ASEAN BIODIASPORA VIRTUAL CENTER

SITUATIONAL REPORT

MPOX

IN AFRICA

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Kemenkes

ASSOCIATION OF SOUTHEAST ASIAN NATIONS

Editorial

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Situation at a glance

- Since early May 2022, cases of mpox have been reported in non-endemic countries, marking a significant shift in the geographic spread of the disease. Most reported cases were identified through sexual health or other health services and mainly, but not exclusively, involved men who have sex with men.
- As of May 26, 2024, a total of 7,851 mpox cases, including 384 deaths (case fatality rate (CFR) 4.9%), had been reported in 177 health zones in 22 of 26 provinces in the Democratic Republic of the Congo (DRC).
- As of August 2, 2024, the number of mpox cases in the DRC continued to rise, reaching 11,764 with 455 deaths.
- The World Health Organization (WHO) has declared the mpox outbreak a public health emergency of international concern (PHEIC), with the DRC at the center of the crisis. This follows an earlier move by the Africa CDC to designate the mpox outbreak as a public health emergency of continental security on August 13, 2024.
- This 8th PHEIC declaration since 2009 prompted by a sharp increase in mpox cases in the DRC, which have spread to at least 12 other African countries. The DRC has become the epicenter of the outbreak with the newly emerging clade Ib, complicating the epidemiological landscape and challenging existing control strategies.

Global situation

From 1 May 2022 through 28 July 2024, a cumulative total of 99,388 laboratory-confirmed cases of mpox, including 208 deaths, were reported to WHO from 116 countries in all six WHO Regions (Figure 1).

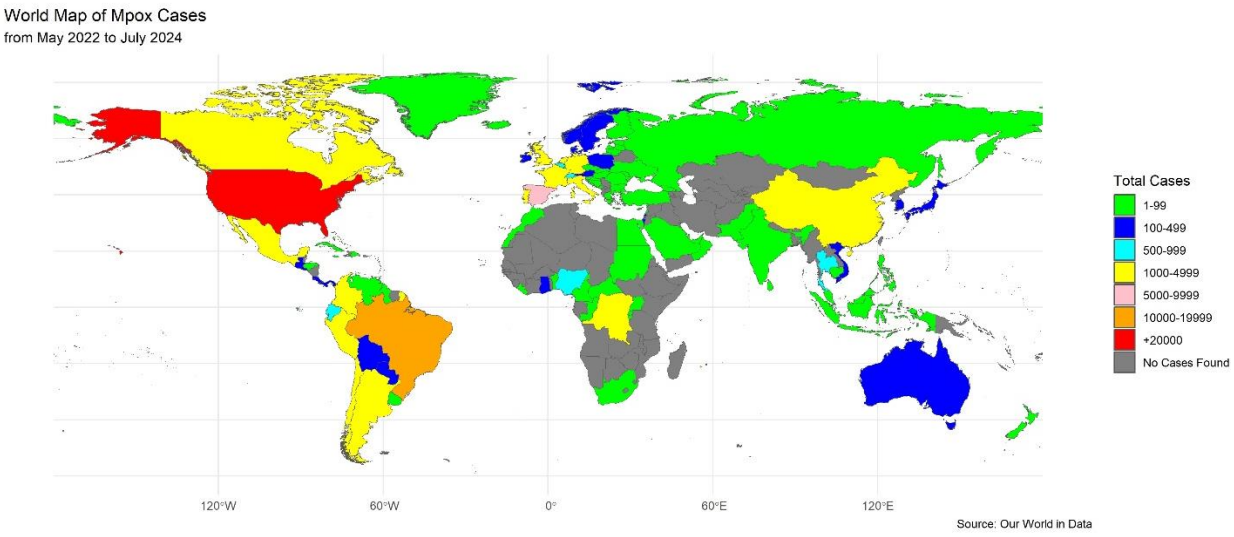


Figure 1. Global Distribution of Mpox Cases
Source: Our World in Data (https://raw.githubusercontent.com/owid/monkeypox/main/owid-monkeypox-data.csv)

