Outbreak Brief #10: Monkeypox in African Union Member States

Date of Issue: 16 September 2022

549 confirmed cases, 4,010 suspected, 127 deaths in AU MS

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

Global Update (non-endemic countries): As of 14 September 2022, 59,179 confirmed cases of monkeypox and 136 deaths were reported from 103 countries/territories globally. The countries reporting the majority of cases are mainly in Europe and North America.

Africa update (endemic and non-endemic countries): Since the beginning of 2022, the continent has reported 4,667 cases (559 confirmed; 4,108 suspected) and 127 deaths (CFR: 2.8%) of monkeypox from eight endemic MS: Benin (3 suspected; 3 confirmed; 0 deaths), Cameroon (29; 7; 2), CAR (17; 8; 2), Congo (14; 5; 3), DRC (2,775; 163; 110), Ghana (535; 84; 4), Liberia (31; 2; 0), Nigeria (704; 277; 6) and four non-endemic MS: Egypt (0; 1; 0), Morocco (0; 3; 0), South Africa (0; 5; 0) and Sudan (0; 1; 0). This week, a total of 423 new cases (39 new confirmed; 384 new suspected) and three new deaths of monkeypox were reported from Benin, Congo, Ghana and Liberia.

Benin: The West Africa Health Organization (WAHO) reported three suspected cases and no death from monkeypox. This is the same number of cases compared to the previous report. Cumulatively, six cases (3 confirmed and 3 suspected) and zero deaths were reported.

Congo: The Ministry of Health reported 11 new cases (9 suspected cases and 2 confirmed with zero deaths from monkeypox. This is a more than 100% increase in the number of cases compared to the last report. Cumulatively 29 cases (5 confirmed, 14 suspected) and three deaths (CFR: 10%) were reported.

Ghana: The WAHO reported 399 cases (37 confirmed and 362 suspected) and three deaths (CFR: 0.9%) of monkeypox. This is a 64% increase in the number of new cases compared to the last report. Cumulatively 619 cases (84 confirmed, 535 suspected) and four deaths (CFR: 0.7%) were reported.

Liberia: The WAHO reported 10 new suspected cases with no death from monkeypox. This is the same number of cases compared to the last report. Cumulatively 33 cases (2 confirmed, 31 suspected) and no deaths were reported.

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1 Global case and death numbers are inclusive of numbers being reported in Africa.
3 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
The majority of AU MS reporting cases are from the central and western Africa regions with DRC and Nigeria accounting for 79% of all confirmed cases reported (Table 1). Most cases were reported after the week of the 15 of May and this could be a result of enhanced surveillance in MS (Figure 1).

**Table 1. Cumulative monkeypox cases and deaths reported from African Union Member States in 2022 - as of 14 September 2022.**

<table>
<thead>
<tr>
<th>Country</th>
<th>Total cases (new)</th>
<th>Total deaths (new)</th>
<th>CFR$^5$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Suspected</td>
<td>Confirmed</td>
<td></td>
</tr>
<tr>
<td>Benin</td>
<td>3 (3)</td>
<td>3 (0)</td>
<td>0</td>
</tr>
<tr>
<td>Cameroon</td>
<td>29 (0)</td>
<td>7 (0)</td>
<td>2 (0)</td>
</tr>
</tbody>
</table>

$^4$ The high numbers of confirmed cases reported from DRC in week 15 July is likely the result of batch reporting.

$^5$ Case fatality ratio is the proportion of total deaths over the total cases, both suspected and confirmed.
<table>
<thead>
<tr>
<th>Country</th>
<th>Total cases (new)</th>
<th>Total deaths (new)</th>
<th>CFR5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Suspected</td>
<td>Confirmed</td>
<td></td>
</tr>
<tr>
<td>Central African Republic</td>
<td>17 (0)</td>
<td>8 (0)</td>
<td>2 (0)</td>
</tr>
<tr>
<td>Congo Republic</td>
<td>14 (9)</td>
<td>5 (2)</td>
<td>3 (0)</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>2,775 (0)</td>
<td>163 (0)</td>
<td>110 (0)</td>
</tr>
<tr>
<td>Ghana</td>
<td>535 (362)</td>
<td>84 (37)</td>
<td>4 (3)</td>
</tr>
<tr>
<td>Egypt</td>
<td>0 (0)</td>
<td>1 (0)</td>
<td>0</td>
</tr>
<tr>
<td>Liberia</td>
<td>31 (10)</td>
<td>2 (0)</td>
<td>0</td>
</tr>
<tr>
<td>Morocco</td>
<td>0</td>
<td>3 (0)</td>
<td>0</td>
</tr>
<tr>
<td>Nigeria</td>
<td>704 (0)</td>
<td>277 (0)</td>
<td>6 (0)</td>
</tr>
<tr>
<td>Sudan</td>
<td>0</td>
<td>1 (0)</td>
<td>0</td>
</tr>
<tr>
<td>South Africa</td>
<td>0</td>
<td>5 (0)</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>4,108 (384)</td>
<td>559 (39)</td>
<td>127 (3)</td>
</tr>
</tbody>
</table>

**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 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 (EOC) 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 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.
- Africa CDC is organizing a training on surveillance, case management and risk communication & community engagement scheduled for the 19th - 23rd September 2022 in DRC

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)
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