

Mpox in the Global South



Modules de formation numérique AFRAVIH

Dr. Delia Doreen DJUICY

Research scientist,

Centre Pasteur

Centre Pasteur du Cameroun



OUTLINE

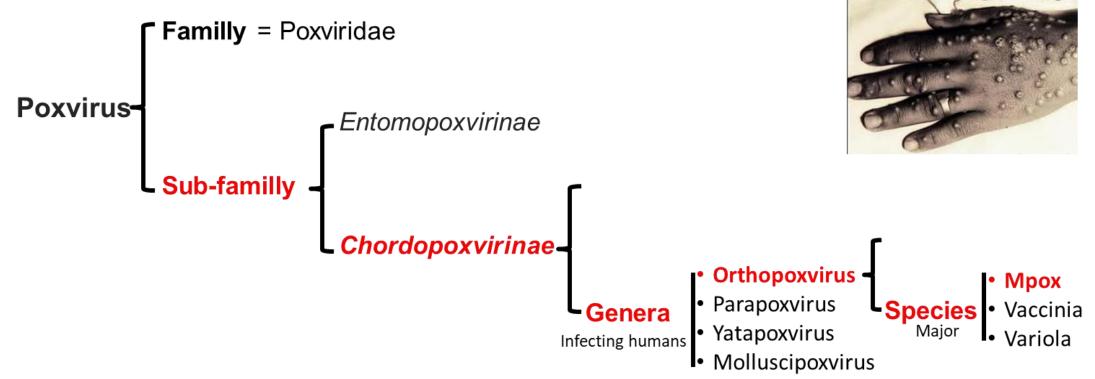


- Mpox: Background
- 102 The Mpox Situation: A Southern Perspective
- The Resurgence of Mpox: Challenges and Impacts in Southern Countries
- A Deep Dive into Mpox: Examining the Situation in Southern Nations
 - Examples of the DRC
 - Examples of Cameroon
- Mpox in the south: take home message
 - o Can mpox be eliminated in southern countries?
 - O Will we eliminate the disease or epidemics?



MPOX

- Mpox (monkeypox) is a zoonotic viral illness caused by the mpox virus, a species of the genus Orthopoxvirus.
- o Poxviruses cause a disease characterized by generalized or localized skin lesions.

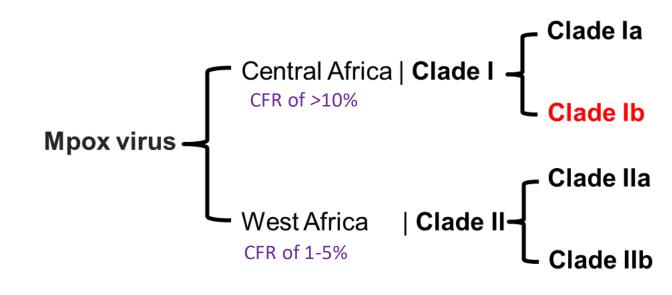




MPOX VIRUS



- Mpox virus (MPXV)
- o Genome: 200 kb dsDNA virus
- o First discovered in 1958, 1970
- Transmission:
 - Zoonotic virus which can spread from animals
 - o Person-to-person also occurs
- Endemic to Western and Central Africa
- Two genetic clades
 - Clade I: Central Africa (Ia) & East Africa (Ib)
 - Clade II: West Africa (IIa) & Globally (IIb)