During this period, the Americas region had the highest number of confirmed cases, with 62,904, followed by the European (27,529 cases), African (4,232 cases), Western Pacific (3,491 cases), Southeast Asian (925 cases), and Eastern Mediterranean (95 cases) regions. Figure 2 shows epidemic curves of monthly aggregated laboratory-confirmed cases of mpox reported to the WHO from January 1, 2022, to June 30, 2024, across six WHO regions:

1. In the African Region, the cases fluctuate with noticeable peaks and troughs throughout the period. A significant rise in cases occurs since mid-2022 towards the end, peaking at around 500 cases per month.
2. The Region of Americas experienced the most significant outbreak, with cases peaking at around 20,000 per month in mid-2022. After this peak, there was a rapid decline in cases, which then stabilized at much lower levels.
3. Cases peaked in Eastern Mediterranean Region in mid-2022 but quickly declined, with only small peaks afterward.
4. In South-East Asia Region, cases began to rise in mid-2023, peaking at about 250 cases per month. The region saw a slight decline but continued to experience some fluctuations.
5. The European Region saw a sharp rise in cases in mid-2022, peaking at approximately 6,000 cases per month. Following the peak, cases dropped significantly and remained low.
6. There was a gradual increase in cases in the Western Pacific Region, peaking at nearly 600 cases per month in late 2023. Although the number of cases started to decline afterward, it remained relatively high towards the end of the period.

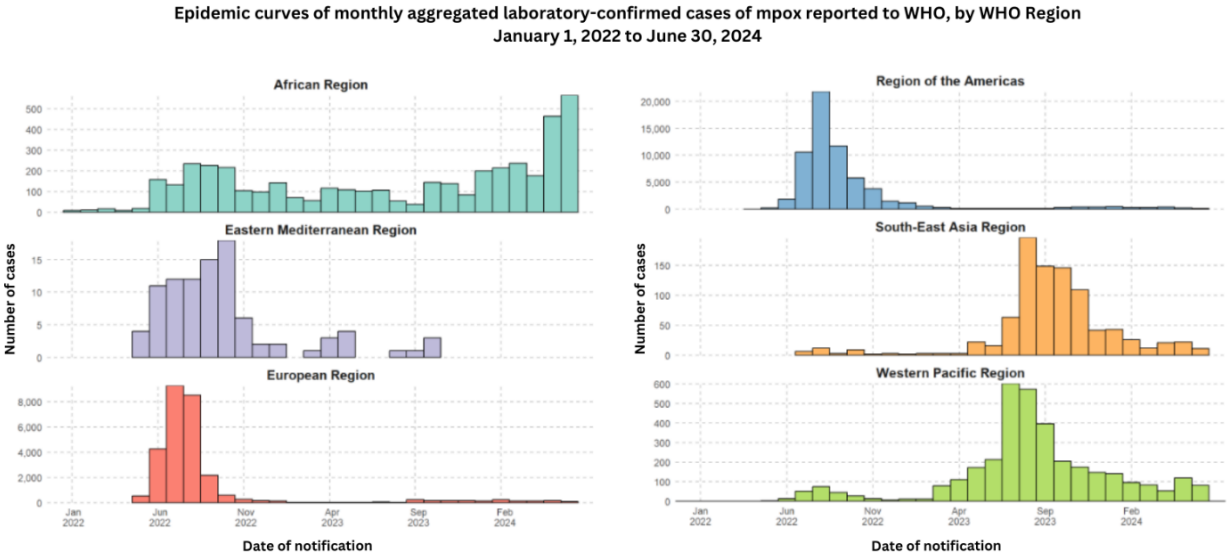


Figure 2. Epidemic curves of monthly aggregated laboratory-confirmed cases of mpox reported to WHO, by WHO Region, from 1 January 2022 to 30 June 2024
Source: WHO (https://www.who.int/publications/m/item/multi-country-outbreak-of-mpox--external-situation-report-35--12-august-2024)

As of June 30, 2024, 10 countries from different regions reporting the highest cumulative number of confirmed cases are the United States of America (n = 33,191), Brazil (n = 11,212), Spain (n = 8,084), France (n = 4,272), Colombia (n = 4,249), Mexico (n = 4,124), the United Kingdom (n = 3,952), Peru (n = 3,875), Germany (n = 3,857), and the Democratic Republic of the Congo (2,999).

