

Outbreak Brief #3: Monkeypox in Africa Union Member States

Date of Issue: 23 July 2022

1,781 suspected, 250 confirmed cases, 75 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 22 July 2022, 16,593 confirmed cases of monkeypox have been reported from 68 countries that are not endemic for monkeypox. These countries are mainly in Europe and North America.¹

On 23 July 2022, the World Health Organization (WHO) declared that the current multi-country outbreak constitutes a Public Emergency of International Concern (PHEIC). WHO's Director highlighted the clear risk of further international spread, although the risk of interference with international traffic remains low at this time.

For more information on the global situation please visit the WHO [website](#).

Africa update (endemic² and non-endemic countries): Since the last update (15 July 2022), a total of 75 new cases (18 confirmed and 57 suspected) and no new deaths of monkeypox have been reported from Cameroon and Nigeria.

Cameroon: Since the last report (15 July 2022), the Cameroon MoH reported two new cases (1 confirmed; 1 suspected) and no new deaths of monkeypox. Cumulatively, 33 cases (7 confirmed; 26 suspected) and two deaths (CFR: 6.1%) of monkeypox have been reported from three regions in Cameroon: Centre (8 cases; 0 death), North-West (13; 1) and South-West (12; 1). Of the 13 samples collected, seven (54%) tested positive for the monkeypox virus by polymerase chain reaction (PCR) at Cameroon's Centre Pasteur.

Nigeria: Since the last report (8 July 2022), the Nigeria Center for Disease Control (NCDC) reported 73 new cases (17 confirmed; 56 suspected) and no new deaths of monkeypox in Nigeria. This is a 16% increase in the number of confirmed cases compared to the last report. Cumulatively, 402 cases (301 confirmed; 101 suspected) and three deaths (CFR: 1%) of monkeypox were reported from 23 states in Nigeria since the beginning of 2022.

Cumulatively in 2022, 2,031 cases (250 confirmed; 1,781 suspected) and 75 deaths (CFR: 3.7%) of monkeypox have been reported from nine endemic and two non-endemic AU MS: Benin (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

suspected; 3 confirmed; 0 deaths), Cameroon (26; 7; 2), Central African Republic (17; 8; 2), Congo (5; 2; 3), DRC (1,369; 107; 65), Ghana (54; 18; 0), Liberia (7; 0; 0), Morocco (0, 1, 0), Nigeria (301; 101; 3), Sierra Leone (2; 0; 0) and South Africa (0; 3; 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.

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.³

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.⁴ A directory of commercially available assays has also been recently posted [online](#).⁵

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.

³ US CDC - <https://www.cdc.gov/poxvirus/monkeypox/index.html>

⁴ WHO - [Laboratory testing for the monkeypox virus: interim guidance, 23 May 2022](#)

⁵ 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 has moved from alert to response mode to provide preparedness and response support to AU MS.
- The Africa CDC Laboratory Division, in collaboration with the NCDC and African Society for Laboratory Medicine (ASLM), is trained 20 AU MS on monkeypox virus diagnostics in Abuja, Nigeria. Africa CDC also distributed more than 3,600 test kits to AU MSs to support surveillance and detection in both endemic and non-endemic countries
- The Africa CDC Pathogen Genomics Institute is coordinating with AU MS to provide sequencing support
- The Africa CDC Central Regional Collaborating Center provided technical support to the Gabonese MoH for the development of a preparedness and response plan
- 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 of hands with soap and water or using an alcohol-based hand sanitizer, especially after contact with any infected animal or human.
- 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 material, 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](#)