MPOX SITUATION INTHE SOUTH

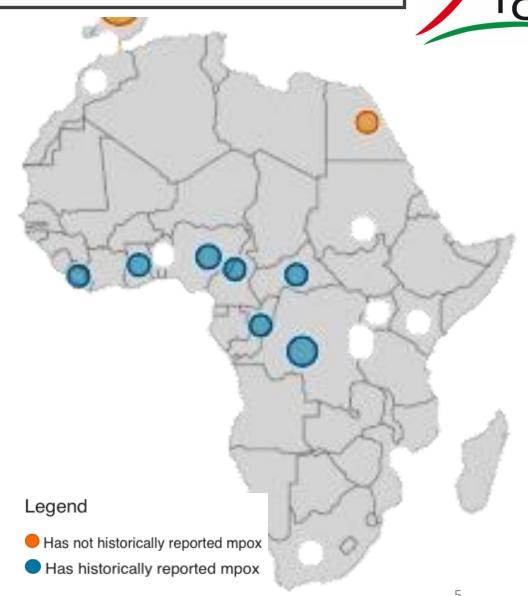
- Outbreak and Spread: Since January 2024, increase in mpox cases across Africa.
 - o A specific variant, clade lb, spreading in eastern DRC and neighboring countries
 - o Cases: 78,888 suspected; 116,767 confirmed; 1,321 deaths (CRF*: 1.8 %)

O Transmission:

- Close physical contact
- Often sexual contact, among young adults

Affected Countries (21):

- o Endemic (11): Benin, Cameroon, CAR*, DRC*, Gabon, Côte d'Ivoire, Liberia, Nigeria, Congo, Sierra Leone, South Sudan
- o Recently Affected (10): Burundi, Kenya, Rwanda, Uganda, Zambia, Zimbabwe, Algeria, Mozambique, South Africa, Morocco, Guinea





MPOX SITUATION IN THE SOUTH



Wave roadmap of mpox infection in the South

Smallpox eradication

- Program
- 1966-1980

Mpox first case Animal: 1958 Human: 1970 (DRC) WHO (1984/1988): Mpox is Not a Public Health Issue! Zoonotic endemic

1970s: 48 cases

1980s: 357 cases

1990s: 520 cases

Neglected Zoonotic Endemic

- 2000-2010: 10000 cases
- 2010-2020 : 20000 cases

Low-noise evolution of the epidemic Glownoise Neglect Emergence

Exportation Outside Africa

- 2003: 47 cases in the USA/Ghana
- 2018-2020: UK, Israel, Singapore/ Nigeria

Exportation Outside Africa

 2022 : Public Health Emergency of International Concern (PHEIC)

Endemic Global Epidemic The Emergency is over!!!

Back to Health Emergency

- 2024: PHECS (Africa-CDC)

Double

Emergency!

2024: PHEIC (WHO)

Outbreak 2024
Spotlight Africa
New features
(2025)

The changing Epidemiology of mpox

- Africa: 77,888 cases (2024)
- Naïve areas: East Africa
- First vaccines (Sept 2024)

Mpox in Africa:

- 2022: 8,367 cases / 13 countries, CRF: 2.6%
- 2023: 15,213 cases / 07 countries, CFR: 4.4%
- 2024: 77,888 cases / 21 countries, CRF: 2,8%



MPOX RESURGENCE: CHALLENGES AND IMPACTS

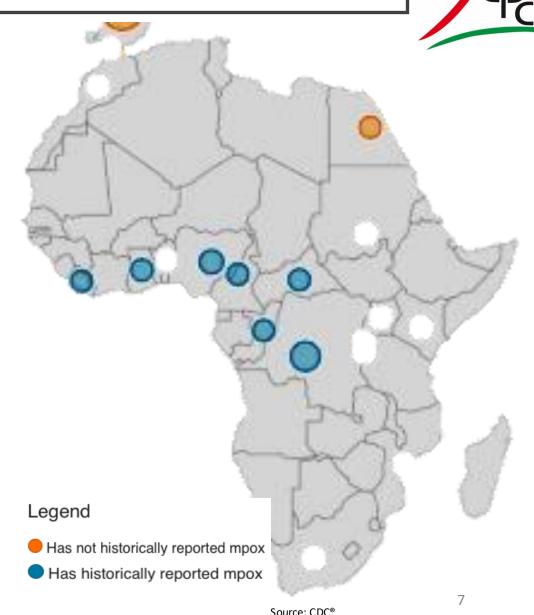
Challenges

O Clade Ib Variant:

- Emergence and spread,
- Potential for wider transmission across age groups, particularly young children

Impact on vulnerable populations :

- Children and adolescents: under 5++; (eg. Burundi), simultaneous occurrence of measles, high malnutrition rates in the region
- Pregnant women and immuno-compromized persons
- Limited Capacity: to face the mpox emergency in some African countries (Readiness assessments by WHO)
 - Limited diagnosis and care (supportive)
 - No vaccines available
 - Stigmatization: hamper prevention efforts and encourage infected people not to seek care





MPOX RESURGENCE: CHALLENGES AND IMPACTS



The Disease Dresses Up In New Garments

○ **New name:** Mpox

○ New clades: | & ||

○ New subclades: Ib & IIb

New features: Outside Africa, East Africa

New Targets: Men-Sex-Men, sexual networks

New care/prevention means: Vaccination

Impacts of the PHECS and PHEIC

- Epidemiological surveillance: Countries are setting up surveillance systems to detect and monitor cases
- o Improved diagnostic: decentralization
- Capacity building: clinical trials vaccines, therapeutics
- Rapid interventions: local teams
- Available vaccine: Vaccination is an important preventive tool, but access remains limited in many countries in the South. 05 countries vaccinating (300,000 doses received, 50,000 administered)
- Increased awareness: Information and awarenessraising campaigns conducted to inform the public about modes of transmission and prevention measures.
- o **International Collaboration :** WHO, Africa-CDC working with affected countries to strengthen surveillance, diagnosis and treatment capacities.⁸



A SOUTHERN PERSPECTIVE: DRC



- Epicenter of the Outbreak: 90% of cases
- Endemic but Worsening: Mpox present for decades, but significantly worsened in recent years (Dec 2022)
- Sharp Increase in Cases: cases double/tripled 3,000(2021)→5,600(2022)→14,000(2023)→40,000(2024) and further deteriorated in 2024 (9,376/40,816 cases, 1,100 deaths, CFR 2.7%)
- Geographic Spread: all 26 provinces of the DRC affected
- New Variant: A new variant of clade I mpox virus has been identified in South Kivu (signs of adaptation to H2H transmission)
- Challenges in Response: numerous challenges, including limited resources for laboratory analysis, surveillance, isolation, and community awareness
- International Concern: PHEIC and PHECS

nature medicine

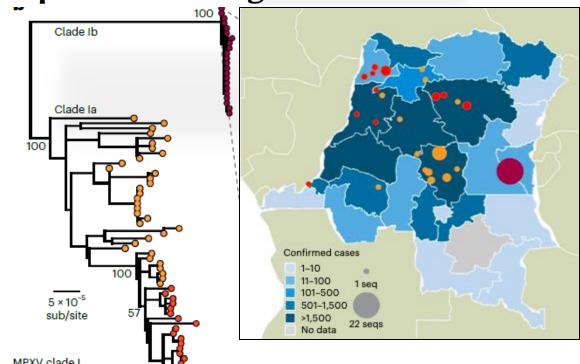
Kamituga 2023/24

9

Brief Communication

https://doi.org/10.1038/s41591-024-03130-

Sustained human outbreak of a new MPXV clade I lineage in eastern Democratic Republic of the Congo





A SOUTHERN PERSPECTIVE: DRC

cpc

- High Fatality Rate: ~2,0%
- Vulnerable Populations: children and immuno compromised persons
- Strain on Healthcare System: already fragile

Efforts are being made by the DRC government and international organizations to control the outbreak, but the situation remains critical

