



SITUATION: MPOX PREPAREDNESS UPDATE	LOCATION: LIBERIA
DATE OF REPORT: AUGUST 29, 2024	
REPORTING PERIOD: JANUARY 1 – AUGUST 28, 2024	UPDATE NO: 2

HIGHLIGHTS

- No new confirmed case reported: 0
- Total suspected cases reported (Epi week 1-34 2024): 63
- Total confirmed cases: 6
- Total Death: 0

SITUATIONAL CONTEXT

Mpox is a zoonotic viral disease transmitted from animals to humans. Symptoms last 14 to 21 days. Severe cases occur more commonly among children and are related to pre-existing health conditions and the severity of complications. However, the case fatality rate for Mpox can vary widely between epidemics but has been less than 10% in documented events, mostly among young children.

As of August 20, 2024, twelve (12) member states of the Africa Union (AU), including Liberia, reported 18,910 cases and 541 deaths. About 96% of cases and 97% of deaths were reported from the Democratic Republic of Congo (DRC)*. As a result, 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) on the 13th and 14th of August 2024, respectively.

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, 377 suspected cases, including 33 laboratory-confirmed cases, have been reported, with no deaths recorded.

Table 1: Distribution of Mpox cases, Liberia, Epi-week 1 – 34, 2024

Variables	Total
Total suspected cases reported	63
Total samples collected	55
Total samples tested	50
Total Laboratory confirmed	6
Total confirmed cases alive	6
Total deaths among confirmed cases	0
Overall case fatality rate (CFR)	0
Total confirmed cases currently in isolation	0
Total suspected cases in home-based care	0
Total suspected in Isolation	0

Characteristics of Confirmed cases, Epi-week 1-34, 2024

Variable	Frequency	Proportion (%)
Sex		
Male	3	50
Female	3	50
Age range (7-39)		
Reporting County		
Sinoe	1	16.6
Nimba	4	66.6
Grand Kru	1	16.6

