World Health Organization
African Region

11 AUGUST 2024

Mpox in the WHO African Region

Regional Mpox Bulletin

Situation update

Regional Mpox Update in 2024	Grade 3	Cumulative Cases	Cumulative Deaths	CFR
		2,081	13	0.6%

Overview

Since the beginning of 2024, the number of laboratory-confirmed mpox cases and deaths reported to the WHO Regional Office for Africa (AFRO) as of 07 August 2024 was 2,081 and 13, respectively, with a case fatality ratio (CFR) of 0.6%. The Democratic Republic of the Congo (DRC), due to its large number of cases, remains a significant focus for ongoing monitoring and response efforts. The 13 confirmed deaths were reported from three countries (DRC = 8, South Africa = 3 and Cameroon = 2).

In 2024, 15 countries in the AFRO region reported mpox cases as of 07 August 2024, five of which reported cases for the first time (Burundi = 61, Côte d'Ivoire = 7, Kenya = 1, Rwanda = 4, Uganda = 2). DRC continues to account for the highest proportion of reported cases (98.8%). As of 07 August 2024, DRC reported 1888 confirmed cases. In 2024, the DRC confirmed an outbreak linked to limited testing access in rural areas.

Burundi declared the mpox epidemic on 25 July 2024. As of 07 August 2024, suspected cases have been reported in 17 out of the 49 districts, spanning across 11 health provinces. Each of these 17 health districts has confirmed at least one case of Mpox, but no deaths have been reported. The cumulative number of confirmed mpox cases as of 7 August is 61*, with males accounting for 52.5% and females for 47.5%. So far, a total of 406 contacts have been traced for these confirmed cases and are currently being monitored within the community. Among the confirmed cases, children under the age of five make up 26.2%, followed by individuals aged between 31 to 40 years (24.6%) and those aged between 11 to 20 years (19.7%).

Cameroon reported a total of 5 laboratory-confirmed mpox cases and 2 deaths, with a high CFR of 40.0% from January to April 2024. Since the beginning of the mpox outbreak in 2022, Cameroon has reported 50 cases and 5 deaths with a CFR of 10.0%.

In the **Central African Republic (CAR),** there were 28 reported laboratory-confirmed cases of mpox from January to August 2024 across 6 health regions, with zero deaths. Since 2022, CAR has reported 75 laboratory-confirmed cases and 1 death (CFR = 1.3%).

In **Congo**, 19 mpox cases were reported with no associated deaths from January to April 2024. However, the country has reported 45 laboratory-confirmed cases and 2 deaths since the beginning of the outbreak in 2022 (CFR = 4.4%).

In **Côte d'Ivoire**, As of August 7, 2024, a total of 7 cases of mpox have been reported across three health districts: Tabou (1 case), Koumassi (1 case), and Yopougon-Ouest-Songon (5 cases). Fortunately, there have been no deaths associated with these cases. Out of the 7 confirmed cases, 4 (57%) cases are males, and all seven individuals affected are above the age of 15. Currently, 40 contacts have been identified and are being closely monitored. However, the exact transmission chain for these cases has not yet been definitively determined.

In the **DRC**, there have been a cumulative total of 14,091 suspected cases of mpox and 511 deaths (CFR =3.6%) from January to 07 August 2024. Of the 14,091 suspected cases, 1,888[†] have been laboratory confirmed. Over the past eight weeks, there has been an overall increasing trend in suspected cases, indicating a growing concern for public health authorities in the region. The DRC reported a significantly higher number of laboratory-confirmed mpox cases, with 1,888 cases and 8 deaths, with a CFR of 0.4% since the beginning of 2024.

The DRC's mpox outbreak is concentrated in a few key provinces, with Equateur bearing the brunt of the cases and deaths, followed by South Kivu. The significant increase in suspected cases over the past eight weeks across the country underscores the urgent need for enhanced public health measures.

Rwanda reported 4 mpox cases, with 11 contacts being traced as of 27 July 2024 (City of Kigali (COK) =3; and Rusizi =1). The case reported on 27 July was a 39-year-old male Rwandan, working with an international NGO in Kigali, a resident of Kicukiro, Kanombe, now self-isolated in Kimironko. No recent travel history and no contact with a confirmed or suspected mpox case.

South Africa reported 24 cases of mpox, with 3 deaths (CFR = 13.6%) between April and August 2024, indicating a substantial fatality rate among the reported cases.

Kenya reported its first case of mpox on 29 July 2024. The case was confirmed by the Ministry of Health in Taita Taveta County, located on the Kenya-Tanzania border. The patient is a 42-year-old Kenyan male, a long-distance truck driver residing in the Kinoo area of Kiambu County, which is adjacent to Nairobi. He had traveled from Kampala, Uganda, to Mombasa on 12 July 2024, using the main A104 corridor (Kampala-Malaba-Eldoret-Nakuru-Nairobi-Mombasa). At the time of identification, he was en route to Rwanda through Tanzania via the Taveta One Stop Border Point. A total of 12 suspected cases were identified, with one case testing positive for MPXV Clade Ib. No deaths had been reported as of 11 August 2024.

