DEMOCRATIC REPUBLIC OF CONGO
Monkeypox outbreak

acaps
Briefing note
20 September 2024

CRISIS IMPACT OVERVIEW

The Democratic Republic of Congo (DRC) is at the epicentre of the current monkeypox (mpox) epidemic, accounting for 90% of all cases in Africa (WHO 13/09/2024; MSF 04/09/2024). Mpox is endemic in the DRC, with cases reported since the 1970s. In December 2022, however, an mpox epidemic was declared in the country and, since January 2024, cases have drastically increased. Between 1 January and 16 September, there were more than 23,000 laboratory confirmed cases and 730 deaths reported across all of the country's 26 provinces. A genetic mutation, which causes continuous transmission of the virus for months, appears to have increased its spread (MSF 15/08/2024; WHO 14/08/2024; Africa CDC 16/09/2024).

Children under the age of 15 accounted for around 66% of all reported cases and 82% of deaths (ECDC 02/09/2024). The number of cases is likely higher, however, as the DRC has limited testing, treatment, and surveillance capabilities and capacity (AJ 04/07/2024). Mpox typically spreads through contact with bodily fluids, including sexual contact, but transmission patterns have changed. Currently, the virus is spreading via close physical contact, such as sharing beds, clothing, or infected surfaces (UNICEF 14/09/2024).

Children, women, and people with weakened immune systems are at higher risk of contracting the disease. As a weakened immune system increases the risk of developing serious complications, children experiencing malnutrition or those already suffering from other illnesses are especially vulnerable to severe complications from mpox, which can be fatal without proper treatment and care (UNICEF 28/08/2024; WHO 17/08/2024; Children's National accessed 17/09/2024; CDC accessed 17/09/2024). IDPs are also at high risk of mpox transmission, as they risk higher exposure in crowded settings such as IDP camps and schools, where transmission can occur through surface contact.

Since May 2022, the DRC has seen an increase in mpox cases in the eastern Kwango province. Since then, however, the disease has spread to all of the country's 26 provinces (AJ 04/07/2024). In December 2022, the Government declared an epidemic, with South Kivu province being the worst affected, contending with an outbreak since September 2023 (AJ 04/07/2024; WHO 14/06/2024).

There are nearly one million displaced people in the DRC living in overcrowded conditions as a result of armed conflict in both North and South Kivu, causing high risk of a major mpox outbreak (MSF 15/08/2024). The mpox epidemic in the DRC is dynamic, with variations in risk factors, transmission, and cases across regions (UNICEF 13/09/2024). By 27 August, there were at least 42 suspected cases in the refugee population in shelters in South Kivu (UNHCR 27/08/2024). By mid-September, cases in makeshift shelters and IDPs camps are likely to be higher.

South Kivu is one of the worst affected areas, as, by 10 September, the disease had spread to 32 of the province's 34 health zones and caused at least 35 deaths (7sur7 10/09/2024). In Sankuru province, six health zones have been affected: Bena Dibele, Dikungu, Kole, Lomela, Ototo, and Wembonyama. In South Ubangi province, seven health zones have been affected: Bangabola, Bogose, Budjala, Bulu, Gemena, Mbaya, and Ndage (UNICEF 14/09/2024). The virus is also widespread in rural areas of South Kivu, such as in Kamituga, Kavumu, and Lwiro. These areas' poor infrastructure and damaged roads make access to vaccines and medical attention more challenging (BBC 12/09/2024).

There are two clades of mpox: strain or clade 2 is less severe, while clade 1 is significantly worse, potentially resulting in death for up to one-tenth of cases. Clade 1 is historically more common in the DRC, and has also caused the current outbreak (AJ 04/07/2024).

ANTICIPATED SCOPE AND SCALE

A genetic mutation identified in South Kivu has caused the epidemic to accelerate in pace. Cases in South and North Kivu are likely to keep increasing, as many are occurring in densely populated camps where people are exposed to sexual violence and clean water and sanitation are lacking, increasing the risk of infected surfaces (MSF 15/08/2024).