Mpox situation in Africa

In 2024, mpox cases have been reported in several African countries, with the DRC leading with over 1,000 reported cases. Neighboring countries like Burundi, Central African Republic and Congo have also seen hundreds of cases. Cameroon and Nigeria are experiencing dozens of cases, while Côte d'Ivoire, Kenya, and Uganda have reported a smaller number of cases (Figure. 3).

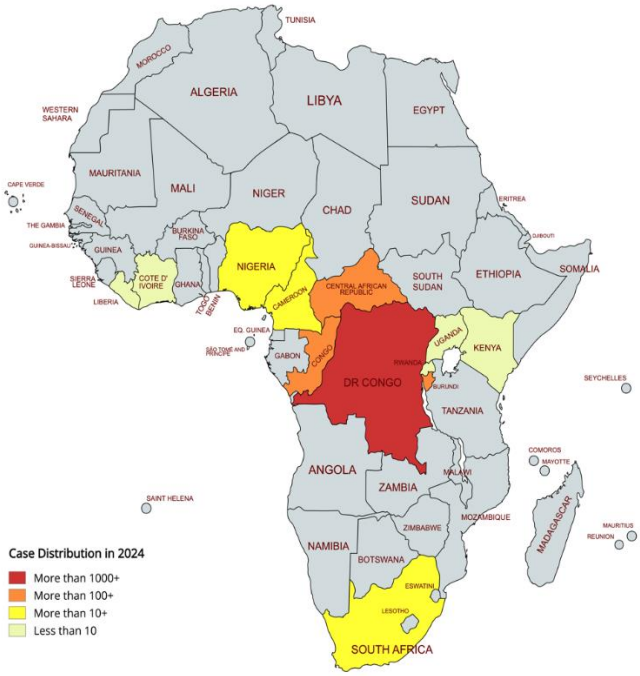


Figure 3. Distribution of Mpox cases in African Countries in 2024
Source: Our World in Data (https://raw.githubusercontent.com/owid/monkeypox/main/owid-monkeypox-data.csv)

The weekly trends of mpox cases in African countries is illustrated in the following figure. As shown in the figure, Nigeria contributed to the most cases in the beginning of the mpox outbreak in 2022. Meanwhile, the DRC contributed the highest number of cases between 2023 and 2024.