This update includes specific insights into the mpox situation in South Africa and the DRC, emphasising the ongoing need for improved preparedness, surveillance, and response measures to manage and mitigate the impact of mpox in the region.

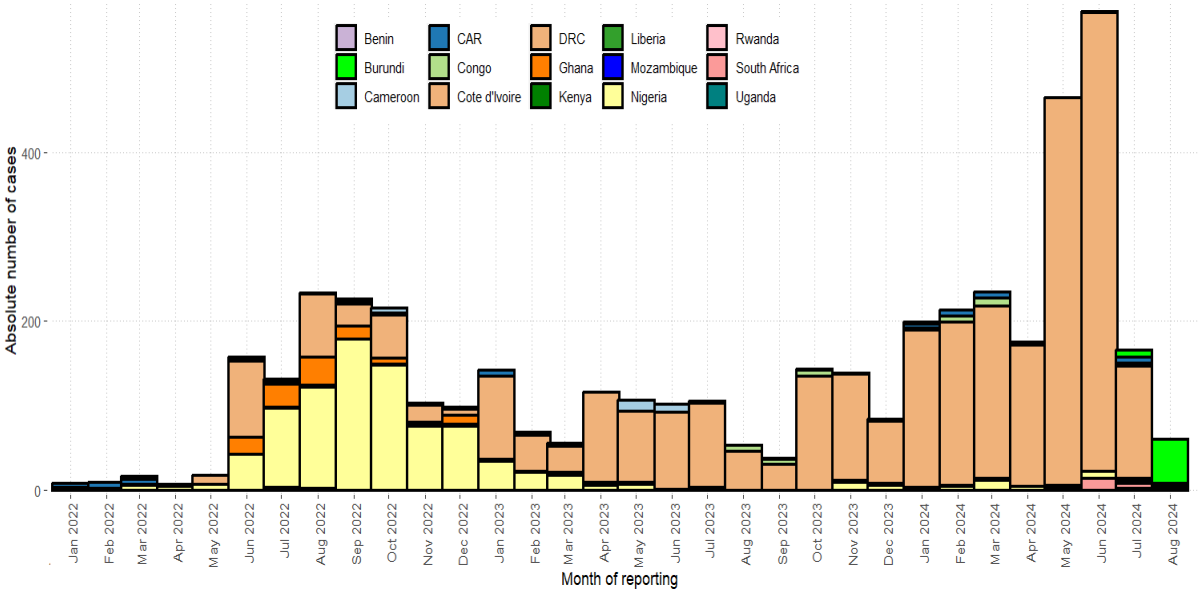


Figure 1: Epi curve of mpox cases in WHO African Region, 1 January 2022 – 07 August 2024

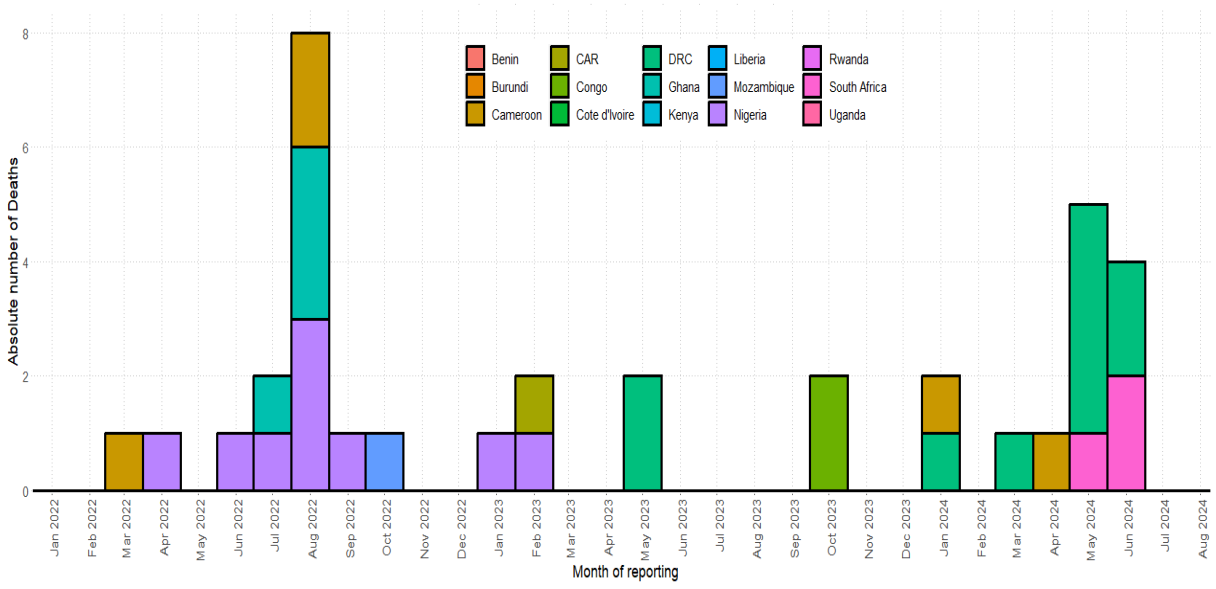


Figure 2: Epi curve of mpox deaths in WHO African Region, 1 January 2022 – 07 August 2024