Exposure to infected clothing and surfaces has been causing the disease to spread. According to Save the Children, mpox is spreading over twice as fast among children in South Kivu as among the general population, and, since the start of the school term on 9 September, there is high risk of further spread among children (STC 02/09/2024). According to the WHO, children are more vulnerable to contracting mpox, which can also be easily confused with other common childhood illnesses, such as chickenpox or other viral infections (WHO 17/08/2024).

The DRC will start its mpox vaccination campaign on 1 October; until then, people will continue to be highly exposed to the virus (Reuters 12/09/2024). By 12 September, the country had 215,000 doses of mpox vaccine (UNICEF 12/09/2024). Without a comprehensive vaccination campaign, the outbreak could quickly spread beyond the DRC's borders to neighbouring countries (CARE 18/09/2024).

By 4 September, according to disease surveillance and contact tracing, it was anticipated that further cases would be detected in the coming weeks (Crisis24 04/09/2024).

HUMANITARIAN CONSTRAINTS

Humanitarian responders are at high risk of contracting mpox, as they face exposure while treating people.

Humanitarian response, including vaccination programmes, face challenges in delivering aid to health zones in North and South Kivu, primarily because of insecurity and poor infrastructure, particularly in rural areas (BBC 12/09/2024). In Bas-Uélé province, the roads are in poor condition, making access to remote locations particularly challenging (Fatshimetrie 02/07/2024; STAT 09/08/2024).

Damaged roads and insecurity caused by armed conflict constrain access to medical supplies, including mpox vaccines that must be transported under special conditions, at low temperatures, across the vast country (BBC 12/09/2024).

Armed conflict and violence, particularly in eastern regions, make it dangerous for aid workers to operate, often forcing the suspension or limitation of activities. As a result, essential services – such as medical care – are disrupted, leaving populations without critical assistance. In July 2024, a humanitarian convoy was ambushed in Butembo, North Kivu, resulting in the death of two relief workers. Since the start of the year, there have been over 170 security incidents directly targeting humanitarian personnel, leading to at least four fatalities and 20 injuries. Over a dozen humanitarian workers were kidnapped in the first half of 2024 (UN News 02/07/2024; Insecurity Insight/SHCC 29/07/2024; Govt. US 09/07/2024).

CRISIS IMPACTS

Health

Prior to the genetic mutation, mpox was most often transmitted via sexual contact. In mid-September 2023, however, a new gene emerged and changed transmission patterns, increasing the number of children infected through close physical contact (such as sharing beds, clothing, or surfaces) at the household level. Over 60% of suspected mpox cases and 80% of suspected deaths are children (UNICEF 13/09/2024; MSF 15/08/2024; Reuters 27/08/2024). While mpox can be fatal, proper health attention – including analgesics and supportive care for symptoms such as pain and fever, hydration, skin care, prevention of secondary infections, and treatment of co-infections – can lead to recovery (WHO 26/08/2024).

Children, pregnant women, and individuals with weakened immune systems face greater risk of infection (WHO 13/09/2024). Those with weakened immune systems are more likely to contract the virus and develop serious complications (Children's National accessed 17/09/2024; CDC accessed 17/09/2024).

Between 1 January and 16 September 2024, there were 730 mpox deaths reported across the country (Africa CDC 16/09/2024). Équateur, Mongala, Sankuru, South Kivu, South Ubangi, Tshopo, and Tshuapa are the provinces worst affected (7sur7 10/09/2024; UNICEF 13/09/2024). By 19 August, Équateur had recorded 321 fatalities, the most of any province (Oxfam 19/08/2024).

Health workers are also at high risk of contracting the disease. Since January 2024, 20 doctors and nurses have been affected by the epidemic in South Kivu (7sur7 10/09/2024). Conflict-related disruptions to essential services and infrastructure are also making medical care and essential supplies harder to access (IFRC 27/05/2024).

In 2024, health authorities have observed a weekly average of nearly 370 suspected cases, marking a 32% increase from the estimated 280 weekly cases in 2023. The surge in mpox cases has disproportionately affected children, particularly in mpox-endemic provinces (WHO 14/06/2024; The Guardian 26/06/2024; USAID 03/06/2024).

