



SITUATION: MPOX OUTBREAK **LOCATION: LIBERIA**
DATE OF REPORT: SEPTEMBER 18, 2024 **SITUATION REPORT: #6**
REPORTING PERIOD: JANUARY 1 – SEPTEMBER 18, 2024

HIGHLIGHTS

- **One new confirmed case reported from Bong County**
- Thirty (30) new suspected cases were reported from nine counties (*Bong – 6, Lofa – 6, Montserrado – 4, Grand Kru – 3, River Gee – 3, Grand Gedeh – 2, Maryland – 2, Nimba – 2, Sinoe – 2*)
- 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 Organization**³ 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 **20 Member States across the African continent**. As of 30 August 2024, a total of **8,153 laboratory-confirmed cases**, including **54 deaths**, have been reported to WHO. In 2024, as of 8 September 2024, 14 affected countries have reported **5,776 confirmed cases**, including **32 deaths**. The three countries with the majority of cases in 2024 are the Democratic Republic of the Congo (n = 5 160), Burundi (n = 385), and the Central African Republic (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 18, 2024, a total of 357 suspected cases, including 38 laboratory-confirmed cases, were reported, with no deaths recorded.

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.

Bong County

One new confirmed case was reported from Dorbor Town, Kokoyah District. The case patient

is a 20-year-old male. On September 11, 2024, during an active case search, the case presented with signs of pustular rashes, fever and weakness

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

⁴ <https://www.afro.who.int/publications/regional-mpox-bulletin-13-september-2024>

in Dorbor Town. Detailed investigation of the case indicates the onset of illness was on September 3, 2024. The case narrated that he started to experience fever, headache, and swollen lymph nodes a day after playing a football game in a neighboring town (Douwah Town) on September 2, 2024. On September 3, 2024, he observed a bump on his chest followed by rashes that gradually spread to his arms and other parts of his body.

He visited a traditional healer in the community who alerted the surveillance team at Bah-ta Clinic on September 10, 2024. After meeting the standard case definition for Mpox, specimens were collected from the case and sent to the National Reference Laboratory (NRL) for testing. A positive result was released by NRL on September 13, 2024. Additionally, six cases were suspected in the same community, and 16 contacts were line-listed, including two healthcare workers (HCWs). The case is currently in home-based care and undergoing treatment.

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

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 – 18 September 2024

Age Group	Male	Female	Frequency	Proportion (%)
0 – 11 months	0	0	0	0
12 – 59 months	1	0	1	8.3
5 – 10 years	2	2	4	33.3
11 – 19 years	0	1	1	8.3
20 – 40 years	3	3	6	50.0
>40 years	0	0	0	0
Cumulative	6	6	12	100

