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Mpox Situation in Africa



i. Current Situation

Mpox in Africa: Since the beginning of 2022 and as of July 28 2024, a total of 37,583 cases and 1,451 deaths (Case Fatality Rate [CFR]: 3.9%) of mpox have been reported from 15 African Union Member States (AU MS): Benin, Burundi, Cameroon, Central Africa Republic (CAR), Congo, Democratic Republic of Congo (DRC), Egypt, Ghana, Liberia, Morocco, Mozambique, Nigeria, Rwanda, Sudan and South Africa. In 2023 alone, 14,957 cases and 739 deaths (CFR: 4.9%) were reported from seven AU MS. This is a 78.5% increase in new cases compared to 2022.

Since the beginning of this year and as of July 28 2024 a total of 14,250 cases (2,745 confirmed; 11,505 suspected) and 456 deaths (CFR: 3.2%) of mpox have been reported from 10 AU MS: Burundi (8 cases; 0 deaths), Cameroon (35; 2), CAR (213; 0), Congo (146; 1), DRC (13,791; 450), Ghana (4; 0), Liberia (5; 0), Nigeria (24; 0), Rwanda (2; 0) and South Africa (22; 3). This represents a 160% and 19% increase in cases and deaths, respectively, in 2024 compared to the same period in 2023. DRC accounts for 96.3% of all cases and 97% of all deaths reported this year. In addition, Chad has reported 24 suspected cases and no confirmed cases this year.

Event Geoscope and Risk Assessment Levels

Geoscope
High

Risk Level
High

The Africa Centres for Disease Control and Prevention (Africa CDC) reviewed the geographic scope (geoscope) and risk level for mpox in Africa. Given that this outbreak affects 10 Member States from four AU regions (central, western, eastern and southern), the geoscope assessment is high. For the risk assessment level, we looked at the following criteria: morbidity and mortality of the disease, probability of spread within and to the other Member States, and availability of effective treatment, vaccines, or other control measures. While mpox is moderately transmissible and usually self-limiting, the case fatality rate has been much higher on the African continent compared to the rest of the world. Despite a safe and effective vaccine and antiviral treatment against mpox, these are not readily available to most AU MS. Thus, we have listed the risk level as high.

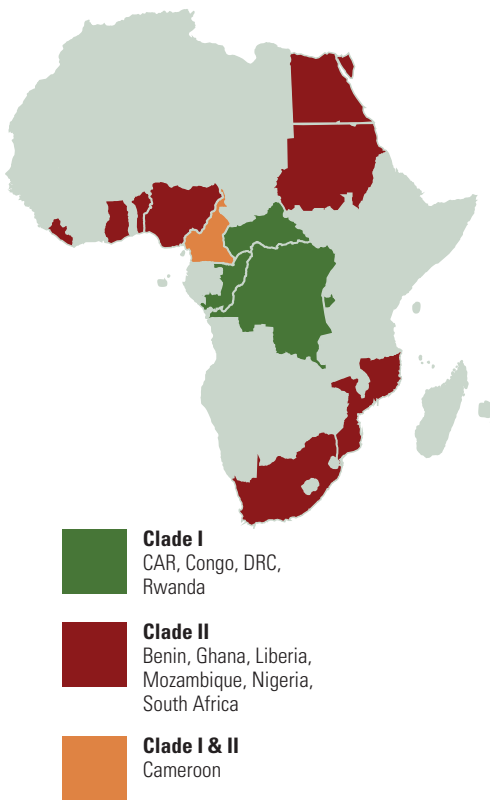
DRC: Since the beginning of the year, and as of July 30 2024, a total of 13,791 cases (2,628 confirmed; 11,163 suspected) and 450 deaths (CFR: 3.3%) of mpox have been reported from 25 of 26 provinces in DRC. Three

Jan 2022-July 2024

Total Cases: **37,583**
Total Death: **1,451**
Case Fatality Rate (CFR): **3.9%**
15 African Union Member States (AU MS)

Jan 2024-July 2024

Total Cases: **14,250**
Total Death: **456**
CFR: **3.2%**
10 AU MS



Map of Africa showing AU Member States reporting mpox outbreaks, January-July 2024

new provinces have notified cases this year. This represents a 105% increase in cases and an 18% increase in deaths compared to the same period last year (2023). In addition, there was a 156% and 36.5% increase in the number of suspected cases and deaths in 2023 compared to 2022 (demonstrating an upward trend over the last three years). In 2024, males accounted for 73% of all cases reported, and children <15 years accounted for 68% of cases and 85% of deaths. The clade I mpox strain was isolated from the confirmed cases. The clade 1b variant was detected in South Kivu Province in September 2023. human-to-human contact, including sexual transmission, has been identified as one of the routes of spread in DRC.

Burundi: On July 25 2024, the MoH reported three confirmed cases and no deaths of mpox in Bujumbura Nord, Gitega and Isare districts. On July 22 2024, three new suspected mpox cases were reported from Kamenge University Hospital, Kamenge Military Hospital and Isare Health District. The clinical presentation of these cases was as follows: fever, joint pain and generalized rash. Blood samples collected from the three cases tested positive for mpox at the Burundi National Reference Laboratory by polymerase chain reaction (PCR). As of July 28 2024, a total of eight confirmed cases and no deaths have been reported from Burundi. This is the first outbreak of mpox reported in Burundi.

CAR: Since the beginning of the year, 213 cases (28 confirmed; 185 suspected) and no deaths of mpox have been reported from 14 of 35 districts in CAR.