Country Specific Updates

South Africa	Grade 3	Cumulative Cases	Cumulative Deaths	CFR
		24	3	12.5%

Between April and 07 August 2024, South Africa reported 24 lab-confirmed cases of mpox, with 10 cases in KwaZulu-Natal (KZN), 11 in Gauteng (GP), and 1 in the Western Cape (WC). Sequence analysis revealed that 6 of these cases were of clade IIb, consistent with the strain circulating in the multi-country mpox outbreak. There have been three mpox-related deaths: one in Gauteng on 10 June and two in KwaZulu-Natal on 13 June and 23 June. This results in a case fatality rate (CFR) of 12.5%.

Ongoing contact tracing and monitoring efforts are underway, with 44 contacts identified in KZN, 132 in GP, and 39 in WC. All 24 confirmed cases are males aged between 23 and 43 years. Among them, 18 identify as men who have sex with men (MSM), and one is reported to have multiple sexual partners, including both males and females. According to WHO definitions, all but one of the mpox cases are classified as severe, characterised by lesions, hospitalisation, immunocompromised status, or co-morbidities.

A significant portion of the cases, 15 out of 22 (68%), have underlying conditions such as HIV, either unmanaged or recently diagnosed. Seven of these cases (44%) have had access to tecovirimat through the SAHPRA Section 21 approval, highlighting the critical need for treatment access and ongoing medical support for affected individuals.

