (1), Niger (1), Oyo (1), Ondo (1), Plateau (2), River (3) and Ogun (1) states. This is a 12% increase in the number of confirmed cases compared to the last report. Cumulatively, Nigeria has reported 203 cases (162 suspected; 41 confirmed) and one death (CFR: 0.5%) of monkeypox were reported from 15 states since the beginning of 2022.

South Africa: On 23 June 2022, the National Institute for Communicable Diseases (NICD) of South Africa reported one confirmed case and zero death of monkeypox virus. The confirmed case is a 30-year-old male from Gauteng province with no recent travel history.

Cumulatively in 2022, 1,715 cases (1,636 suspected; 79 confirmed) and 73 deaths (CFR: 4.3%) of monkeypox have been reported from eight endemic and two non-endemic AU MS: Cameroon (25 suspected; 4 confirmed; 2 deaths), Central African Republic (17; 8; 2), Congo (5; 2; 3), DRC (1,346; 10; 64), Ghana (72; 12; 0), Liberia (7; 0; 0), Morocco (0, 1, 0), Nigeria (162; 41; 1), Sierra Leone (2; 0; 0) and South Africa (1; 0; 0).

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 since been eradicated. The first human case of monkeypox was reported in 1970 from DRC. 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.

[3] The number of confirmed cases in DRC was reduced to reflect the official data currently reported by WHO.

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.[4]

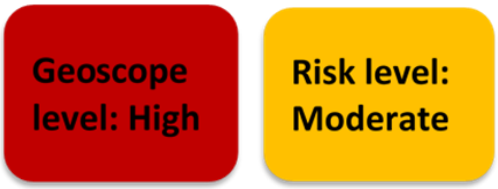
Laboratory confirmation of monkeypox relies principally on nucleic acid amplification tests, such as PCR, performed on material from the skin lesions. On 23 May 2022, the World Health Organization (WHO) issued interim guidance for laboratory testing for monkeypox.[5] A directory of commercially available assays has also been recently posted online.[6]

The antiviral drug tecovirimat, has been developed and approved by the European Medicines Agency (EMA) 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 (FDA) 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.

Event Geoscope and Risk Assessment Levels

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

[4] US CDC - https://www.cdc.gov/poxvirus/monkeypox/index.html
[5] WHO - Laboratory testing for the monkeypox virus: interim guidance, 23 May 2022
[6] FIND - Monkeypox test directory



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
- The Africa CDC Laboratory Division, in collaboration with the NCDC and African Society for Laboratory Medicine (ASLM), is training 20 AU MS on monkeypox virus diagnostics in Abuja, Nigeria between 28-30 June 2022. Africa CDC will also distribute more than 3,600 test kits to AU MSs to support surveillance and detection needs in both endemic and non-endemic countries
- The Africa CDC Pathogen Genomics Institute is also coordinating with AU MS to provide sequencing support
- The Africa CDC Central Regional Collaborating Center is providing technical support to the Gabonese MoH for the development of a preparedness and response plan between 27-30 June 2022 in Libreville, Gabon
- The Africa CDC Emergency Preparedness and Response Division has engaged the MoH of four MS (Cameroon, CAR, DRC, and Nigeria) to identify areas of potential support.

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. sex-workers, immunocompromised individuals, children)
- 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 - 2022 Monkeypox Outbreak Global Map | Monkeypox | Poxvirus | CDC
5. US CDC - Monkeypox: Get the Facts
6. WHO - Monkeypox factsheet
7. WHO - Multi-country monkeypox outbreak in non-endemic countries
8. WHO - Laboratory testing for the monkeypox virus: Interim guidance
9. WHO - Meeting of the international health regulations (2005) emergency committee regarding the multi-country monkeypox outbreak
10. WHO - Director-General's statement on the report of the meeting of the IHR 2005 emergency committee regarding the multi-country monkeypox outbreak