Policy Briefing:

The Mpox Outbreak in Africa: Priorities for Cameroon

Overview:

This policy briefing synthesizes key insights from the Cameroon Townhall for Healthcare Professionals meeting held on August 24, 2024 (107th edition), focusing on the theme "The State of the Mpox Outbreak in Africa," an open discussion led by Dr. Bryan Tegomoh with Dr. Boghuma Kabisen Titanji of Emory University.

Context:

WHO and Africa CDC declared mpox an emergency in August 2024 after a new strain, clade Ib, spread from the DRC to 16 other African countries. Cameroon is the only country where both clades have been detected and had about 35 cases in the past year.

Key Issues:

1. **Little testing:** Only about 10% of suspected cases in the DRC were confirmed; testing in Cameroon is centralised at Centre Pasteur in Yaoundé.
2. **Clinicians unfamiliar with the disease:** Mpox has been rare, so many health workers do not know how to recognise it, sample it or protect themselves.
3. **Vaccine access:** About 10 million doses are needed, supply is limited, the price is about 80 to 100 dollars a dose, and emergency use licensing has lagged.
4. **Uncertain treatment:** Tecovirimat did not shorten illness in the DRC trial, but good supportive care brought mortality to about 1.5%.
5. **Underinvestment:** Most African countries spend under 1% of GDP on health and research and rely on donors.

Discussion Highlights:

- Participants agreed responses must be tailored to how the virus spreads locally, not copied from COVID-19.
- Ring vaccination of close contacts was favoured as targeted and less stigmatising.
- Existing GeneXpert machines could host mpox tests once validated for clade I.
- Sequencing builds long-term preparedness but does not trace transmission chains for this slow-mutating virus.

Recommendations:

- **Train front line clinicians now:** MINSANTE and regional delegations should circulate a one page guide on recognising mpox, PPE, sampling and storage, isolation, supportive care and notification, and run short sessions for district hospitals. First step: a webinar for district medical officers with diaspora infectious disease specialists.
- **Decentralise testing:** MINSANTE, Centre Pasteur and partners should validate and deploy mpox cartridges on existing GeneXpert machines and set up sample transport from every region, with results within 48 hours. First step: confirm which PCR assays detect clade Ib.
- **Contact tracing and community education:** Regional delegations and community health workers should trace contacts of confirmed cases and explain how mpox spreads (close contact, sex, shared quarters), especially in displaced and forest-adjacent communities.
- **Prepare a targeted vaccination plan:** MINSANTE and the national regulator should secure emergency use licensing for MVA-BN and plan ring vaccination of contacts and protection of front line health workers, avoiding stigmatising group targeting. First step: an emergency use review of MVA-BN.
- **Strengthen genomic surveillance:** The national public health laboratory, with the Africa CDC Pathogen Genomics Initiative, should sequence a sample of confirmed cases quickly, share quality sequences, and invest in computing and stable power.
- **Fund preparedness domestically:** The government should commit its own emergency funds to the response, following the DRC's 10 million dollar pledge.

Next Steps: The town hall planned its next session in two weeks, with the Minister of Public Health if available, and invited the South West regional team to share its surveillance update.

Conclusion: Participants agreed that the most effective response for Cameroon now is informed clinicians, faster testing, contact tracing and honest public communication, backed by domestic funding. Vaccines and new drugs matter, but they should be deployed with a strategy fitted to local transmission.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of August 24, 2024. Recording: https://www.youtube.com/watch?v=BDSwt0uKHik