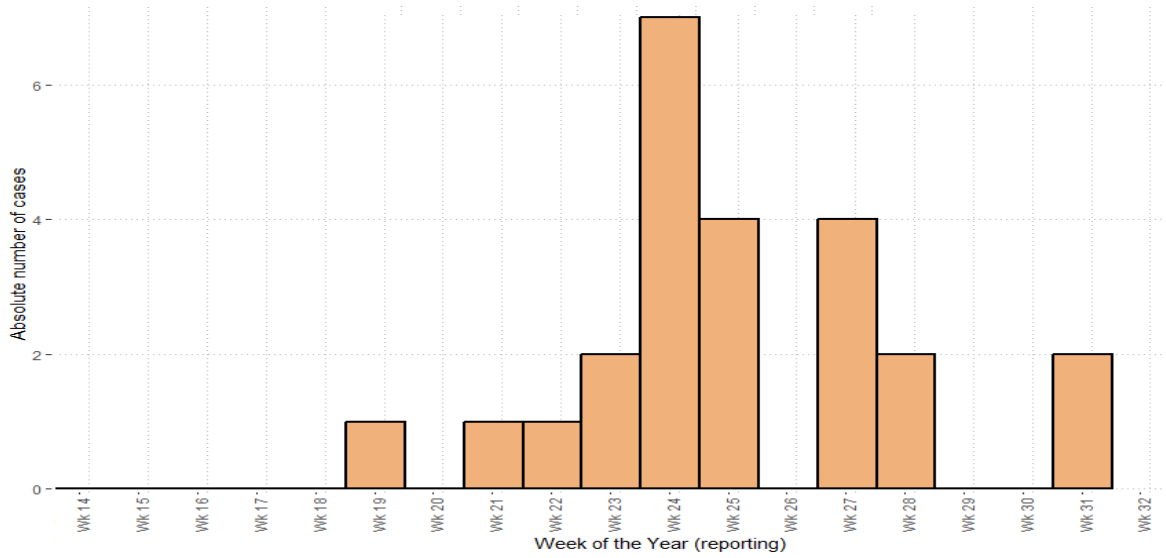


Figure 3: Epi curve of mpox outbreak in South Africa as of 07 August 2024

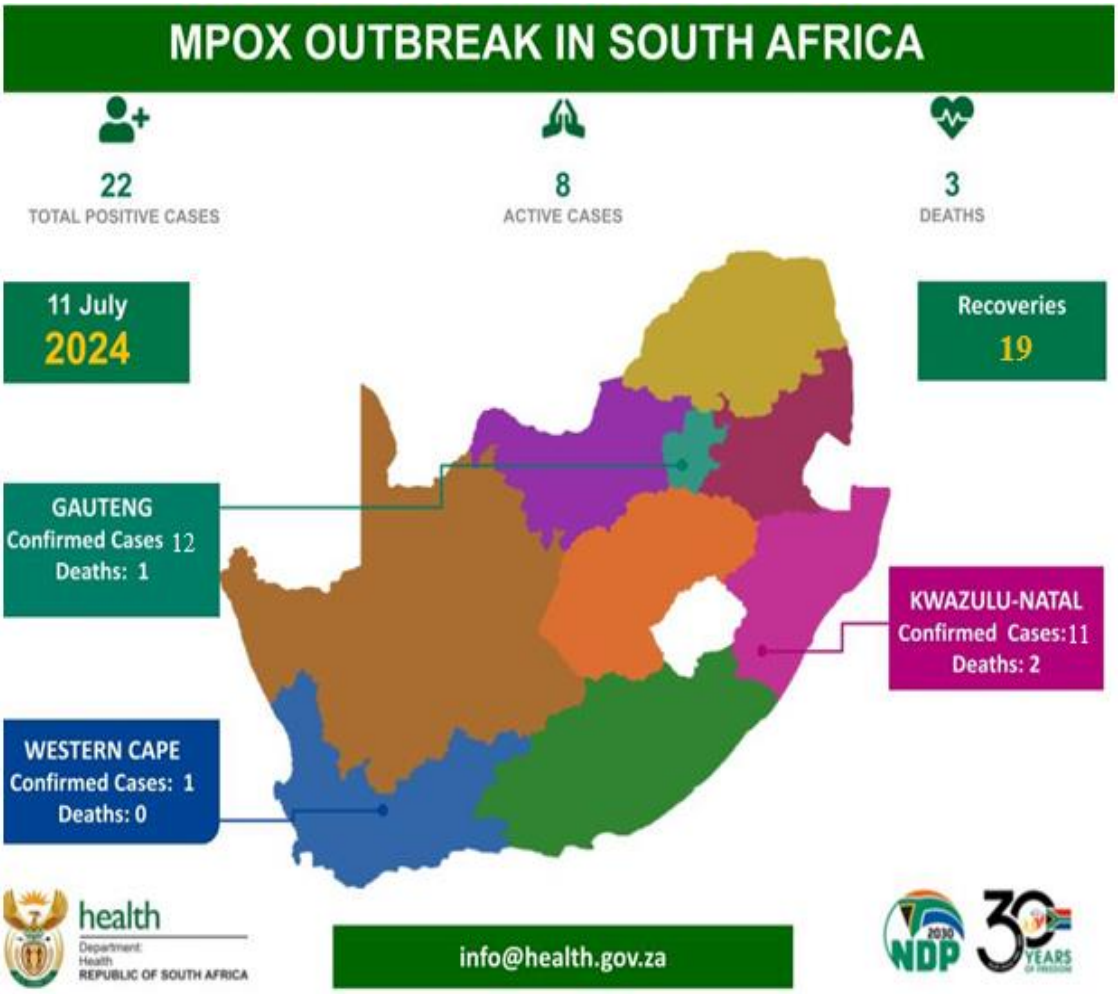


Figure 4: Map of South Africa showing mpox-affected provinces as of 07 August 2024

Public Health Actions	Challenges/Gaps
• Biweekly multisectoral coordination meetings of the national mpox IMT are ongoing. • Provincial mpox response coordination meetings are also ongoing in the three affected provinces. • Mapping of implementing partners and non-governmental organisations at national, provincial, district and sub-district levels for coordination of response activities is currently underway. • Ministerial Press briefings on mpox were held on 12 June 2024 • Outbreak response teams deployed and are supporting mpox outbreak investigations	• Low case detection with mild to moderate cases not reported • There is a low index of suspicion for mpox among clinicians as it is a relatively new disease in the country • Challenges getting cases to volunteer information on contacts

• Ongoing contact tracing and active case search • Implementation of immediate isolation of suspected and confirmed cases in a hospital or, for non-severe disease, at home to prevent transmission. • Fast-tracking approval of National Clinical Guidelines and circulation to all public and private healthcare facilities. • Ongoing capacity building for health and care workers, including a clinical management webinar attended by over 500 health professionals. • Supplemental clinical care, including mental health and psychological support, for infected people under consideration • The Department of Health obtained Emergency Use Approval for Tecovirimat from the South Africa Health Products Regulatory Authority (SAHPRA) • Tecovirimat application through Section 21 (SAHPRA) and 15 courses of Tecovirimat have been shipped to South Africa from WHO HQ. • Two webinars were organised to update clinicians on mpox case detection, clinical care, and infection prevention and control; provinces are also conducting training for healthcare workers. • Messages developed to support risk communication and community engagement, which integrates aspects of sexual transmission of mpox. The risk communication messages have also been translated into local languages and aligned with context. • Sensitisation has been initiated in affected communities in KwaZulu-Natal and Gauteng. • RCCE team participated in the Pride event in Durban in the week of 24 June 2024, disseminating mpox messages to participants • The National Advisory Group on Immunization (NAGI) Technical Working Group has finalised the mpox vaccine recommendations for South Africa. The recommendations have been submitted to the National Department of Health for endorsement. • Risk groups include MSMs, health workers and laboratory personnel for targeting as part of pre-exposure vaccination, while sexual, household, and health facility contacts will be targeted as part of post-exposure vaccination. • An estimated 40 000 doses of mpox vaccines are needed for the first phase of vaccination.	• Inadequate mpox awareness in the general population and affected key populations • Lack of mpox vaccine in the country

