

OVERVIEW

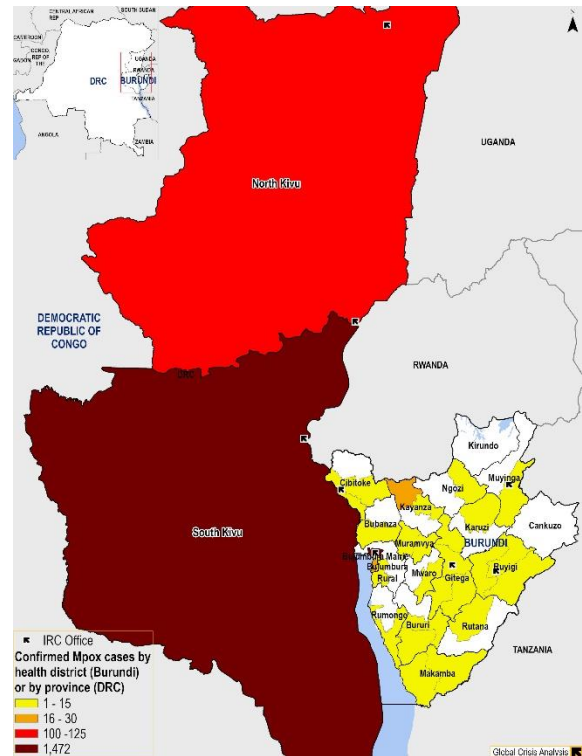
As of September 8, 2024, the mpox outbreak has resulted in nearly 103,048 confirmed cases in 121 countries since May 2022¹.

In August 2024, the WHO declared mpox virus a Public Health Emergency of International Concern (PHEIC) and the Africa CDC declared it as the first ever Public Health Emergency of Continental Concern. These declarations were made after a new variant (mpox clade 1b) spread to places where mpox had never been seen before, like in South Kivu, North Kivu, and in most health districts of Burundi. The rapid spread of clade 1b virus strain in the DRC, and its detection in countries neighboring the Democratic Republic of Congo (DRC), including Burundi, is of particular concern and is one of the main reasons for the PHEIC declaration.

As of 8 September², 21,835 suspected cases of mpox, including 717 deaths, have been reported in the DRC alone. The countries reporting Clade I include Burundi (358 confirmed cases), Uganda (10), Kenya (5), Rwanda (4), and suspected in Gabon. There are also clade Ia cases in, Cameroon, the Central African Republic and Republic of Congo, while cases of Clade II are found elsewhere in Africa.

Mpox can spread mostly through [direct contact](#) with an infected person, as well as through direct contact with an infected animal or materials contaminated by the virus. Mpox can infect anyone, regardless of geographic location, gender identity or sexual orientation. The risks related to vulnerable populations is of particular concern, including people with suppressed immune systems, like those with poorly controlled HIV, as well as young children, pregnant women, and people in displacement or refugee settings with poor hygiene and protection conditions.

The International Rescue Committee (IRC) is mobilized for a response in the DRC and Burundi, while maintaining a high level of preparedness in other countries within the region.



RESPONSE HIGHLIGHTS

The IRC's Regional mpox Task Force is supporting two emergency responses in the DRC and Burundi, in addition to supporting advanced preparedness measures in Cameroon, Chad and the Central African Republic.

Emergency Response in the DRC:



In partnership with the Ministry of Public Health, Hygiene, and Prevention (MSPHP) and Ministry of Gender, Family, and Children, and in coordination with local humanitarian organizations, the IRC trained 40 community health and hygiene promotion workers on mpox prevention measures and case detection techniques within

¹ https://worldhealthorg.shinyapps.io/mpx_global/

² https://worldhealthorg.shinyapps.io/mpx_global/



targeted internally displaced people (IDP) sites. The training incorporated the MSPHP's national guidelines to ensure alignment with the country's official prevention messages.

In the Buhimba IDP site, the IRC and its partners have been actively referring individuals exhibiting mpox-like symptoms to designated healthcare facilities.

IRC and its partners have strengthened community hygiene measures in IDP sites to tangibly improve infection, prevention, and control (IPC) practices in the targeted communities.



Community health workers visit camps in the DRC to spread awareness about mpox as part of ongoing risk communication and community engagement efforts.

In Burundi, over 1,487 households have received Unconditional Cash Assistance. Beneficiaries were identified in collaboration with national and local authorities, as well as humanitarian partners, focusing on individuals affected by floods, cholera, or mpox. Many recipients had lost their belongings during the floods and landslides caused by El Niño and were living in dire conditions with limited access to basic necessities.

CROSS-CUTTING ISSUES IN MPOX PREPAREDNESS AND RESPONSE

- Training and awareness-raising initiatives on compliance with protection standards were implemented in both countries to enhance the quality of interventions and prevent instances of abuse, exploitation, fraud, and corruption associated with the programs.
- In Cameroon, Chad, Tanzania, and the Central African Republic (CAR), advanced preparedness, mitigation, and staff protection measures, along with an epidemiological alert system, have been established to monitor developments within each country.
- Cross-border information sharing and analysis systems have been implemented among different countries in the region.

OPERATIONAL HIGHLIGHTS

The IRC remains committed to supporting responses in regions heavily impacted by mpox in the DRC and Burundi, where humanitarian challenges are particularly acute. In Burundi, access to areas affected by El Niño-related flooding poses significant complexities. In the DRC, ongoing clashes between armed groups and the government hinder access to several regions, further exacerbated by the mpox outbreak. The escalating violence is likely to impede the delivery of emergency response materials in all affected areas.

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