

Outbreak Brief #4: Monkeypox in Africa Union Member States

Date of Issue: 3 August 2022

2,567 suspected, 300 confirmed cases, 103 deaths in AU MS

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

Global Update (non-endemic countries): As of 2 August 2022, 25,391 confirmed cases of monkeypox have been reported from 83 countries globally. These countries were 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 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 brief (23 July 2022), two new Africa Union (AU) Member States (Liberia and Sudan) reported confirmed cases. A total of 836 new cases (50 confirmed and 786 suspected) and 28 new deaths of monkeypox have been reported from Cameroon, Democratic Republic of Congo (DRC) Ghana, Liberia, Nigeria and Sudan. Cumulatively, 2,867 cases (2,567 suspected cases and 300 confirmed cases) with 103 deaths (CFR: 3.6%) were reported from 11 AU MS since January 2022 (Table 1).

Cameroon: Since the last brief (23 July 2022), the Cameroon MoH reported three new suspected cases and no new deaths of monkeypox. Cumulatively, 36 cases (7 confirmed; 29 suspected) and two deaths (CFR: 5.6%) of monkeypox have been reported from three regions in Cameroon: Centre (8 cases; 0 death) North-West (16; 1) and South-West (12; 1). Of the 13 samples collected, seven (54%) tested positive for monkeypox virus by PCR at Cameroon's Centre Pasteur.

DRC: Since the last brief, 1,535 new suspected cases and 28 new deaths (CFR: 1.8%) of monkeypox have been reported in DRC. Cumulatively, 2,266 cases (107 confirmed; 2,159 suspected) and 93 deaths (CFR: 4.1%) have been reported from 97 health zones in 19 provinces of DRC.

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

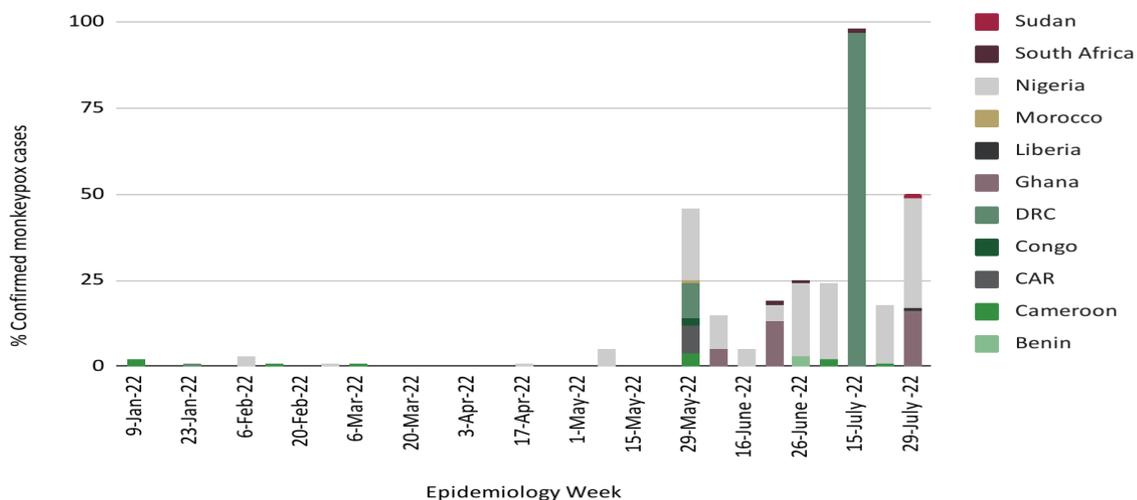
Ghana: Since the last brief, the Ghana Health Services (GHS) reported 16 new confirmed cases and no deaths of monkeypox from six regions of the country: Ashanti, Bono, Bono east, Eastern, and greater Accra. This is a 47% increase in the number of new confirmed cases compared to the previous report. The highest number of confirmed cases were reported from greater Accra (20 cases; 59%). Cumulatively, 34 confirmed cases and no deaths of monkeypox were reported from Ghana in 2022.

Liberia: On 25 July 2022, the National Public Health Institute of Liberia (NPHIL) reported one confirmed case of Monkeypox from Maryland county of the country. The case was a 42 year old male Ivorian who arrived in Liberia on 23 July 2022 and on the same day, reported to the Pleebu Government Health facility in Maryland county with symptoms of suspected Monkeypox. Confirmatory test was conducted by the reference laboratory at the NPHIL using PCR.

Nigeria: Since the last brief, the NCDC reported 88 new cases (32 confirmed; 56 suspected) and no new deaths of monkeypox in Nigeria. This is a 24% increase in the number of confirmed cases compared to the last report. Cumulatively, 490 cases (133 confirmed; 357 suspected) and three deaths of monkeypox were reported from 26 states in Nigeria since the beginning of 2022.

Sudan: On 28 July 2022, the Sudan Federal Ministry of Health reported the first case of monkeypox from West Darfur state, Sudan. The initial case is a 16-year-old student whose sample tested positive at the National Institute of Public Health, Stak West Darfur. The Africa CDC has engaged the Sudan MoH for more information on this event.

Figure 1. Confirmed monkeypox cases reported by week in AU MS since January 2022³



³ The high numbers of confirmed cases reported from DRC in week 15 July is likely the result of batch reporting.

Table 1. Cumulative monkeypox cases and deaths reported from African Union Member States in 2022 - as of 1 August 2022.

Country	Cases		Deaths	CFR ⁴
	Suspected	Confirmed		
Benin	0	3	0	0%
Cameroon	29	7	2	5.6%
Central African Republic	17	8	2	8%
Congo Republic	5	2	3	43%
Democratic Republic of Congo	2,159	107	93	4.1%
Ghana	0	34	0	0%
Liberia	0	1	0	0%
Morocco	0	1	0	0%
Nigeria	357	133	3	0.7%
Sudan	0	1	0	0%
South Africa	0	3	0	0%
TOTAL	2,567	300	103	3.6%

Majority of AU MS reporting cases are from the central and western Africa regions with Nigeria and DRC accounting for 80% of all confirmed cases reported (Table 1). Majority of the cases were reported between the months of June and July and this could be a result of enhanced surveillance in MS (Figure 1).

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

⁴ Case fatality ratio is the proportion of total deaths over the total cases, both suspected and confirmed.

**Geoscope
level: High**

**Risk level:
Moderate**

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 to response mode to support preparedness and response efforts of African Union Member States, in close collaboration with relevant partners.
- The Africa CDC, in collaboration with the Nigerian Centres for Disease Control (NCDC) and the African Society for Laboratory Medicine (ASLM), [trained 20 AU MS on monkeypox diagnostics](#). Africa CDC has also continued to distribute test kits to AU MSs to support surveillance and detection needs in both endemic and non-endemic countries. Additional rounds of laboratory diagnosis training are planned.
- The Africa CDC continues to coordinate sequencing support to AU MS as a monitoring tool for any variants of monkeypox.
- The Africa CDC has also engaged with ministries of health of the highly affected Member States to provide support to areas of high need.
- Africa CDC is communicating with global partners to secure adequate access to test kits and vaccines by AU Member States.

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 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](#)