Article

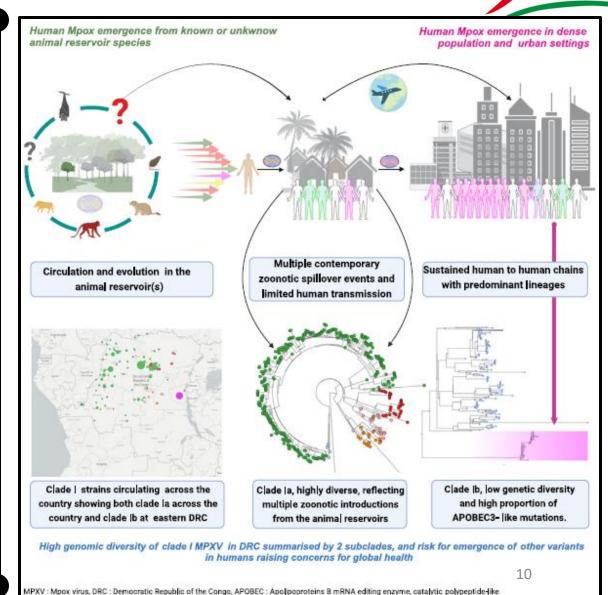
Cell

Kinganda-Lusamaki et al, 2024.

Clade I mpox virus genomic diversity in the Democratic Republic of the Congo, 2018–2024: Predominance of zoonotic transmission

RAPID COMMUNICATION Wawina-Bokalanga et al, 2024.

Co-circulation of monkeypox virus subclades Ia and Ib in Kinshasa Province, Democratic Republic of the Congo, July to August 2024