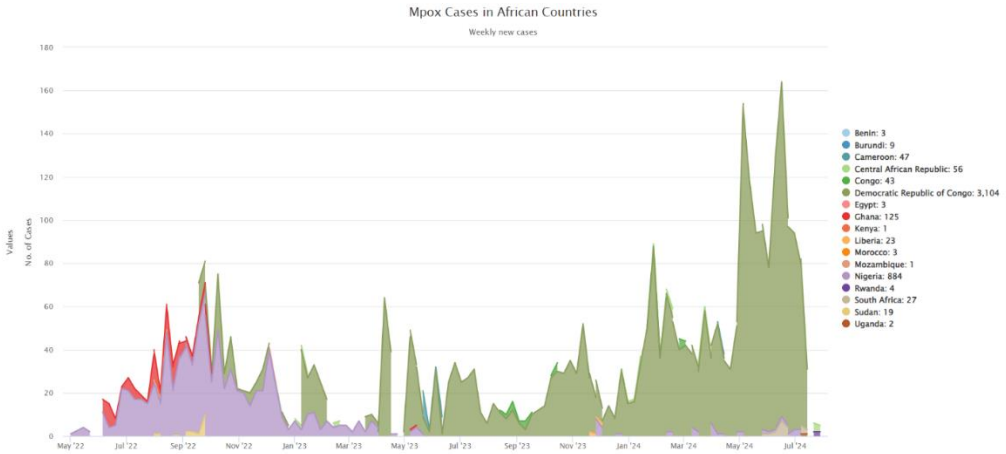
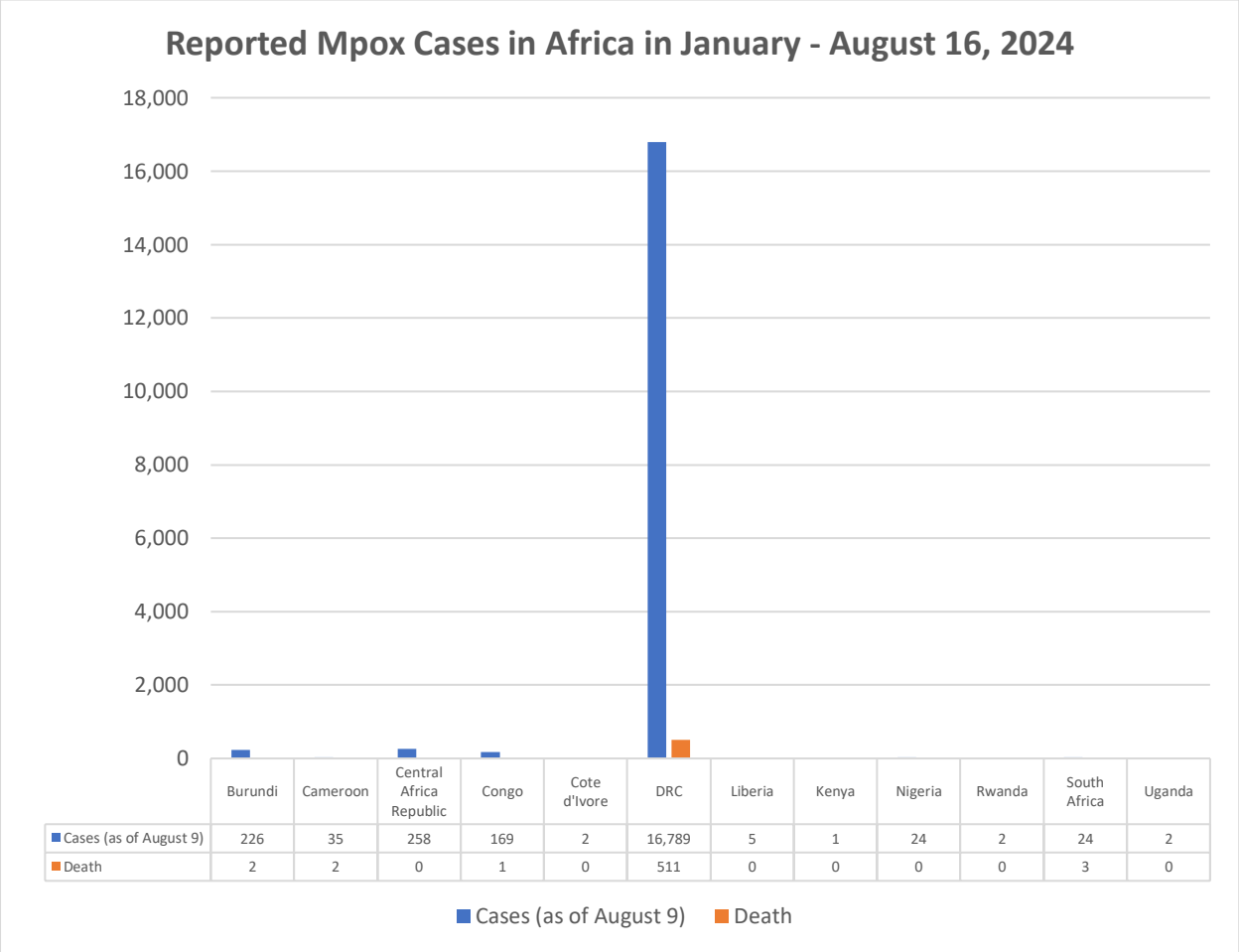


