



SITUATION: MONKEYPOX OUT BREAK	LOCATION: LIBERIA
DATE OF REPORT: SEPTEMBER 3, 2024	SITREP NO: 3
REPORTING PERIOD: AUGUST 29 – SEPTEMBER 3, 2024	

HIGHLIGHTS

- **Two new confirmed cases** reported from Sinoe and Lofa Counties
- Eight new suspected cases recorded
- Total Death: 0

SITUATIONAL CONTEXT

Mpox is a zoonotic viral disease transmitted from animal to human with symptoms lasting between 14 and 21 days. Severe cases occur more commonly among children and those with pre-existing health conditions. However, the case fatality rate varies widely between epidemics but has been less than 10% in documented events, mostly among young children (WHO, Mpox 2024 fact sheet).

On August 13th and 14th, 2024 respectively, the Africa Centers for Disease Control and Prevention (Africa CDC) and the World Health Organization declared the Mpox outbreak as a Public Health Emergency of Continental Security and a Public Health Emergency of International Concern (PHEIC) due to increase in the number of cases reported across the globe.

As of August 30, 2024, thirteen (13) member states of the Africa Union (AU), including Liberia, reported 5356 confirmed cases including 32 deaths. The Democratic Republic of Congo (DRC) remains the most affected country in the African region with 90% of reported confirmed cases (WHO Regional bulletin, Agu 30, 2024).

Mpox is one of the immediately reportable priority diseases in Liberia. Since 2016, sporadic cases have been reported across the country. Between November 2016 and August 2024, 385 suspected cases, including 34 laboratory-confirmed cases, have been reported, with no deaths recorded.

On Aug 24, 2024 a 7-year-old female patient (LGW), a resident of Doodwicken Community, Jedepo Health District, Sinoe County, presented to Doodwicken Clinic with complain of headache, fever, lack of appetite, generalized body pain and rashes. Investigation revealed that the signs and symptoms begun on Aug 20, 2024. Supportive treatment was initiated, and the patient was placed in temporary isolation. The patient is clinically stable.

A total of thirty (30) contacts (Male:13, Female: 17) were line listed and risk assessment conducted. The risk categorization showed ten (10) high risk and 20 low risk contacts. Meanwhile, all contacts are under active follow-up.

On August 29th, 2024, a 2-year-old male child visited the Yeala clinic, in Zorzor district, Lofa County presenting with fever, headache, and rashes. On investigation, it was revealed that the case onset of symptoms was August 27, 2024. Sample was collected and sent to the NPHRL on August 30, 2024. Results was released on September 3, for Mpox.

Table 1: Distribution of Mpox cases, Liberia, January – September 2, 2024

Variables	Total
Total suspected cases reported	85
Total samples collected	78
Total samples tested	52
Total Laboratory confirmed	8
Total confirmed cases alive	8
Total deaths among confirmed cases	0
Overall case fatality rate (CFR)	0
Total confirmed cases currently in isolation	1

Table 2: Characteristics of Confirmed cases, January – September 2, 2024

Variable	Frequency	Proportion (%)
Sex		
Female	1	100
Age range (7-39)	1	
Reporting County		
Sinoe	1	100