DRC	Grade 3	Cumulative Cases	Cumulative Deaths	CFR
		1,888	8	0.4%

From January to 07 August 2024, the Democratic Republic of the Congo (DRC) reported a cumulative total of 14,091 suspected mpox cases and 511 deaths, resulting in an overall CFR of 3.6%. Within the same period, 1,888[†] cases have been laboratory-confirmed and 8 deaths (CFR = 0.4%).

Over the past eight weeks, there has been a marked increase in the number of suspected cases, indicating a growing concern among public health authorities. The province of Equateur has reported the highest number of suspected cases (5,620) and the highest CFR (5.4%). Tshuapa follows with the second-highest CFR of 4.8% and a cumulative total of 644 suspected cases. South Kivu ranks second in terms of suspected cases (3,039), with a CFR of 0.7%.

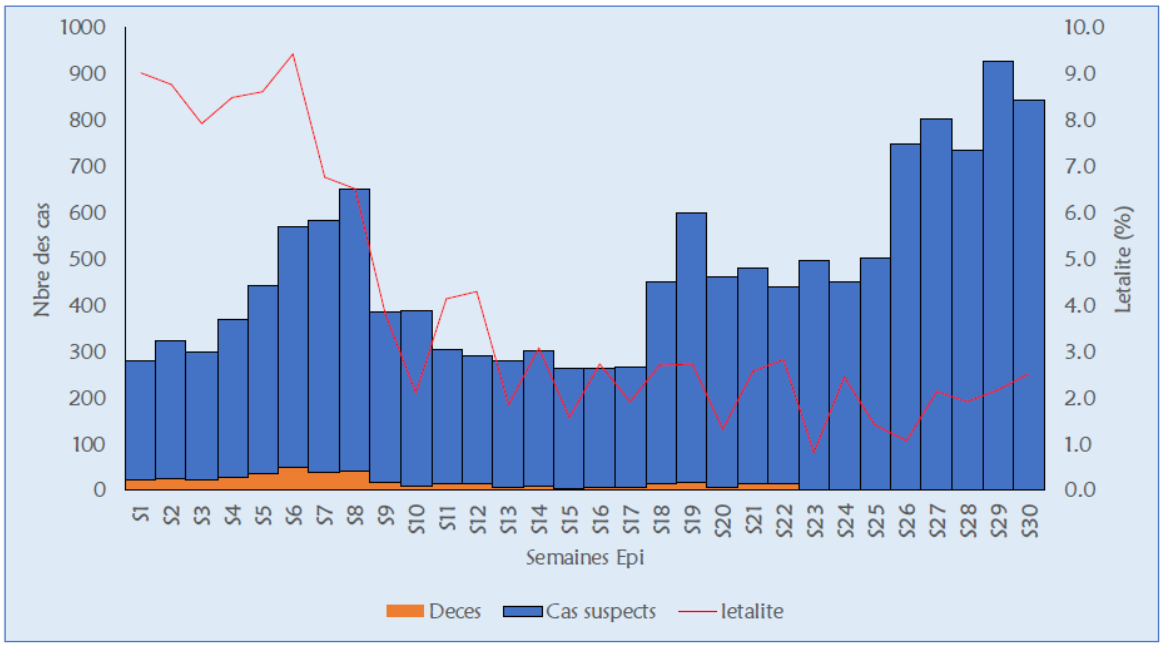


Figure 5: Epi curve of suspected mpox cases and deaths in DRC as of 07 August 2024