Figure 4. Weekly New Mpox Cases among African Countries
Source: Our World in Data (https://raw.githubusercontent.com/owid/monkeypox/main/owid-monkeypox-data.csv)

As of August 9, 2024, the African Centres for Disease Control and Prevention (CDC) recorded 17,541 cases (2,822 confirmed, 14,719 suspected) and 517 deaths from 12 Africa Union member states with the highest number recorded from the DRC.

From August 10 to 16, a total of 1,200 new cases with 279 confirmed were reported. Of those, 24 deaths were recorded in the region. In August 16, the cases upsurge to 18,737 (3,101 confirmed and 15,636 suspected) and 541 deaths from 12 African Union member countries, with the DRC having the highest number of both cases and deaths since early 2024. The distribution of mpox cases from the 12 African Union member states is shown in Figure 3.



	Burundi	Cameroon	Central Africa Republic	Congo	Cote d'Ivore	DRC	Liberia	Kenya	Nigeria	Rwanda	South Africa	Uganda
Cases (as of August 9)	226	35	258	169	2	16,789	5	1	24	2	24	2
Death	2	2	0	1	0	511	0	0	0	0	3	0

Figure 5. Reported Mpox Cases in Africa in January - August, 2024
Source: African CDC (https://africacdc.org/download/africa-cdc-weekly-event-based-surveillance-report-august-2024/)

As shown in Figure 2, the African region experienced a significant increase in MPOX cases beginning in mid-2022. While the overall trend in most countries in the region was an increase in cases, the pace of growth varied. Some countries experienced more rapid increases, indicating potential outbreaks, while others experienced more gradual increases. A more detailed information of these trends is shown in Figure 6 below.

