



Focus Info

Mpox Epidemic

27 August 2024

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Mpox Epidemic



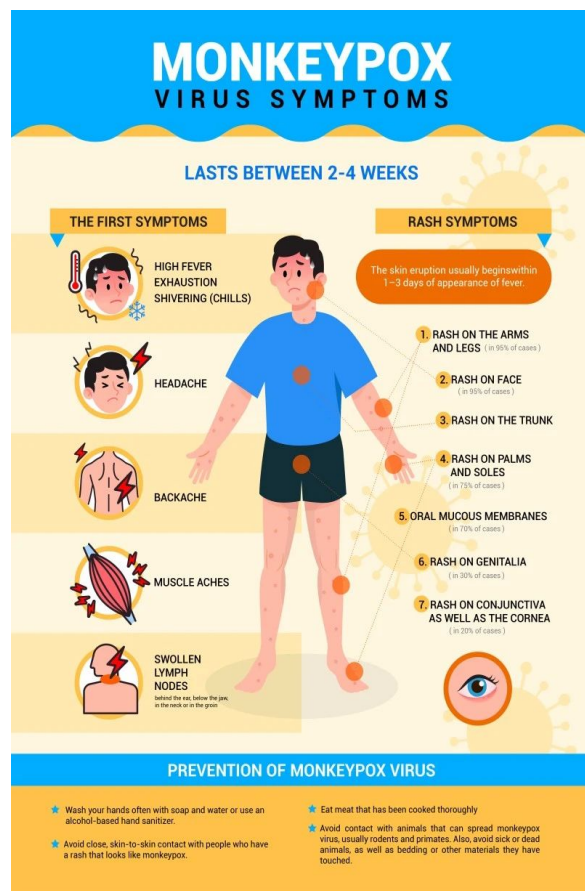
A reminder of Mpox characteristics

An infectious disease that can include animal-to-human transmission or can spread by:

- close person-to-person contact (sex, skin-to-skin touching, or occasionally respiratory particles etc.);
- contact with infected animals (hunting, skinning, eating animals);
- contact with contaminated objects (clothing, infected needles).

Main symptoms: high fever, headaches, muscle aches, rash (gradual appearance of skin lesions), fatigue.

High risk groups: generally, the patient will recover on their own, but complications may arise from time to time, leading to severe forms of the disease, especially in immunocompromised patients, children and pregnant women.



Recommendations and preventative/protective measures

- Pre-exposure prophylaxis vaccination is possible in an epidemic for anyone at risk of Mpox exposure and post-exposure prophylaxis for anyone thought to have been in contact with a sufferer of the virus;
- Keep a close eye on the developing health situation on the ground;
- Practice good hygiene and other preventative measures if necessary;
- Keep away from potentially infected people and animals;
- If you have symptoms or are in doubt, stay at home and contact your health care provider as soon as possible;
- Follow the recommendations issued by the health authorities.



Mpox Epidemic



Health situation and current status

The **World Health Organisation (WHO)** declared a Public Health Emergency of International Concern, its **highest level of alert**, 14 August after a new strain of Mpox (**clade 1b**) had broken out since September 2023 and had been **rapidly spreading across Central Africa** in recent months.

The new strain of the virus could have a **greater rate of transmission than the initial variant** (clade 2b), which had already caused an epidemic in 2022 (and remains active in several parts of the world, including in certain Western countries). The WHO had already issued a similar warning for this variant, which was lifted in May 2023.

According to the WHO, although additional cases should be expected outside the African continent in the coming weeks, **the epidemic is mainly located in Africa where risk factors are higher** (malnutrition, difficulties in obtaining healthcare, population movements etc.) and where there are recurrent epidemic outbreaks.

- **DRC:** more than 18,000 cases recorded and around 600 deaths since 1 January 2024. Strong progression of the disease in recent days.
- **Burundi:** strong progression of the disease in recent days (171 confirmed cases 22 August in 26 of the 49 health districts) but no deaths.
- **Uganda, Rwanda and Kenya:** no new cases recorded since July.

More doses of vaccines should be delivered to the continent in the coming days. 22 August, the Danish manufacturer of the Mpox vaccine, Bavarian Nordic, said that supply is expected to be better than during the previous epidemic in 2022 given the amount of stock in place. Promises to donate Mpox vaccines to Africa are on the rise, notably from France, Germany and Spain.