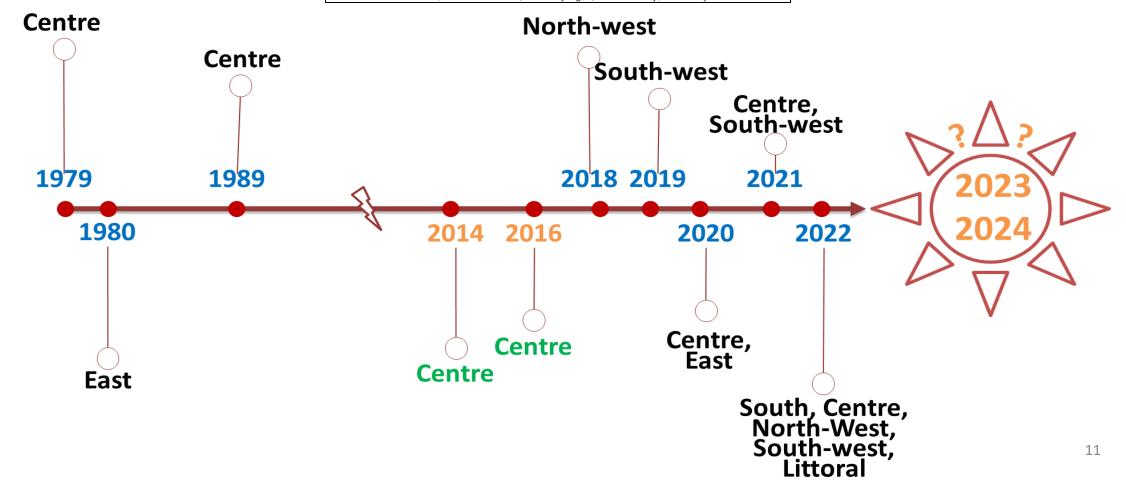






Concurrent Clade I and Clade II Monkeypox Virus Circulation, Cameroon, 1979–2022

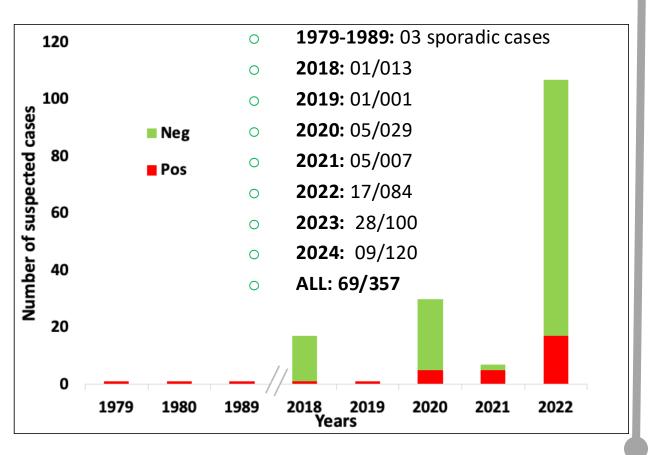
Delia D. Djuicy, Serge A. Sadeuh-Mba,¹ Chanceline N. Bilounga, Martial G. Yonga, Jules B. Tchatchueng-Mbougua, Gael D. Essima, Linda Esso, Inès M.E. Nguidjol, Steve F. Metomb, Cornelius Chebo, Samuel M. Agwe, Placide A. Ankone, Firmin N.N. Ngonla, Hans M. Mossi, Alain G.M. Etoundi, Sara I. Evangoh, Mirdad Kazanji, Richard Njouom

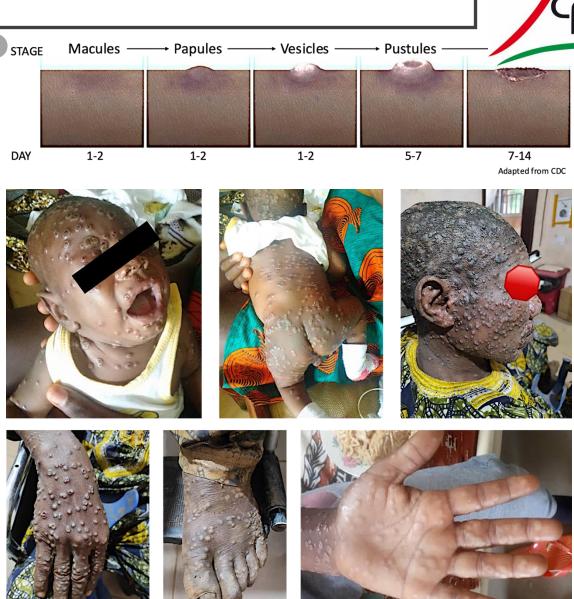




Mpox in Cameroon: 1979-2024

- 04 human cases documented in Cameroon before 2022
- A 30-year gap in human cases reporting
- 02 chimpanzees epizootics