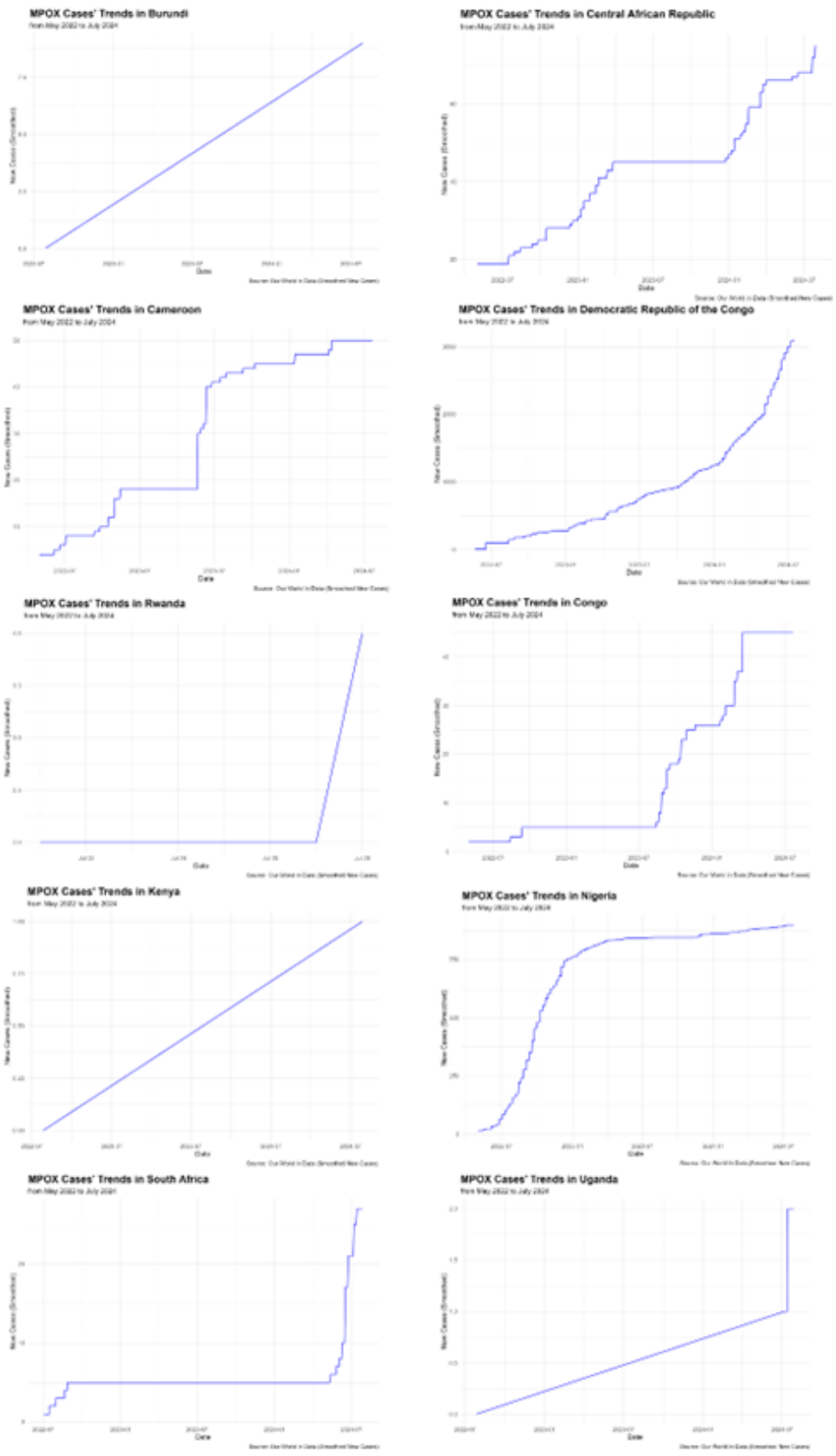


Figure 6. Trends of mpox cases in African countries, May 2022 to July 2024
Source: Our World in Data (https://raw.githubusercontent.com/owid/monkeypox/main/owid-monkeypox-data.csv)

Several outbreaks of different clades of mpox have occurred in different countries. The map suggests that Africa, particularly Central and West Africa, is a major hotspot for mpox with a variety of clades. Both clade Ia and Ib are prevalent in the DRC. The Central African Republic, Congo and Gabon are affected by clade Ia, while Kenya and Uganda are affected by clade Ib. In the Americas, clade Ia and Ib predominate. The United States is affected by both clade Ia and Ib as both are prevalent in neighboring countries. More detailed information is shown in Figure 7.

Figure 7. Global distribution of mpox variants
Source: GISAID (https://www.epicov.org/epi3/frontend#269cc7)

Mpox situation in the Democratic Republic of the Congo

As of August 16, there are 17,794 mpox cases reported in the DRC with 535 deaths. The Mpox outbreak in the DRC shows significant geographical variation, with some regions experiencing higher case concentrations. The visualizations illustrate the total number of reported cases and their relative percentages across different provinces, which is critical for understanding the epidemic's dynamics and implementing effective control measures (Figure 8).

- Equateur Province is experiencing the highest burden of Mpox cases, with more than 4,000 reported cases. This province accounts for a significant proportion of the national case total, making it a critical area for public health intervention. The intense red shading on the map underscores the urgency of addressing the outbreak in Equateur to prevent further spread.
- Other provinces, including Mai-Ndombe, Maniema, Sankuru, and Tshuapa, also report significant numbers of cases, though not as high as Equateur. These regions, highlighted in various shades of red on the map, indicate areas of concern that require continued monitoring and resource allocation. The variability in reported cases across provinces suggests differences in exposure, transmission, or detection capacity, warranting tailored interventions based on local contexts.

