



SITUATION: MONKEYPOX OUT BREAK	LOCATION: LIBERIA
DATE OF REPORT: SEPTEMBER 12, 2024	SITREP NO: 5
REPORTING PERIOD: JANUARY 1 – SEPTEMBER 12, 2024	

HIGHLIGHTS

- **Two new confirmed cases reported from Lofa and River Gee Counties**
- Twenty (20) new suspected cases reported
- 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 (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 African continent and parts of Europe.

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, August 30, 2024).

Mpox is one of the immediately reportable priority diseases in Liberia. Since 2016, sporadic cases have been reported across the country. Between 2022 and 12th of September 2024, 419 suspected cases, including 38 laboratory-confirmed cases have been reported, with no death recorded.

Event Description:

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

Lofa County:

- **One new confirmed case reported from Zorzor District**
The case patient, K.Y, is a 19-year-old female, resident of Borkeza Town, Zorzor District. On September 6, 2024, K.Y sought medical care at the Borkeza Clinic and presented with generalized itchy skin rashes, chills, sore throat, fever, cough, and body pain. According to her, those signs/symptoms started on the 1st of September 2024 with no history of traveling out of her community in the past 3 weeks but admitted coming in close contact with her brother with a similar illness on the 25th of August 2024. No history was established about touching or playing with live or dead domesticated/wide animals in the past 21 days. The patient was isolated by the clinician at Borkeza Clinic and treated but later discharged for home-based supportive care on September 6, 2024, with emphasis on IPC measures to avoid further spread of the infection in the community. Two specimens (blood/serum and swab) were collected on the same day and transported to the National Reference Laboratory the next day on Sept. 07, 2024, for laboratory confirmation. At least four high-risk contacts

were line-listed on September 06, 2024, for close monitoring by the community surveillance team. The patient was confirmed positive for Mpox disease on September 10, 2024 by the National Reference Laboratory. The confirmed case is still alive and being transferred by the District RRT to the isolation unit. No known epi-link/actual source of the infection has been established about the case as the investigation is still ongoing.

Summary of Events: Zorzor District, Lofa County

- ☞ **One new case reported**
- ☞ Cumulative confirmed cases: 2
- ☞ CFR (0/2): 0%
- ☞ Eight (8) new contacts including One (1) healthcare worker line listed
- ☞ Total Number of 50 contacts including 10 healthcare workers
- ☞ One (1) confirmed case in isolation and One (1) in home-based care under-going treatment

River Gee County

- **One confirmed case reported from Webbo District**
- The case patient, DK, is a 6year-old male, resident of Klibo Community, Webbo District. His onset of illness was on Aug 17, 2024, presented at the Tuobo Clinic on September 7, 2024 where he was suspected of Mpox. Two specimens (blood and swab) were collected on September 7, 2024, received at NRL on Sept 10, 2024, and tested Mpox positive on September 11, 2024 while the result was released to the county on the same day. Total of 18 contacts line listed and undergoing 21 days follow up. The case is currently in isolation undergoing supportive treatment

Summary of Events: Webbo District, River Gee County

- ☞ **One new confirmed case reported**
- ☞ Cumulative confirmed cases: 1
- ☞ CFR (0/1): 0%
- ☞ Total Number of 18 contacts line-listed
- ☞ Confirmed case in isolation under-going treatment

Sinoe County: Jaedepo District

- ☞ **No new confirmed case reported**
- ☞ Cumulative confirmed cases: 2
- ☞ CFR (0/2): 0%
- ☞ Total of 29 contacts line listed
- ☞ Two confirmed cases in isolation under-going treatment

Table 1: Age Category and Sex of Confirmed Cases, Liberia, 1 January – 12 September 2024

Age Group	M	F	Frequency	Proportion (%)
0 -11 Months	0	0	0	0
12 - 59 Months	1	0	1	9.1
5 -10 Years	2	2	4	36.4
11-19 Years	0	1	1	9.1
20-40 Years	2	3	5	45.4
>40 years	0	0	0	0
Cumulative	5	6	11	100

