**DRC: Cholera epidemic MSF supports populations of affected neighbourhoods**

Tuesday, January 30, 2018 — ***Kinshasa***

The Democratic Republic of Congo is currently facing its most significant cholera outbreak for 20 years: in 2017, 55,000 people fell ill across 24 of the country’s 26 provinces, and 1190 died. Doctors Without Borders (MSF) has been at the forefront of the medical and humanitarian response, treating **half of patients**(about 25,300) affected by cholera across the country, especially in the provinces of Kongo Central, Kwilu, Kasaï, Haut Lomami, Maniema, Tanganyika, Sud-Kivu, Nord-Kivu, Ituri and Bas-Uélé.

The epidemic has now reached the country’s capital, Kinshasa. This megapolis of 12 million people is the nerve centre of the country’s trade and home to one in every six Congolese. It is vulnerable to cholera because of a lack of drinking water, a lack of sanitation, and a lack of health infrastructure that is properly adapted to provide treatment in cholera-affected areas. From the end of November until 22nd January 2018, health authorities indicated **826 suspected new cases and 32 deaths**(mortality rate 3, 8%)**.**

To contain the epidemic, teams from MSF’s ‘Congo Emergency Pool’ are bolstering the two Cholera Treatment Units (CTUs) in Camp Luka and Pakadjuma, so ensuring 24/7 patient care in the most affected health zones (Binza Méteo, Kitambo and Limete). From the beginning of activities (16th January 2018), MSF has treated 157 patients, whom almost 40% in severe dehydration, 133 have been already discharged and 1 person died.

 “Faced with the spread of this epidemic, as of last week we have stepped up our intervention by treating patients in the treatments units, and by putting in place 10 rehydration points, epidemiological surveillance activities and education, and an ambulance service,” says **Jean Liyolongo, from MSF’s Emergency Pool in Congo**. “Cholera is affecting the parts of Kinshasa that are densely populated, so it’s crucial to act quickly to prevent the spread of this epidemic. By providing quick and free treatment for patients, alongside support to healthcare providers, we can ensure proper care for those who are ill.”

In areas where access to drinking water and sanitation is poor, cholera is a highly contagious disease. The illness causes severe diarrhoea and vomiting, leading to patients becoming rapidly dehydrated. Present in the country since the seventies, it is endemic to nine provinces of DRC, especially around the Great Lakes in the east of the country.

“A few days ago I got very ill, with severe diarrhoea and vomiting. In my neighbourhood, here in Camp Luka, there were already a lot of cholera cases. That’s why I asked my husband to take me to the health centre,” says Marie[[1]](file:///\\\\msfsa-dc\\RedirectedFolders\\seipati.moloi\\Desktop\\Kinshasa_Cholera%20Outbreak_29012018%20(2).doc" \l "_ftn1" \o "), a patient in MSF’s health centre in Camp Luka. “I was very weak and so we tried to take a moto-taxi but everyone refused us. Here in Kinshasa there’s a lot of stigma attached to cholera, it’s a shameful illness. My husband had to carry me on his back for three kilometres to get me here.”

*MSF has worked in DRC since 1981 and today works in 20 of the country’s 26 provinces, offering medical care to the victims of conflict and violence, to displaced people and to those suffering in epidemics or pandemics like cholera, measles and HIV/AIDS. Emergency response teams are ready to react across the whole country in case of an epidemic, a natural disaster or conflict.*

[[1]](file:///\\\\msfsa-dc\\RedirectedFolders\\seipati.moloi\\Desktop\\Kinshasa_Cholera%20Outbreak_29012018%20(2).doc" \l "_ftnref1" \o ") Invented name to preserve anonymity of the patient