Mpox can be prevented by the JYNNEOS mpox vaccine, which is about 75% effective with a single dose and 85% effective with two doses. Another vaccine, LC16, is also available and Japan has pledged to donate 3.5 million doses to the DRC. There is less information available about LC16, however, and vaccines are anticipated to be given to children (Reuters 12/09/2024; CIDRAP 27/06/2024).

WASH

Access to clean water and proper hygiene practices can reduce the risk of infection, as surfaces, infected clothing, and human contact (such as touching, sex, or even close breathing) are the main sources of transmission (WHO 26/08/2024). Individuals diagnosed with the disease require hydration for effective recovery, but, in 2024, around 65% of the DRC's population lack access to water, 84% lack access to basic sanitation, and nearly 18% still engage in open defecation, even though the country possesses more than 50% of the African continent's water reserves (WB 10/06/2024; UNICEF accessed 19/09/2024). Poor sanitation and hygiene are major causes of disease outbreaks in the DRC (IMA World Health 07/06/2024).

Many schools lack of running water, disinfectant, or soap, increasing the risk of disease spread, particularly in the new school year (STC 02/09/2024).

Lack of water and poor hygiene conditions mean the risk of rapid disease spread in IDP camps is high, posing a significant threat to both IDPs and humanitarian workers (WFP 02/08/2024). Poor hygiene conditions, lack of proper sanitation facilities, extremely limited access to safe drinking water, and the adverse consequences of insecurity – e.g. large-scale population displacements – significantly worsen the humanitarian situation and create an ideal setting for the emergence of various diseases (ECHO 16/09/2024). People in camps live in overcrowded conditions, with poor access to WASH and nutrition, which can weaken the immune system and make them more susceptible to contracting mpox (UNHCR 11/09/2024).

DRIVERS OF THE CRISIS

Monkeypox virus

The mpox virus is transmitted via close contact with infected people (including intimate or sexual contact), infected animals, or contaminated materials. Close personal contact through respiratory droplets, direct contact with bodily fluids, or indirect contact with lesion material – such as contaminated clothing or bedding – are the primary modes of transmission via physical contact. Mpox has been endemic in Central Africa (clade I) and West Africa (clade II) since the 1970s, and has spread to over 110 countries since 2022 (MSF 15/08/2024; Crisis24 04/09/2024).

The onset of mpox symptoms often occurs 3–17 days after exposure, but can even take as long as 21 days to appear. Symptoms include fever, headache, muscle and back pain, lymph node enlargement, chills, fatigue, and a rash marked by lesions that advance through many stages before shedding (Crisis24 04/09/2024).

COMPOUNDING/AGGRAVATING FACTORS

Conflict

Since 2013 approximately, eastern DRC has experienced protracted conflict between the March 23 Movement and the Armed Forces of the DRC (CFR 24/06/2024). Since 2023, however, this conflict has increased in intensity, as the March 23 Movement has progressively gained territorial control and MONUSCO (the UN peacekeeping mission in the DRC) ended its mandate (TNH 26/08/2024; MSF 12/08/2024). The conflict constrains people's access to healthcare, food, and other basic needs. Insecurity also limits communities' access to humanitarian aid.

Displacement/shelter

As armed conflict continues to force people from their homes, millions are left in overcrowded and under-resourced camps, where access to necessities such as food, clean water, and healthcare is severely limited. About 56% of displaced people live in host communities and 44% live in displacement sites, including shelters and camps. Wherever they stay, displaced people live in precarious conditions and are in need of food, water, and healthcare (ICRC 04/06/2024; IOM 08/05/2024).

By 31 July, there were approximately 6.44 million IDPs and over 518,000 refugees across the country, with the highest numbers in North Kivu (2.69 million), South Kivu (1.44 million), and Ituri (1.43 million). The majority, about 80%, have been forced to flee as a result of attacks by armed groups. Women make up 51% of the displaced population (OCHA 18/03/2024; NRC 06/06/2024; UNHCR accessed 17/09/2024). The constant movement of displaced populations also complicates efforts to deliver aid and maintain public health, as instability and insecurity hinder humanitarian organisations' access to those in need.