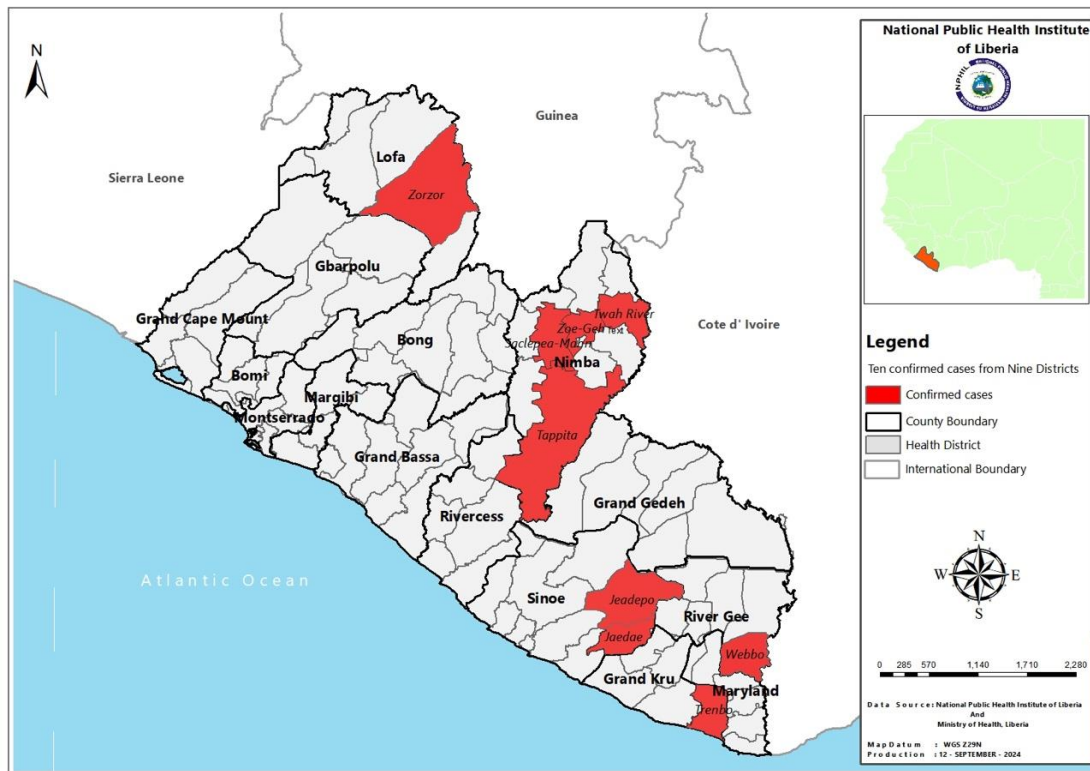


Figure 1: Distribution of Confirmed Mpox cases by Health District, Jan 1 – Sept 12, 2024

Table 2: Distribution of Mpox Confirmed cases and Contacts, 1 January – September 12, 2024

Cases	Total	Contacts	Total
Total suspected cases reported	115	New contacts line listed in last 24 hrs.	26
Total samples collected	108	Total contacts line listed	156
Total samples tested	100	Number of contacts seen in last 24hrs	41
Total Laboratory confirmed	11	Number of contacts lost to follow up	0
Total confirmed cases alive	11	Total Contacts among HCW	17
Total confirmed among HCWs	0	Number contacts that developed symptoms	9
Total deaths among confirmed cases	0	Total high-risk contacts	47
Overall case fatality rate (CFR)	0	Contacts completed 21 days	115
Total suspected cases currently in isolation	0	Total active contacts under follow up	41
Total confirmed cases currently in isolation	4		
Total confirmed cases currently in HBC	1		

Public Health Actions

I. Coordination

- Ongoing coordination meetings at national and subnational levels in affected counties
- Resources (financial & logistical) are being mobilized to support the counties

II. Surveillance

- Surveillance training ongoing for community health workers in Sinoe and Lofa counties to enhance active case detection in affected and adjacent districts- **supported by AFENET**
- Contacts to all confirmed cases are undergoing follow up
- Active media scanning and community case finding continue

III. Case management

- Four cases currently in isolation in River Gee, Sinoe and Lofa counties, while a case in Lofa is being managed at home (Home-based Care)
- Assessment of the Redemption, Ganta, E&J and Saclapea isolation facilities conducted

IV. 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.

VI. Risk Communication and Community Engagement

- Concluded with the ECOWAS Radio for free appearances of the IMS
- Commitment from WHO-Liberia to support production of RCCE materials to enhance RCCE activities in affected and surrounding communities.

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 (motor bikes, 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 and major health facilities
- Print and distribute additional RCCE materials including surveillance tools
- Continue active case search in the affected communities
- 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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