



LOCATION: LIBERIA SITUATION REPORT: #7

SITUATION:MPOX OUTBREAKDATE OF REPORT:SEPTEMBER 29, 2024REPORTING PERIOD:JANUARY 1 – SEPTEMBER 28, 2024

HIGHLIGHTS

- One new confirmed case reported from Montserrado County
- Seventeen (17) new suspected cases reported (Bong-1, Grand Kru-1, Lofa-3, Montserrado-7, River Gee-5)
- No death recorded

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.¹

On August 13 and 14, 2024, respectively, the Africa Centers for Disease Control and Prevention (Africa CDC)² and the World Health Organization³ declared the Mpox outbreak as a Public Health Emergency of Continental Security and a Public Health Emergency of International Concern (PHEIC) due to increased cases reported across the African continent and parts of Europe.

Since 1 January 2022, cases of Mpox have been reported to WHO from **17 Member States across the African continent**. As of 20th September 2024, 14 affected countries have reported **6,521 confirmed cases**, including **32 deaths**. The three countries with the majority of the cases in 2024 are Democratic Republic of the Congo (n = 5 621), Burundi (n = 639), and Nigeria (n = 55)⁴.

Mpox is one of the **immediately reportable priority diseases in Liberia**. Since 2016, sporadic cases have been reported across the country. From January 2022 to September 25, 2024, a total of 386 suspected cases, including 38 laboratory-confirmed cases, were reported, with no deaths recorded. Since January 2024 to current, Liberia has documented 176 suspected cases, including 13 laboratory-confirmed cases. However, since the declaration of Mpox on August 13, 2024, as PHEIC, Liberia has recorded 127 suspected cases, from which seven laboratory-confirmed cases are documented.

Event Description

The events described below are confirmed cases of Mpox following the declaration of Mpox by the WHO and Africa CDC as a Public Health Emergency of International Concern and Public Health Emergency of Continental Security on August 13 and 14, 2024, respectively.

¹ https://www.who.int/news-room/questions-and-answers/item/mpox

² Africa CDC Declares Mpox A Public Health Emergency of Continental Security, Mobilizing Resources Across the Continent – Africa CDC

³ WHO Director-General declares mpox outbreak a public health emergency of international concern

⁴https://iris.who.int/bitstream/handle/10665/379042/AFRO-Mpox%20bulletin-20%20September.pdf?sequence=1&isAllowed=y

Montserrado County: One new case was reported from Caldwell Community, Bushrod Island District. The case is a 20-year-old female who presented to the Redemption Hospital on September 24 with a generalized body rash and fever. It was established that the onset of symptoms began on September 20, 2024. Based on the clinical picture of the case, Mpox suspicion was made, and the case was immediately isolated. A specimen was collected on September 25 and tested on September 26.

Ten (10) contacts have been line-listed and are being followed up. The case is currently stable and undergoing treatment at the Redemption Hospital isolation facility.

Event summary: Kokoyah District, Bong County

- ☞ No new cases reported
- Cumulative confirmed cases: 1
- ☞ CFR (0/1): 0%
- ☞ No new contacts line-listed
- Total number of 16 contacts line-listed and being monitored
- Confirmed case is stable and being managed

Event summary: Zorzor District, Lofa County

- ☞ No new cases reported
- ☞ Cumulative confirmed cases: 2
- ☞ CFR (0/2): 0%
- ☞ No new contacts line-listed
- Total number of 100 contacts (high risk 77) line-listed, including 10 healthcare workers (high risk – 8)
- One (1) confirmed case in isolation and one (1) in home-based care undergoing treatment

Table 1: Age Group and Sex of Confirmed Cases, Liberia, 1 January – 25 September 2024

Age Group	Male	Female	Frequency	Proportion (%)
0-11 months	0	0	0	0
12 – 59 months	2	0	2	15.2
5 – 10 years	2	1	3	23.0
11 – 19 years	0	1	1	8.0
20-40 years	2	5	7	53.8
>40 years	0	0	0	0
Cumulative	6	7	13	100

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Event summary: Webbo District, River Gee County

- No new cases reported
- Cumulative confirmed cases: 1
- ☞ CFR (0/1): 0%
- Total number of 18 contacts line-listed
- Confirmed case in isolation undergoing treatment

Event summary: Jedepo District, Sinoe County

- No new confirmed case reported
- Cumulative confirmed cases: 2
- ☞ CFR (0/2): 0%
- A total of 29 contacts line-listed
- Two confirmed cases in isolation undergoing treatment

