**Five questions about the mpox outbreak in DRC**

**In Democratic Republic of Congo (DRC), the number of mpox (formerly known as monkeypox) cases have been on the rise for more than two years. However, the situation has worsened in recent months, with a surge in the number of people affected, a mutation leading to human-to-human transmission of the virus, and the notification of suspected cases in sites for displaced people in North Kivu province. What is the situation in the country, and what are Doctors Without Borders (MSF) teams doing to deal with this new emergency? Dr Louis Albert Massing, MSF’s medical coordinator in DRC, provides some answers.**

**What is mpox and what risks does it pose?**

Mpox is a disease caused by the monkeypox virus. It is transmitted by close contact between people or with infected animals. It has been endemic in Central Africa (strain I) and West Africa (strain II) since the 1970s and spread rapidly around the world in 2022-2023. Tens of thousands of cases linked to the West African variant have been reported in more than 110 countries.

In practical terms, mpox causes rashes, lesions, and pain, all of which require supportive treatment to manage the symptoms as effectively as possible and avoid further complications. Most patients treated recover within a month, but the disease can be fatal if left untreated. In DRC, where the mortality rate for the strain is much higher than in West Africa, more than 479 people have died since the start of this year. By comparison, the World Health Organization (WHO) estimates that mpox claimed the lives of 89 people worldwide in 2022.

**What is the current situation in DRC?**

Historically, the disease is endemic in 11 of the country’s 26 provinces. However, the number of cases has been rising sharply for more than two years, leading health authorities to declare an epidemic in December 2022. The number of cases tripled in 2023, with more than 14,600 suspected cases notified and 654 deaths. But in 2024, the situation has worsened further. Between January and mid-July, more than 12,300 suspected cases were reported, and 23 provinces were affected.

The acceleration of the epidemic is worrying, especially as a genetic mutation has been identified in South Kivu province, with human-to-human transmission now uninterrupted for months. This had not yet been identified with the Congo Basin strain, unlike the West African strain that caused the global epidemic in 2022. In addition to this mutation, another cause for concern is that the disease has been recorded in displaced people’s camps around Goma, in North Kivu, where the high population density is making the situation critical. There is a real risk of an explosion of the disease, given the huge population movements in and out of DRC.

The identification of cases, the monitoring of patients, and the care available remain extremely limited, while the lack of vaccines makes the situation even more difficult. The perception of the disease as being linked to mysticism or witchcraft in some communities also complicates people’s adherence to public health measures. This illustrates the need to work closely with community leaders to get everyone to adhere to the measures. MSF is calling for the mobilisation of all those involved in the response, and for the communities most at risk to be protected as quickly as possible by vaccination.

**What is the situation regarding vaccines in DRC?**

DRC has validated two vaccines and is trying to obtain supplies, but at this stage, no vaccine is yet available. Negotiations are underway with certain countries, and priority areas are being identified. We hope that things will soon be resolved and that sufficient vaccines will be supplied to the country to act in the main epidemic areas.

**What are MSF teams doing in the meantime?**

We have set up several interventions to support the response to this outbreak. This is not the first time: emergency interventions were already carried out in 2021 in Mai-Ndombe province, then in 2023 and early 2024 in Équateur province. But we’re stepping up our efforts given the recent developments.

Since mid-June, one of our teams has been supporting the Uvira health zone in South Kivu. We are supporting the provision of care for people with severe symptoms at the Uvira general referral hospital, and follow up with patients with milder forms of the disease on an outpatient basis, while isolating suspected cases. Our teams are training medical staff in medical management and are also involved in infection prevention and control measures and community awareness-raising. In Uvira, over the last five weeks, more than 420 patients have already been treated by MSF, including 217 serious cases. We are also providing hospitals with kits for treatment and for taking samples.

In North Kivu, we have launched surveillance and awareness-raising activities in the displaced people’s camp sites in Goma where we are present, and we are strengthening health care facilities in terms of triage, isolation and management of patients presenting mpox symptoms.

In the northwest of the country, two other interventions have been launched: one in the Bikoro health zone, in Équateur, and the other in the Budjala health zone in South-Ubangi. Both interventions will be carried out for several months. They are also aimed at training medical staff in medical and psychological care, strengthening epidemiological surveillance, infection prevention and control measures, including community awareness-raising, particularly for groups of people that are sometimes more difficult to involve, such as people with disabilities. In Budjala, 329 patients were treated with our support between mid-June and mid-July. In Équateur province, we will also be conducting operational research with the health authorities to better understand the dynamics of the virus and how to combat the disease.

**What should the immediate priorities be?**

The epidemic is spreading in areas with demographic and geographical realities that are sometimes very different. The response must be not only multisectoral but also adapted to each context. Pending the arrival of vaccines, as many partners as possible must support other key aspects of the response such as laboratory analysis, surveillance, support for isolation and self-isolation, awareness-raising, etc. And, of course, patient care. Today, all these aspects suffer from shortcomings and require enormous resources to function properly.

For the rest, as I was saying, we can only plead, like so many others, for the vaccines to arrive in the country as quickly as possible and in large quantities, so that we can protect communities in the areas most affected—particularly the most at-risk groups such as Congolese health workers, who are on the front line of the infection, as well as other at-risk groups such as sex workers and displaced people in camps.