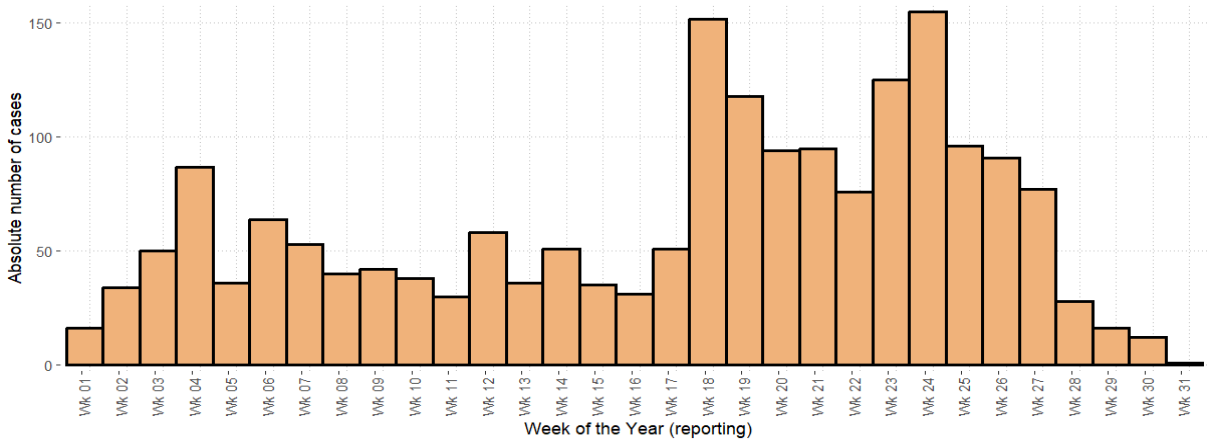


Figure 6: Epi curve of confirmed mpox cases and deaths in DRC as of 07 August 2024 *(Note: There is a delay in data reporting for recent weeks)*

Public Health Actions	Challenges/Gaps
A functional laboratory with PCR and GeneXpert testing capacity is operational in Goma. **Risk communication and community engagement (RCCE) efforts include training community health workers (CHWs) on communication messages, including sexual transmission, engagement of communities, infodemic management, and integration with other health responses.** **Case management is supported by Medair, which operates an isolation centre in HGR Munigi with a capacity of 45 beds and a mobile clinic in Modja IDP camp.** **The epidemic has been declared by the provincial authority, with provincial coordination established and a response plan under development.** **The health cluster and partners have started coordinating the mpox response.** **Surveillance activities include listing and following up on contacts.** **Community-based surveillance is being strengthened, particularly in IDP camps.** **Frontline health workers are being briefed on the case definition of mpox.**	**Insufficient funds to implement RCCE activities in the eight hotspots' provinces in DRC** **Persistence of rumours and infodemic**

Note:

* Data are current as of August 07, 2024. The epidemiologic situation of mpox in countries continues to evolve (e.g., as of August 11, 2024, Burundi had reported 83 confirmed cases).

† In DRC, WHO AFRO and the WHO Country Office are aware of discrepancies in the number of mpox suspected cases and deaths reported by two separate Ministry of Health teams, i.e., the Division de Surveillance Epidemiologique (DSE) and the Institut National de Santé Publique (INSP). Relatedly, WHO AFRO and the WHO Country Office are aware that different partners choose to report from one or the other source. The data within this briefing reflects DSE data.

The DSE, which manages the DRC's Integrated Disease Surveillance and Response (IDSR) database, reflects a lower number of confirmed cases. To an extent, this is the result of focusing on case-based data to avoid potential duplication that may be reflected in the higher number; WHO AFRO and the WHO Country Office

are supporting the DSE and INSP to harmonise data collection and reporting for mpox and other infectious diseases which are part of an outbreak response, such as cholera and measles. This includes efforts at relevant laboratories to ensure individual case-based data is consolidated into one database.

Update of pillar response actions

Coordination

- Review and expand the regional incident management system team to ensure AFRO member States receive the support they need.
- Three-Level meeting on mpox in South Africa discussed urgent measures to be taken to address the increasing number of cases.
- Proposed review of the regional risk assessment given the current acute situation.
- Support of USD 20,000 was granted by the regional office to the South Africa country office while resources are being mobilised to fund the country's response plan.
- Technical coordination meetings with AfCDC and establishment of joint teams to develop the terms of reference of the mpox taskforce as part of the implementation of the recommendations of the high-level meeting held in April in Kinshasa. The draft ToR has been circulated and is being approved by the senior management of both organisations.
- Discussed with AfCDC during their Pandemic Prevention Preparedness and Response Commission meeting on Mpox where actions involving both organisations were agreed such as:
- Accelerate the operational response by strengthening the technical working group on vaccines under the leadership of AfCDC and WHO.
- Strengthening the cross-border approach, including readiness and surveillance.

Risk Communication and Community Engagement (RCCE)

Key Response Activities

Coordination

- Ongoing development of an RCCE operational plan of Sud-Kivu, regular meetings with partners.

Infodemic management

- Online social listening with DIGIMIND software to capture discussions on Mpox
- Collection and analysis of the main rumours
- Production of a report on infodemic knowledge
- Briefing of 141 stakeholders on Mpox (16 journalists, 25 social mobilisers, 100 leaders and influencers) in Sud-Kivu and Sankuru Provinces

Risk communication:

- Production of 8 interactive programs in Kinshasa, Kongo-central, Haut-Katanga and Maniema
- Sensitisation in public squares in French and local languages by CHWs and town criers (more than 15300 people reached), and advocacy with political authorities; Broadcast of MPox messages in 20 media; 103 home visits conducted by CHWs, in Maïdombe, Equateur, Sankuru and Nord-Kivu, and Sud-Kivu.