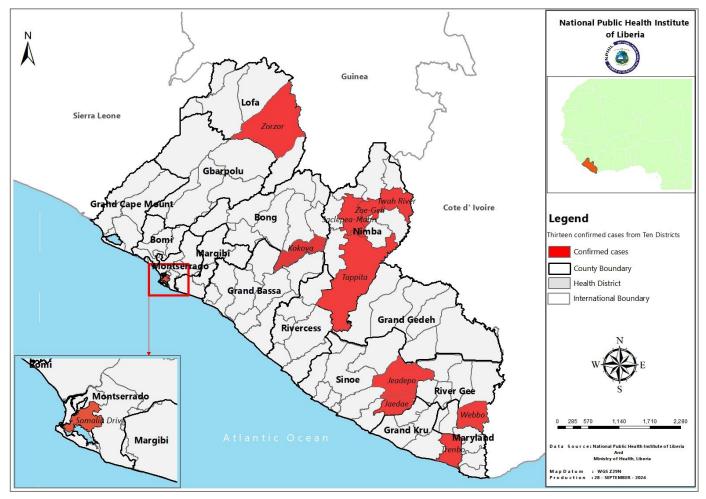


Figure 1: Distribution of Confirmed Mpox cases by Health District, Liberia, January 1 – September 26, 2024

Cases indicators	Total	Contacts indicators	Total
Total suspected cases reported	176	New contacts line-listed in last 24-48 hrs.	10
Total samples collected	169	Total contacts line-listed	173
Total samples tested	119	Number of contacts seen in last 24hrs	10
Total Laboratory confirmed	13	Number of contacts lost to follow-up	0
Total confirmed cases alive	13	Total contacts among HCWs	17
Total confirmed among HCWs	0	Number of contacts that developed symptoms	9
Total deaths among confirmed cases	0	Total high-risk contacts	58
Overall case fatality rate (CFR)	0%	Contacts completed 21 days	115
Total suspected cases currently in isolation	0	Total active contacts under follow-up	58
Total confirmed cases currently in isolation	5		
Total confirmed cases currently in HBC	2		

National Situational Update _Mpox_ DIDE_NPHIL_2024

PUBLIC HEALTH ACTIONS

1 Coordination

- •Conduct of regular IMS meetings at national and subnational levels in affected counties to direct response efforts
- •Resource mobilization (financial & logistical) to support response activities at the counties
- Advocacy to the House of Senate and Legislature approved \$380, 000.00 to support the Mpox response
- Production of regular Sitreps and dissemination

2 Surveillance

- Active case finding conducted in response and alert counties and districts supported by WHO & AFENET
- Investigation of confirmed cases conducted in Sinoe and Lofa Counties
- Ongoing training of surveillance officers on Mpox in Montserrado County
- Provided financial and technical supports for contact tracing in four response counties
- Active media scanning and community case finding continues through EIOS platform
- Ongoing production of surveillance contact tracing, and case investigation tools by WHO
- Continue to follow up with response counties to obtain updates on the status of Mpox outbreak
- Development of regular Mpox Sitreps supported by Africa CDC

³ Case management

- Five cases currently in isolation (1 Montserrado, 1 River Gee, 2 Lofa, and 1 Bong)
- Updated Home-Based Care guide for case management

Laboratory

- The National Public Health Reference Laboratory continues the testing of Mpox samples.
- Virtual mentorship conducted for county diagnostic officers on proper sample collection and packaging

Risk Communication and Community Engagement

- Final Preparations are now underway for the commencement of the two days media round table discussion
- Printing and dispatched of SBCC materials by WHO of 4,950,000 pcs completed
- UNICEF production of 10,000 pcs, underway
- Mpox Jingles for school-going children produced
- Jingles airing with support from WHO, UNICEF, Internews, Breakthrough Action, and Red Cross have started in various counties and national stations, including ELBC, OK FM, TRUTH FM, and Prime FM
- Ongoing community engagement and awareness creation via radio station in partnership between RCCE team in Lofa and partners
- River Gee: Enhance community engagement activities started and ongoing

• Since: · Community engagement meetings with local authorities in the affected communities started

Infection Prevention and Control (IPC)

• Continuous mentorship for clinicians on IPC measures

For comments or questions, please contact

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Key Challenges

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- Inadequate funding for National Incident Action Plan (IAP)
- Inadequate supply of IPC materials to health facilities and POEs
- Limited logistics for response operation (gasoline, communication cards, fuel, lubricant, etc.) to support response in the affected counties
- Limited capacity for surveillance officers at lower levels on Mpox specimen collection and case detection (active case finding)
- Inadequate/poor information on the source of infection

Next Steps/Action Points

- Conduct of training for surveillance officers, and health facilities staff in the fifteen counties.
- Print and distribute additional RCCE materials, surveillance tools, IPC and Case Management tools
- Continue active case search in the affected communities