Mpox genotyping RT-PCR

Number of cases = 137

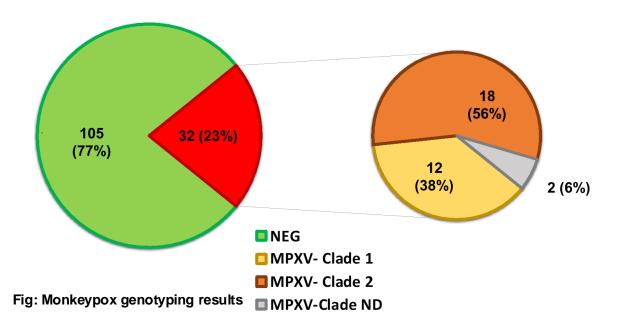
Mpox Pos: 32

Mpox Neg: 105

Clade I: 12

Clade II: 18

Unique case of both Mpox Clade I & II cocirculation in a country



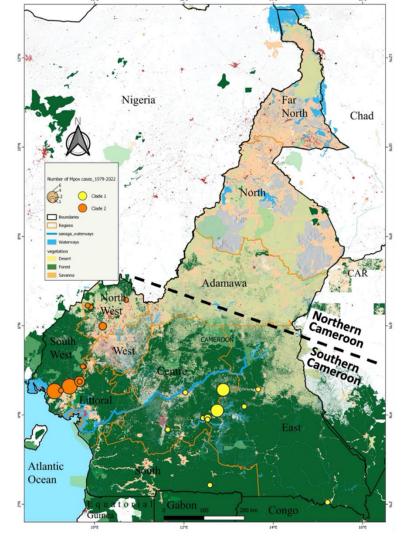
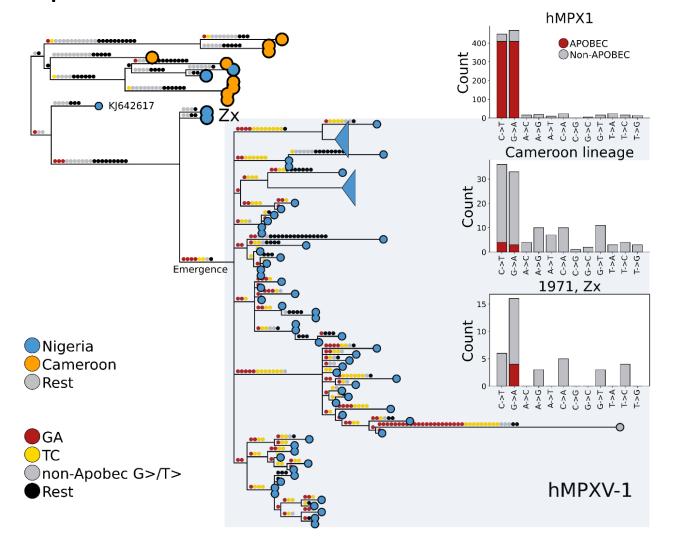


Fig: Geographic distribution of monkeypox confirmed cases and specific clades in Cameroon between 1979 and 2022.





Mpox Genomic Data: Clade II



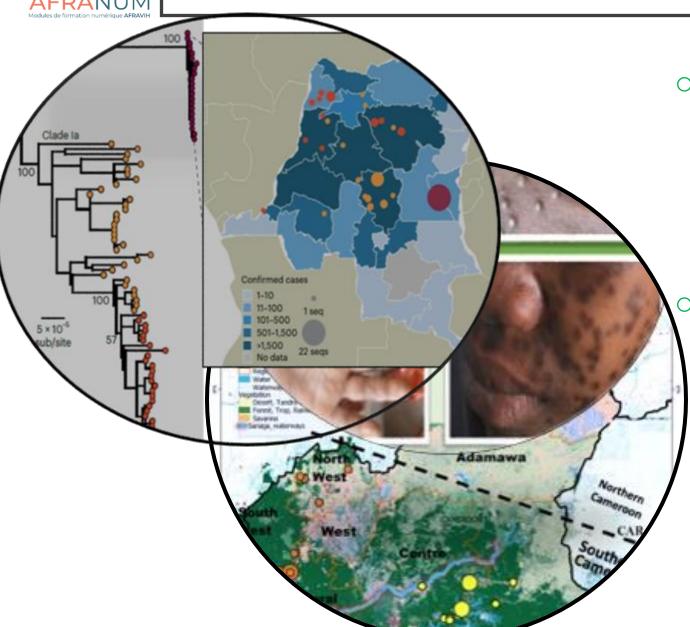
Mpox outbreak in North-west and Southwest regions and southern Nigeria



Ongoing mpox cases in Cameroon are driven by zoonotic transmission of newly identified Clade IIb.1



MPOX INTHE SOUTH: TAKE HOME MESSAGE



• Will we eliminate the disease or epidemics?

- The animal reservoir remain unknown
- Target first the outbreaks

Can mpox be eliminated in southern countries?

- Global health
- One Health
- Coordinated action
- Local initiatives
- Investment of the North



Department for the Control of Disease, Epidemics and Pandemics (DLMEP)

Centre Régionaux de Prévention et de lutte contre les épidémies (CERPLE)











MPOX Team at CPC

Dr Delia D. DJUICY

Martial YONGA

Gaël ESSIMA

Ripa MAMA

Ibrahim TOUOYEM

Landry MOUCHILI

Philippe NJITOYAP

Landry MESSANGA

Prof. Richard NJOUOM