Challenges

- Insufficient funds to implement planned RCCE activities in the eight hotspots' provinces (capacity building, engagement of the media, IEC materials.)
- Persistence of rumours and infodemic.
- Insufficient engagement of communities in the eight hotspots' provinces.

Pictures of RCCE activities

Infection Prevention and Control (IPC)

Key Activities:

- An IPC rapid assessment tool for healthcare facilities is under elaboration and will be available latest 15 July 2024 for dissemination in member states.
- Supporting the review of the South Africa dead body management in the context of the Mpox outbreak.
- Reviewing the South-Africa Mpox IPC guidelines.

Challenges:

- Limited funding for specific IPC activities at regional and WCO levels in countries under-preparedness, readiness and response
- Lack of a dedicated IPC focal Point in WCO, South Africa, for the current response

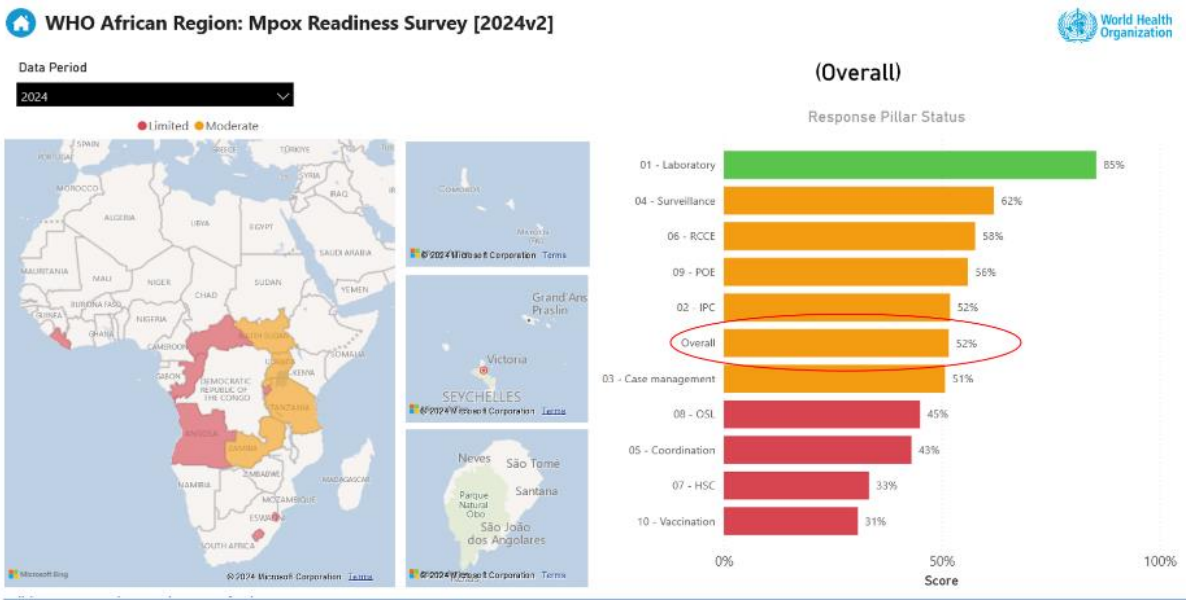
Next steps:

- Finalising the elaboration of the IPC rapid assessment tool for healthcare facilities in the context of Mpox
- Organising a regional webinar on IPC for the Mpox outbreak.

Preparedness and readiness

Key Activities

- Readiness assessment conducted in 11 priority countries using online tool and dashboard: overall average readiness score at 52%
- Supporting the development of contingency plans in priority and bordering countries
- Supported readiness assessment in South Africa at the subnational level (for non-affected and provinces)



Challenges

- Lack of trained readiness personnel in countries
- Funding constraints for readiness/preparedness activities

Next Steps

- Provide technical support for the finalisation of the development of contingency plans.
- Support countries' activities to address gaps in readiness

Surveillance

Key Response Activities

- Collecting and Analysing Data:
  - Continually gather and process data from affected countries to monitor the spread and impact of the mpox outbreak.
  - Utilise epidemiological and statistical tools to identify trends, clusters, and transmission patterns.
- Providing Real-Time Data Analysis and Situation Reports:
  - Generate and disseminate real-time situation reports to stakeholders, ensuring that decision-makers have up-to-date information.
  - Implement dashboards and other visual tools to facilitate the interpretation of complex data.
- Offering Technical Support to National Surveillance Teams:
  - Conduct training sessions and workshops for national teams on best practices for case detection, reporting, and data management.
  - Develop and distribute guidelines and standard operating procedures (SOPs) for consistent surveillance activities.

- Enhancing Surveillance Infrastructure:
    - Support countries in upgrading their surveillance infrastructure, including the provision of hardware and software for data management.
    - Foster partnerships with international organisations to secure funding and technical assistance for infrastructure improvements.
- Implementing Community-Based Surveillance Programs:
    - Establish and strengthen community-based surveillance (CBS) programs, particularly in high-risk areas such as internally displaced persons (IDP) camps.
    - Train community health workers and volunteers to recognise and report suspected mpox cases promptly.