Cameroon: Since the beginning of the year, a total of 35 cases (5 confirmed and 30 suspected cases) and two deaths (CFR: 6.6%) of mpox were reported from six (Adamawa, Centre, Littoral, Nord, Nord-Ouest and Sud-Ouest) of the ten regions in Cameroon. Of the confirmed cases, 80% were males. The clade II Mpox strain was isolated from the confirmed cases.

Congo: Since the beginning of the year, a total of 146 cases (19 confirmed; 127 suspected) and one death (CFR: 0.7%) have been reported from five of the twelve provinces in Congo. Of the confirmed cases, persons >15 years accounted for 56%, and males accounted for 58%.

Ghana: Since the beginning of the year, four confirmed cases and no deaths of mpox have been reported in Ghana. Since the outbreak in 2022, a total of 131 confirmed cases and no deaths of mpox have been reported from Ghana.

Liberia: Since the beginning of the year, five confirmed cases and no deaths of mpox have been reported from two counties in Liberia this year: Grand Kru (3) and Nimba (2).

Nigeria: Since the beginning of the year, the NCDC has reported 24 confirmed cases and no deaths of mpox from 12 states and the Federal Capital Territory. Of the confirmed cases, children < 10 years accounted for 50%, with the males (67%) being most affected.

Rwanda: On July 25 2024, the MoH reported two confirmed cases of mpox in the Gasabo and Rusizi districts. The first case is a 33-year-old female from Rusizi district who presented with fever and skin rash at Islamic Health Center on July 20 2024. The second case is a 34-year-old male from the Gasabo district who presented with skin rash, fever, sore throat, and swollen lymph nodes at Kibagabaga Hospital on July 23, 2024. Both

cases reported a history of travel to DRC. Blood samples collected from the two cases tested positive for mpox at the Rwanda National Reference Laboratory by PCR. This is the first outbreak of mpox reported in Rwanda. Sequencing results revealed mpox Clade Ia sublineage.

South Africa: On May 13 2024, the National Department of Health declared an outbreak of mpox in South Africa. Cumulatively, 22 confirmed cases and three deaths (CFR: 14.0%) have been reported from three of nine provinces in South Africa: Gauteng (11 cases; 1 death), KwaZulu Natal (10; 2) and Western Cape (1; 0). All the reported cases are males between 17 and 43 years old. One community death was reported from KwaZulu Natal province. Sequencing results revealed mpox Clade IIb sublineage.

ii. Africa CDC's response efforts to Mpox outbreaks in Africa

The Africa CDC has actively participated in Mpox preparedness and response in AU Member States. Some key ongoing activities are::

- Activation of the Emergency Operations Centre (EOC): On August 8 2022, the EOC of the Africa CDC was activated to support the preparedness and response efforts of AU Member States. This activation aims to enhance coordination and provide technical support to AU MS
- High-level political advocacy and agenda setting: From April 11-13, 2024, a 'High-Level Emergency Regional Ministerial Meeting on mpox in Africa' was convened by Africa CDC in collaboration with the Democratic Republic of Congo (DRC) and multiple other partners, including CEPI, WHO, UNICEF, INSP, and US Government among others. This report highlights key findings from 9 technical sessions. The high-level ministerial meeting brought together over 5 Ministers of Health and delegates from 11 AU Member States (1) To share the latest research and insights on Monkeypox, including its epidemiology, transmission, and prevention strategies (2) To review and enhance existing response frameworks and collaboration mechanisms among affected countries (3) To foster partnerships and coordinate efforts with international health organizations and donors for effective outbreak response and management including vaccination and, (4) To develop a comprehensive action plan for Monkeypox surveillance, control, and prevention across the continent.
- The high-level emergency meeting recognized the need for timely, accurate, and quality information on the mpox situation in Africa to inform decision-making, program interventions, monitoring, and evaluations for the fight against mpox in Africa. The Ministers of Health of Angola, Benin, Burundi, Cameroon, Central African Republic, Congo, Democratic Republic of Congo, Gabon, Ghana, Liberia, Nigeria, Uganda, and partners emphasized the urgent need for strengthened preparedness and response to mpox in the African Union Member States, highlighting the need for cross-border integrated disease surveillance and a coordinated regional approach. It called for partners to harmonize support and interact with the African Taskforce for mpox coordination to fulfill mandates.
- The deployment of the Africa CDC Rapid Response Team to DRC to support the response efforts to Mpox includes coordination, surveillance and contact tracing, field investigation, and strategy development.
- Laboratory support: The African CDC supported 44 AU Member States by providing 20,000 Mpox RT-PCR test kits and ancillary supplies. These kits are essential for accurate diagnosis and surveillance. Africa CDC trained 68 participants in sample processing, RT-PCR-based detection, sequencing, and molecular diagnosis of Mpox.
- Training and resources: The Africa CDC offers a four-module animated course. This course is designed for public health professionals, policy-makers, and health workers in endemic areas. It provides information on Mpox prevention, detection, treatment, patient care, infection control, and outbreak investigation.
- Collaboration with partners: The Africa CDC collaborates with partners (national, regional, continental, and international), and their joint efforts contribute to Mpox research, response, and cross-border initiatives. The Africa CDC has been actively involved in Mpox preparedness and response in African Union (AU) Member States.
- Africa CDC continues advocating for strengthened surveillance, diagnostic capacities, and access to vaccines and medical drugs. Africa CDC is currently working on mobilizing additional resources to implement the planned activities to play a pivotal role in preparedness for, responding to and mitigating the impact of the Mpox outbreaks in Africa.