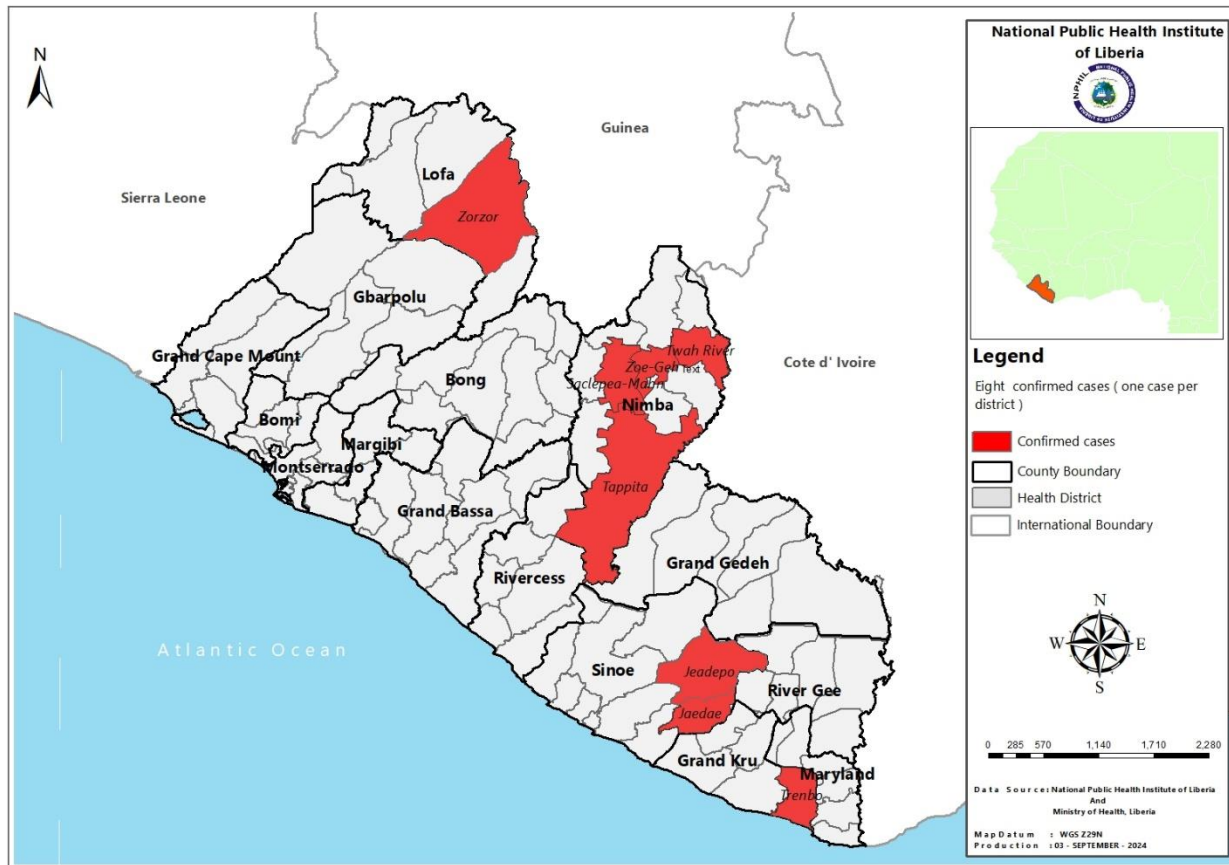


Figure 1: Distribution of Confirmed Mpox cases by Health District, January – September 2, 2024

Public Health Actions

I. Coordination

- National, Lofa and Sinoe PHEOCs have been activated in response mode while 13 counties are in the alert mode
- Coordination meetings are held at national and in outbreak counties
 - Minimum resources (financial & logistical) mobilized to support the county
- Preparedness and Response Plan developed and shared for implementation



II. Surveillance

- Active case search ongoing in outbreak counties including adjacent counties
- Follow ups of contacts ongoing
- Active media scanning and community case finding continue

III. Case management

- The confirmed case is in isolation at the facility (clinic) and undergoing supportive care.

IV. Infection Prevention Control (IPC)

- Press conference held by NPHIL to reinforce preventive measures including hand washing, reporting ill persons with symptoms of Mpox to health facilities
- Airing of Mpox preventive messages ongoing on national radios

V. Laboratory

- Preparation of confirmed specimen for genomic sequencing is ongoing
- The National Public Health Reference Laboratory continues testing of Mpox samples

VI. Risk Communication and Community Engagement

- Ongoing public awareness of Mpox (social media, radio, and television and Press Release)
- IEC/SBCC materials and messages are being disseminated

VII. Point of Entry

- Ongoing cross-border information sharing with neighbouring countries
- Ongoing entry screening for travellers from high-risk countries

VIII. Key Challenges

- Unfunded national Incident Action Plan
 - Limited supply of IPC materials in health facilities and POEs

- Limited logistics (gasoline, communication cards, fuel, lubricant etc.) to support response in the affected county

Next Steps/Action Points

- Conduct refresher training for clinicians and surveillance officers at official POEs
- Print and distribute additional RCCE materials including surveillance tools
- Finalize the pillar risk assessments and share findings
- IPC to provide the stock level of medical logistics across the country
- Mobilize resources for the procurement of laboratory reagents, consumables, IPC supplies, drugs and other medical supplies

For comments or questions, please contact

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