Challenges

- Inconsistent Data Reporting:
    - Variability in data reporting practices across countries leads to incomplete and fragmented surveillance data.
    - Address this by advocating for the adoption of standardised reporting templates and practices.
- Delays in Data Collection and Analysis:
    - Limited infrastructure and technical capacity result in delays, impacting timely data analysis and response.
    - Overcome this by providing technical assistance and resources to build capacity at national and sub-national levels.
- Low Sample Collection Rate:
    - The low sample collection rate for mpox testing among suspected cases does not provide the real prevalence of mpox in certain countries. As a result, the number of mpox cases is underestimated.
    - Address this by improving logistics for specimen collection transportation and ensuring adequate supplies for testing.

Next Step

- Implementing Standardised Protocols:
    - Continue to develop and enforce standardised protocols for data collection and reporting to ensure consistency and accuracy across all regions.
    - Regularly review and update these protocols based on feedback from field teams and evolving outbreak dynamics.
- Developing and Deploying Real-Time Reporting Systems:
    - Support countries in the development and deployment of real-time reporting systems to capture data promptly from all affected areas.
    - Leverage mobile technology and digital platforms to enhance the speed and accuracy of data reporting.
- Enhancing Data Integration and Sharing:

    - Promote the integration of surveillance data with other health information systems to provide a more comprehensive picture of the outbreak.
    - Encourage data sharing and collaboration between countries and international organisations to improve regional surveillance.
- Building Local Capacity:
    - Focus on building local capacity through continuous training, mentorship, and the provision of necessary tools and resources.
    - Establish a network of regional surveillance experts who can provide ongoing support and guidance to national teams.
- Strengthening Early Warning Systems:
    - Develop and implement robust early warning systems to detect and respond to outbreaks quickly.
    - Utilise predictive modelling and other analytical tools to anticipate potential hotspots and allocate resources accordingly.

Laboratory

Activities:

- Support the procurement of reagents for South Africa and Liberia through HQ funding

Challenges:

- Most countries do not have a stockpile of reagents to detect Mpox.

Next Step

- Improve Logistics for Diagnostics, Specimen Collection and Transportation:
    - **Ensure Adequate Supplies**: Provide necessary supplies, such as specimen collection kits, transport media, personal protective equipment (PPE), and diagnostic kits to all health facilities, especially in remote and high-risk areas.
    - **Strengthen Transport Networks**: Improve transportation networks to ensure timely delivery of specimens from collection points to laboratories, possibly through partnerships with logistics companies or mobile health units.
- **Genomic surveillance**
    - Encourage the countries to sequence a subset of the samples collected to monitor any evolutionary trends and transmission partners.

Vaccination

Key Activities

- Support countries to obtain regulatory approval for vaccine products
- Support countries to identify and quantify target populations and develop vaccination strategies
- Support countries to develop research protocols given the existing data gaps

Challenges

- Prioritisation of geographic areas and target populations in the context of limited supply
- Vaccine procurement mechanisms without WHO prequalification

Next steps

- Vaccine strategy workshop in Kinshasa, DRC

Case management

Key Response Activities

- Supporting the prepositioning of Mpox therapeutics (Tecovirimat) to South Africa with support from HQ
- Participated in the clinical webinar organised by NICD in South Africa on the clinical management of Mpox and associated complications
- Reviewed and provided inputs on the Mpox Dead Body Management guidelines from the National Department of Health, South Africa

Challenges

- Limited funding for specific Case Management activities at regional and WCO levels in countries under-preparedness, readiness and response
- Lack of a dedicated Case Management Focal Point in WCO, South Africa, for the current response

Next steps

- Engage with WCO DRC and South Africa to support the development of Mpox clinical case identification job aids that will support early case detection, identification and testing at lower levels of care.
- Develop easy Home-Based Care guidelines for Mpox with support from DRC, South Africa, AFRO and HQ for mild cases of Mpox, but ensuring effective monitoring and facility remote follow-up for all cases.
- Follow-up on regional preparedness with countries neighbouring South Africa; looking at various readiness checklist weaknesses in collaboration with the Readiness Team at AFRO

Conclusion

The mpox outbreak in the WHO African Region in 2024 has affected fifteen countries. The DRC is categorised as being in acute crisis. The regions are experiencing limited access to testing, especially in rural areas, leading to an underestimation of the actual number of mpox cases. The ongoing challenges in the healthcare system have caused a significant delay in case detection and reporting. This raises the risk of mpox outbreaks in countries that have not reported new confirmed cases and exacerbates the increase in mpox cases. The need for improved preparedness and readiness, heightened surveillance, and scaled-up preventive and

control measures in communities and healthcare facilities is critical. This will prevent outbreaks, enable early response, and reduce transmission over the last two years.

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