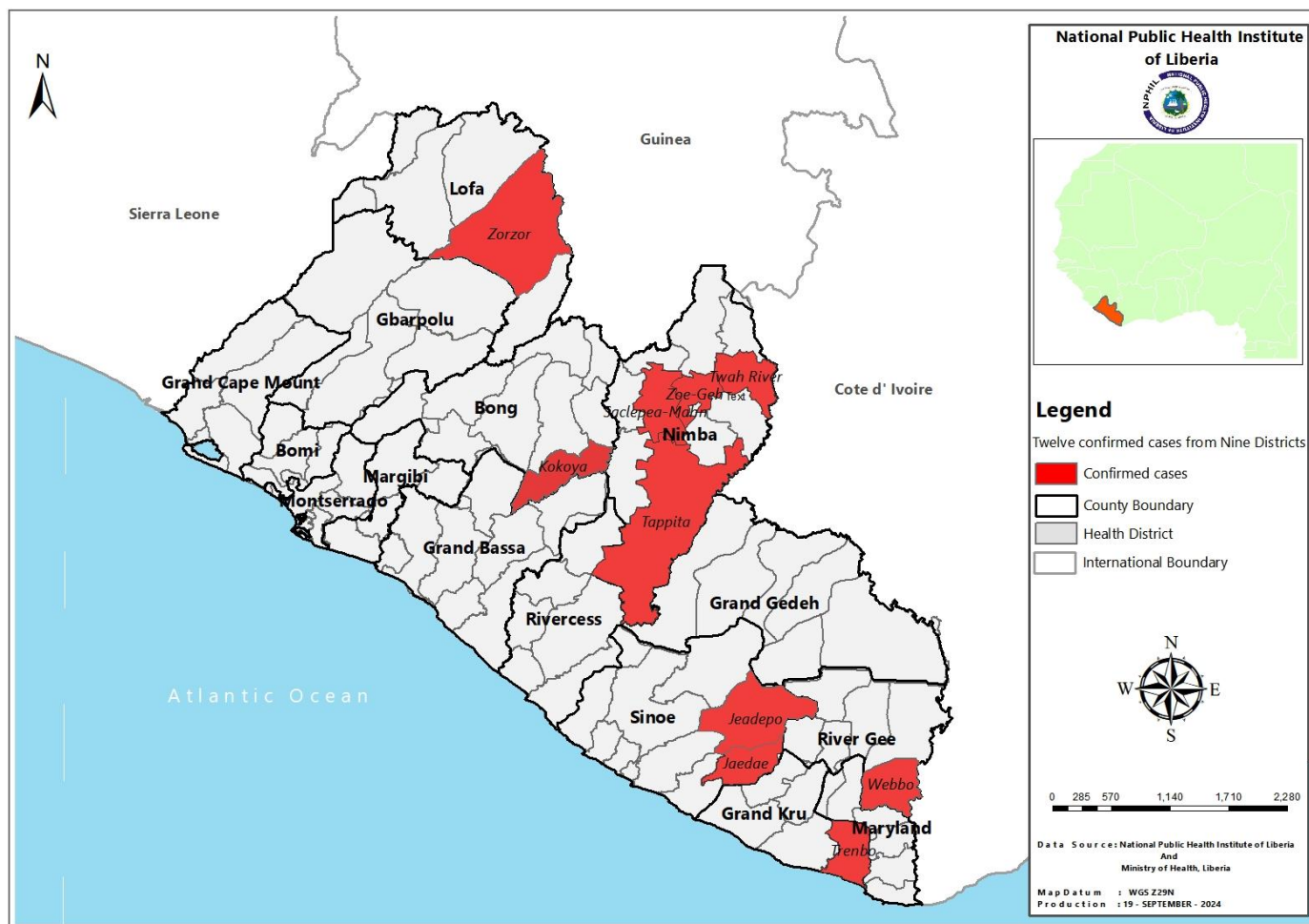


Figure 1: Distribution of Confirmed Mpox cases by Health District, Liberia, January 1 – September 18, 2024

Table 2: Distribution of Mpox Confirmed cases and Contacts, 1 January – September 18, 2024

Cases indicators		Total	Contacts indicators		Total
Total suspected cases reported		147	New contacts line-listed in last 24 hrs.		0
Total samples collected		140	Total contacts line-listed		163
Total samples tested		119	Number of contacts seen in last 24hrs		0
Total Laboratory confirmed		12	Number of contacts lost to follow-up		0
Total confirmed cases alive		12	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		57
Overall case fatality rate (CFR)		0%	Contacts completed 21 days		115
Total suspected cases currently in isolation		0	Total active contacts under follow-up		57
Total confirmed cases currently in isolation		4			
Total confirmed cases currently in HBC		2			

1 Coordination

- Ongoing IMS meetings at national and subnational levels in affected counties to direct response efforts
- Resources (financial & logistical) are being mobilized to support the counties
- The House of Legislature approves \$750 000 to support Mpox response

2 Surveillance

- Active case finding ongoing in response and alert counties and districts supported by WHO & AFENET
- Contacts to all confirmed cases are undergoing follow-up
- Active media scanning and community case finding continue

3 Case management

- Six cases currently in isolation (1 River Gee, 2 Sinoe and 1 Lofa counties, 1 Home-based Care in Lofa and 1 in Bong County)
- Assessment of the Redemption, Ganta, E&J, and Saclapea isolation facilities conducted.
- Ongoing production of case management and HBC tools by WHO
- WHO presented IPC materials (liquid soap & hand sanitizers) to the IMS team in Lofa

4 Laboratory

- Ongoing repositioning of laboratory supplies (sample collection kits) to support rapid sample collection
- 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

5 Risk Communication and Community Engagement

- Concluded with the ECOWAS Radio for free appearances of the IMS
- Commitment from WHO-Liberia to support the production of RCCE materials to enhance RCCE activities in affected and surrounding communities
- Cross border meeting held with the joint security and created awareness on the mode of transmissions, signs/symptoms, and prevention in Lofa

6 Infection Prevention and Control (IPC)

- IPC stock assessment conducted for the country to inform stock repositioning and supplies
- IPC supplies provided to Nimba County to support preparedness and response efforts

Key Challenges

- Limited funding for National Incident Action Plan
- Limited supply of IPC materials in 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 specimen collection and case detection (active case finding)
- Limited information on the source of infection

Next Steps/Action Points

- Review and update the national IAP and contingency plans for alert counties
- Conduct refresher training for clinicians and surveillance officers at official POEs and major health facilities
- Conduct training of surveillance officer, IPC and case management staff in 15 counties
- Print and distribute additional RCCE materials including surveillance, IPC and Case Management tools
- Continue active case search in the affected communities
- Update the Incident action plan and develop contingency plans in counties without active cases
- Complete procurement of lab supplies and preposition in counties

For comments or questions, please contact

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