Malnutrition

The mpox virus causes loss of appetite and energy, which can aggravate existing malnutrition on children (BBC 12/09/2024). Between July 2024 and June 2025, nearly 4.5 million children aged 6–59 months are expected to face acute malnutrition, making them even more vulnerable to contracting mpox. A weak immune system, aggravated by malnutrition, can lead to more severe complications or even death (STC 10/09/2024; IPC 09/09/2024; WV 15/08/2024; Children's National accessed 17/09/2024; CDC accessed 17/09/2024).

By 3 July, around 40% of the DRC population was experiencing Crisis (IPC Phase 3) or higher levels of food insecurity, including 15.7 million individuals facing Emergency (IPC Phase 4) levels and 25.1 million individuals facing IPC 3 (IPC 03/07/2024).

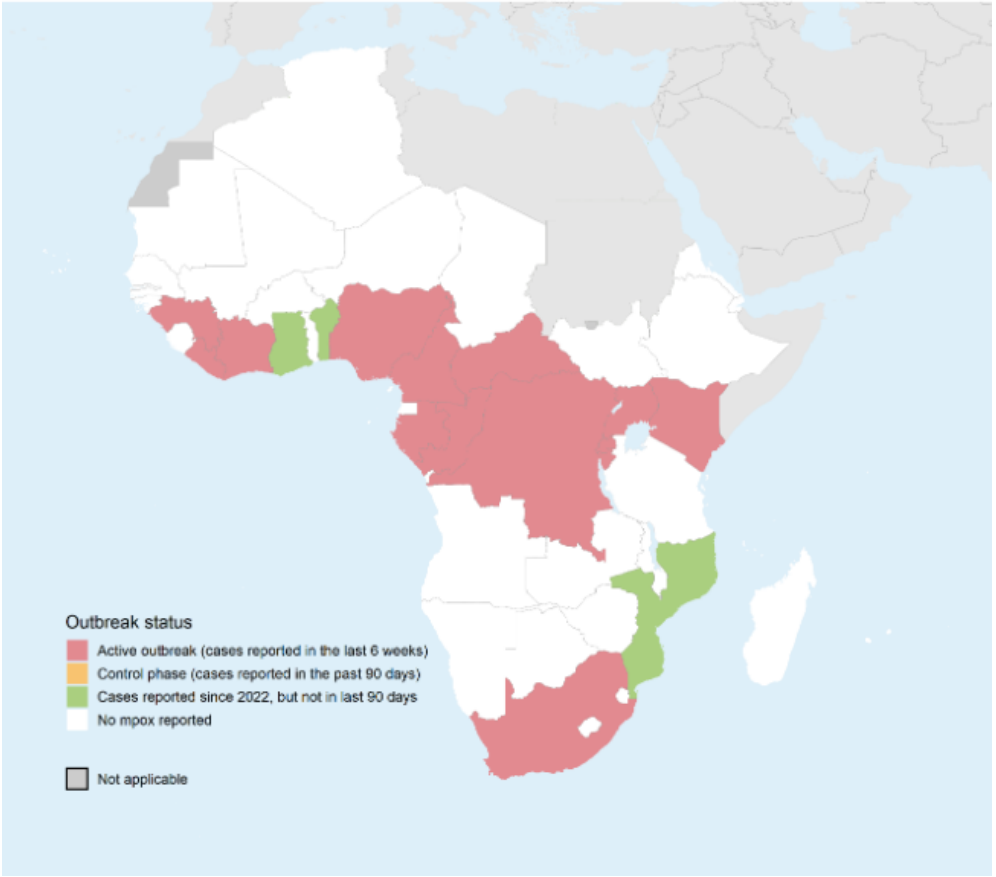
RESPONSE CAPACITY

The lack of accessibility to health centres, limited availability of health personnel, and an underdeveloped medical infrastructure are among the challenges to humanitarian response (UNICEF 13/09/2024).

Various countries, including Belgium, France, and Japan, have promised to send vaccines to the DRC to mitigate the emergency (Reuters 12/09/2024).

Many of the areas affected are remote, and there is limited governmental capacity or access to laboratory testing. In 2024, only about 40% of all suspected cases have been tested, 55% of which tested positive (VOA 14/09/2024).

Map 1. African Countries Affected by mpox between 1 January and 8 September 2024



Source: WHO (17/09/2024)