- Other provinces, including Kinshasa City, Kwilu, and North Kivu, report lower numbers of cases, as shown by the lighter shading on the map. While these areas currently report fewer cases, ongoing surveillance and preparedness are necessary to quickly respond to any potential increases.

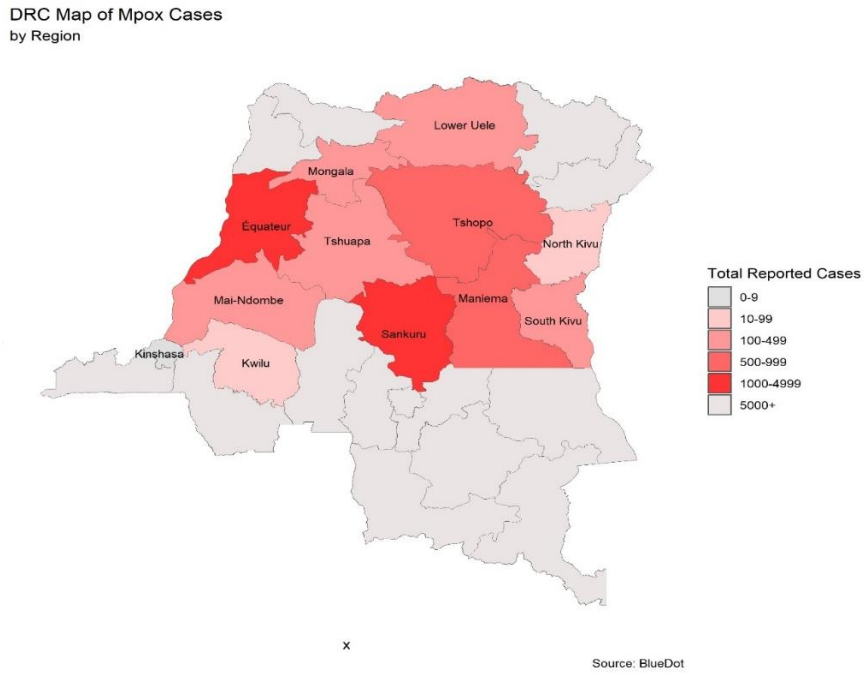


Figure 8. The distribution of Mpox Cases in DRC
Source: Bluedot (https://portal.bluedot.global/)

The WHO Control measures

1. **Coordination**: Supporting the Ministry of Health (MoH) to strengthen surveillance, clinical case management, laboratory capacity, infection prevention and control (IPC) in health facilities, risk communication, community engagement, and prepare emergency vaccination strategies in affected provinces.
2. **Surveillance**: Strengthening nationwide mpox surveillance, particularly in eight priority provinces (Equateur, Mai'Ndombe, Maniema, Sankuru, South Kivu, Sud Ubangi, Tshopo, and Tshuapa). Logistical support has been provided for sample collection and testing, with GeneXpert cartridges distributed in key provinces. Data from clinical trial mpox cases in two provinces have been added to the national surveillance database.
3. **Diagnostic Strategy for the New Variant**: Updating interim guidance on mpox testing on 22 May 2024, advising laboratories to use clade-specific PCR alongside generic MPXV tests to ensure detection of the novel strain. Increasing genome sequencing, particularly in South Kivu, to identify new variants and understand circulating strains.
4. **Risk Communication and Community Engagement**: Developing risk communication message on mpox, including sexual transmission and translating into local languages. Continuing community sensitization in affected provinces and establishing a national behavior change communication plan for mpox.

5. **Case Management and Infection Prevention and Control**: Isolating suspected and confirmed mpox cases in health facilities or at home for non-severe cases.
6. **Vaccines and Immunization**: Recommending the use of LC16 and MVA-BN vaccines for emergency response, with review by the national regulatory authority for temporary use.
7. **Training and Capacity Building**: Supporting the MoH in updating mpox response guidelines, including clinical case management, risk communication, and surveillance tools. Providing capacity building for frontline health workers in surveillance, diagnostics, risk communication, and case management through training and mentoring.

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