The 2022-2023 epidemic, when cases were reported in several Western countries, was contained mainly thanks to **the vaccination strategy, the isolation of contact cases and raising awareness among people at risk.**

According to the health authorities, the epidemic and the contamination rate are in no way similar to Covid and the WHO has no intention of recommending lockdown measures or a mass vaccination protocol at the present time. In contrast to Covid, the health authorities maintain that **Mpox transmission is facilitated by “close contact”.**

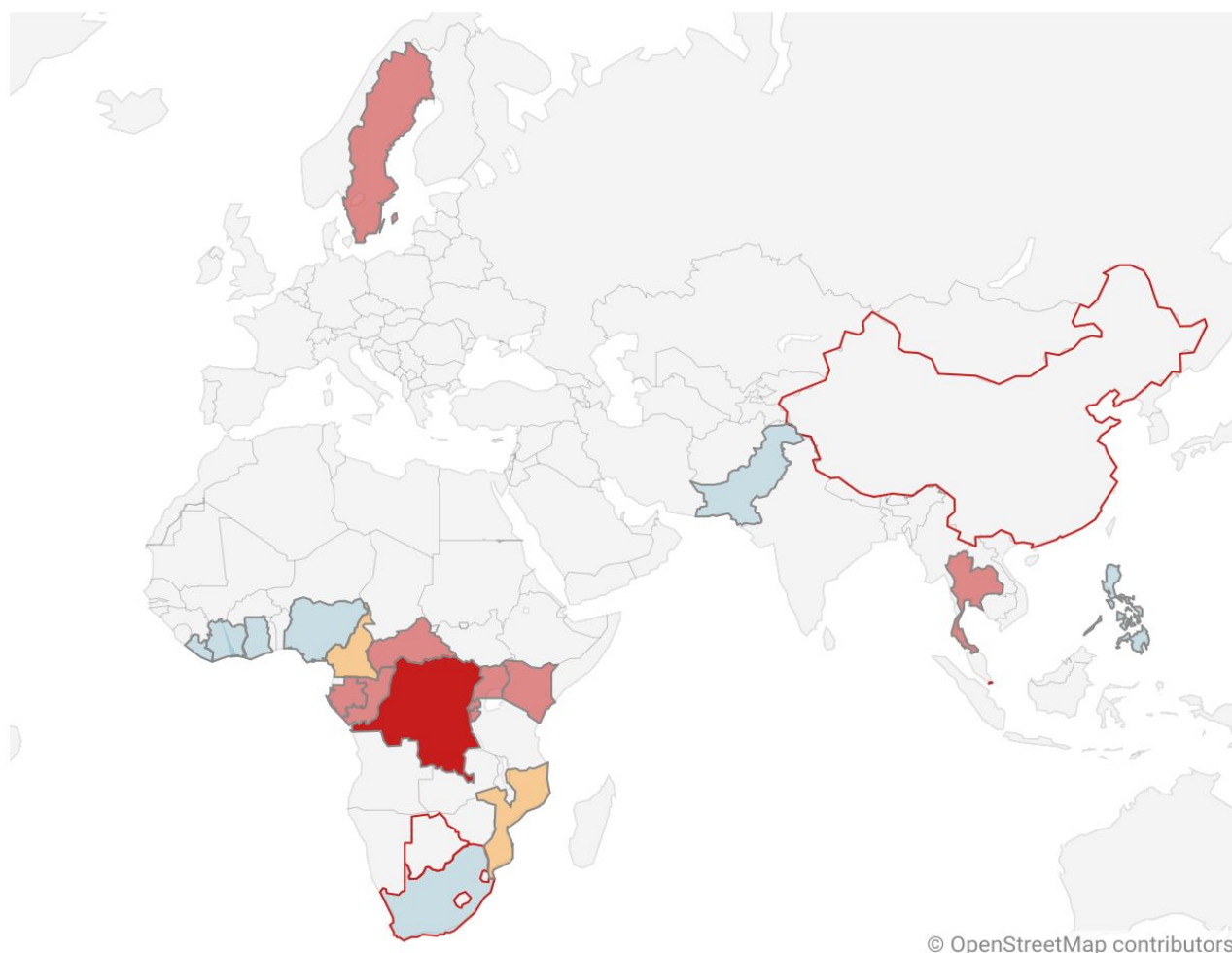
Mpox Epidemic



Map of affected countries and associated restrictions

Mpox Epidemic

Status as of 27 August 2024: cases of Mpox in the world since the start of 2024 and increased checks



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Key

- DRC, main epidemic outbreak of the clade 1b strain of the Mpox virus
- Clade 1b (Burundi, CAR, Congo, DRC, Gabon, Kenya, Rwanda, Uganda, Sweden, Thailand)
- Clade 1b and 2b (Cameroon, Mozambique)
- Clade 2b (Ivory Coast, Liberia, Nigeria, South Africa)
- Countries that have announced checks at borders (China, Singapore, South Africa, Botswana)

Nearly all the reported cases of Mpox (96%) have been recorded in Africa, namely in the DRC. To date, no cases have been recorded in North and South America.