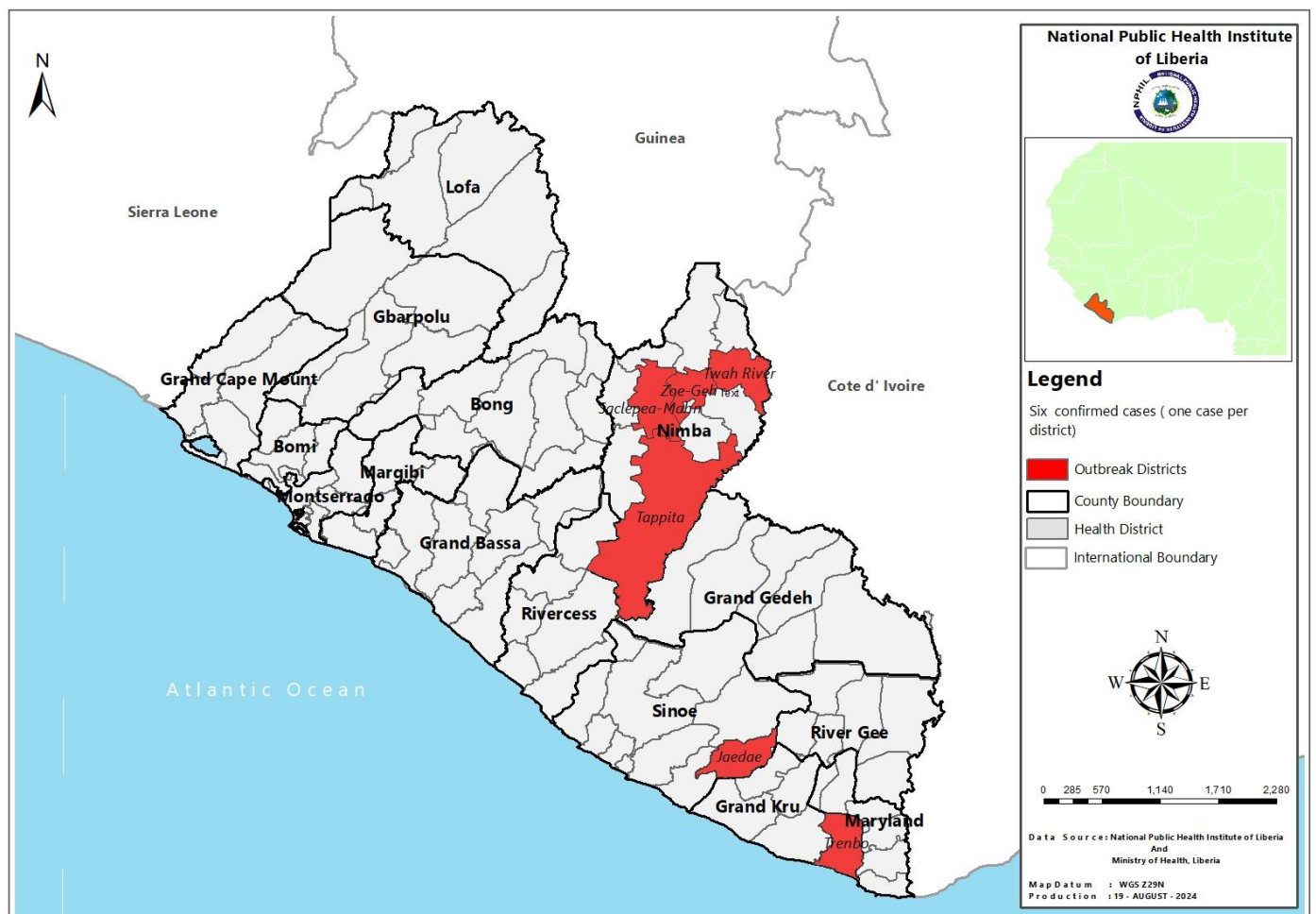


Figure 1: Distribution of Confirmed Mpox cases by Health District, week 1-34, 2024

Public Health Actions

I. Coordination

- PHEOCs have been activated in alert mode at national and sub-national levels
- Weekly coordination meetings are ongoing at the national level

- Conducted pillar coordination meeting
- Ongoing thematic meeting
- Preparedness and Response Plan developed and shared for implementation

II. Surveillance

- Activate case search continues across the country
- Media scanning and community case finding continue

III. Case management

- Isolation facilities identified in 5/15 but not fully functional
- Conducted rapid need assessment for infrastructure readiness capacity, medicine, and other countermeasures
- Conducted coordination meetings with the Emergency Management Service (EMS) to strengthen the referral system

IV. Infection Prevention Control (IPC)

- Conducted assessment at isolation facilities to determine IPC stock levels

V. Laboratory

- Stock-level assessment on reagents, consumables and supplies conducted
- Updated SOP and protocols on sample management
- Conducted mentorship on sample acceptance and rejection
- The National Public Health Reference Laboratory continues testing of Mpox samples
- Eight samples tested negative

V. Risk Communication and Community Engagement

Ongoing public awareness of Mpox (social media, radio, and television and Press Release)

- IEC/SBCC materials and messages updated
- RCCE SOP updated

VI. Points of Entry

- Provided refresher training on Mpox for eight (8) designated POEs staff
- Conducted site visit at Robert International Airport and National Port Authority POE to assess preparedness efforts for Mpox
- Ongoing cross-border information sharing with neighbouring countries
- IPC inventory is conducted
- Ongoing entry screening for travellers from high-risk countries

VII. Key Challenges

- Limited financial resources to support preparedness activities
- Limited supply of IPC materials in health facilities and POEs
- Lack of logistics (gasoline, communication cards, fuel, etc.) to support active case search and contact tracing in the affected county

- Limited capacity for cases detection, investigation, isolation and case management

Nest Steps/Action Points

- Conduct refresher training for clinicians and surveillance officers at official POEs
- Print and distribute 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, and consumables IPC supplies , drugs and other medical supplies

For comments or questions, please contact

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