

Outbreak Brief #5: Monkeypox in African Union Member States

Date of Issue: 11 August 2022

2,567 suspected, 380 confirmed cases, 104 deaths in AU MS

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

Global Update (non-endemic countries): As of 10 August 2022, 31,800 confirmed cases of monkeypox have been reported from 89 countries globally. These countries were mainly in Europe and North America.¹

Africa update (endemic² and non-endemic countries): Since the last brief (3 August 2022), a total of 80 new cases and one new death (case-fatality rate [CFR]: 1%) of monkeypox were reported from the Democratic Republic of Congo (DRC) and Nigeria. Cumulatively, 2,947 cases (2,567 suspected cases and 380 confirmed cases) with 104 deaths (CFR: 3.5%) were reported from 11 AU MS since January 2022 (Table 1).

DRC: Since the last brief, 56 new confirmed cases³ and no new deaths of monkeypox were reported in DRC. Cumulatively, 2,266 cases (163 confirmed; 2,103 suspected) and 93 deaths (CFR: 4.1%) have been reported from 97 health zones in 19 provinces of DRC.

Nigeria: Since the last report (03 August 2022), the NCDC reported 80 new cases (24 confirmed; 56 suspected) and one new death (CFR: 1.3%) of monkeypox in Nigeria. This is a 15% and 25% increase in the number of confirmed cases and deaths compared to the last report. Cumulatively, 570 cases (157 confirmed; 413 suspected) and four deaths (CFR: 1%) of monkeypox were reported from 28 states in Nigeria since the beginning of 2022.

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

³ Formerly 56 suspected cases were reclassified as confirmed cases

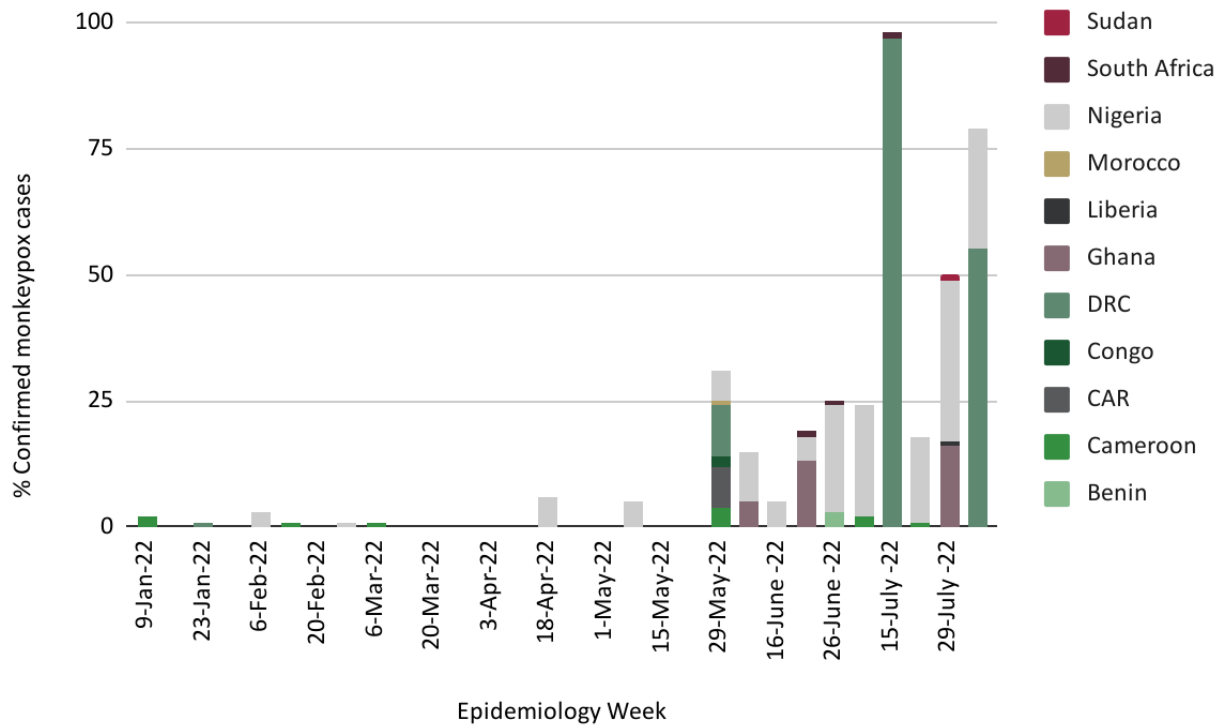


Figure 1. Confirmed monkeypox cases reported by week in AU MS since January 2022⁴

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

Country	Total cases (new)		Total deaths (new)	CFR ⁵
	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	2,103 (-56) ⁶	163 (56)	93	4.1%
Ghana	0	34	0	0%

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.

⁶ Fifty-six cases were reclassified as confirmed cases and thus subtracted from the total suspected cases.

Country	Total cases (new)		Total deaths (new)	CFR ⁵
	Suspected	Confirmed		
Liberia	0	1	0	0%
Morocco	0	1	0	0%
Nigeria	413 (56)	157 (24)	4 (1)	1%
Sudan	0	1	0	0%
South Africa	0	3	0	0%
TOTAL	2,567 (0)	380 (80)	104	3.5%

The majority of AU MS reporting cases are from the central and western Africa regions with Nigeria and DRC accounting for 81% of all confirmed cases reported (Table 1). Most 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

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 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](#)