Map: SSF - Scutum Security First • Created with Datawrapper

Mpox Epidemic



Affected countries and measures in force

Europe

- **Sweden:** first case reported 15 August in a patient who had caught the clade 1b African strain of the virus after spending time in Africa.
- European countries continue to regularly report cases of the clade 2b strain of the Mpox virus, but the progression of the disease remains low.

Asia

- **Thailand:** 22 August, confirmation of a case detected 14 August in a European traveller arriving from Africa infected with the African strain of the current epidemic (clade 1b). 43 people under observation for 21 days.
- **Pakistan:** 16 August, one case reported in a traveller arriving from a Gulf country, but unconnected to the clade 1b African strain currently gripping Central Africa, according to the health authorities (the case was the clade 2b variant).
- **Philippines:** one case reported 19 August (clade 2b).

Africa (Central Africa: main outbreak)

- **DRC** (epicentre of the epidemic): the DRC accounts for 90% of cases reported in 2024. All provinces are affected, but South and North Kivu, Tshopo (east), Equateur, North Ubangi, Tshuapa, Mongala (north) and Sankuru (centre) are the worst affected.
- **Gabon:** first case detected 22 August in a traveller returning from a two-week trip to Uganda. Epidemiological surveillance system placed on high alert.
- **Ivory Coast:** as of 20 August, 28 confirmed cases of 2b and one death in Abidjan after the National Public Health Institute detected the first cases in July.
- **Republic of the Congo:** 158 suspected cases and 21 confirmed cases of Mpox following a status report given by the health authorities 25 August. The virus has affected five out of the fifteen departments in the Republic of the Congo, especially the forest regions of Sangha and Likouala in the north of the country.
- **Burundi**
- **Kenya**
- **Rwanda**
- **Uganda**
- **Central African Republic**
- **Nigeria**
- **Cameroon**
- **Liberia**
- **South Africa**

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Increased screening

Several countries have announced increased checks, especially at borders:

- **China:** health checks stepped up at borders after the first case was recorded in Pakistan.
- **Singapore:** since 23 August, checks introduced as a precaution at the Changi and Seleta international airports for all passengers arriving from affected countries (visual and temperature screening).
- **Southern Africa: South Africa** and **Botswana** have announced increased testing at their borders (passenger health declaration, temperature checks etc.).
- **France:** 20 August, announcement of the opening of 232 vaccination sites in order to tackle a potential epidemic in the country. No cases of contamination reported to date.

Movement or travel restrictions (flights):

- None reported for the time being. **However, passengers arriving from an at-risk country or those who have recently spent time in one of the countries affected by the epidemic are highly likely to be required to provide a health declaration, or even agree to screening upon arrival in some countries in case of doubt.** These kind of enhanced checks at borders are therefore likely to grow in the coming weeks.

Close observation of the proliferation of disinformation campaigns linked to the epidemic

As the virus is spreading globally, **disinformation campaigns** concerning the Mpox epidemic are growing across social networks, driven by **homophobia** (the virus is said to only affect homosexuals, which is untrue) and **conspiracy theories**. Some of the campaigns warn of the imminent introduction of major restrictions, such as lockdowns. They are primarily aimed at **fearmongering, at discrediting and undermining the local and state authorities**, and are largely based on the febrile nature of public opinion when faced with the spread of the disease, fearing a return to the restrictions associated with fighting Covid-19. However, **Covid-19 and Mpox are different** in terms of their characteristics (transmission in particular), their unprecedented nature (Mpox has existed since the 1970s), the vaccination strategy (proven to contain the 2022-2023 epidemic), the expected restrictions (the WHO does not recommend lockdown, wearing face masks or mass vaccination) and the inequality between countries in terms of healthcare provision (the mortality rate of the disease greatly depends on the standard quality of care in the country affected).

SSF Information & Analysis



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