

OVERVIEW

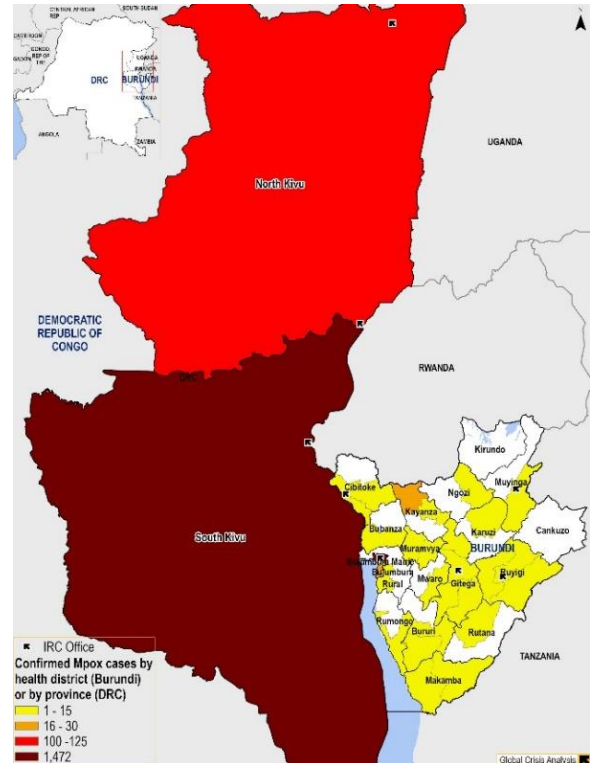
As of September 30, 2024, the mpox outbreak has resulted in 109,699 confirmed cases in 123 countries since January 2022, including 236 deaths¹.

In August 2024, the Africa CDC declared mpox virus as the first-ever Public Health Emergency of Continental Concern and the WHO declared it a Public Health Emergency of International Concern (PHEIC). The rapid spread of mpox in the Democratic Republic of Congo (DRC) with 34,030 suspected and lab-confirmed cases in 2024 and Burundi with 1,169 lab-confirmed cases is causing significant concern due to its threat to public health locally and internationally. A total of 987 suspected and confirmed deaths have been reported and of these deaths, 981 were reported from the DRC. In addition, Nigeria (94), Uganda (91), Côte d'Ivoire (67), the Central African Republic (57), South Africa (25), Congo (22), Liberia (13), and Kenya (13) among the countries with top ten highest number of cases in 2024.

In the DRC, suspected cases of mpox, primarily of the Ib clade, are increasing in strategic regions such as South Kivu, North Kivu, and Tshopo, which share borders with countries with highly mobile populations. The new variant, Ib, which spreads more easily person-to-person, with sustained chains of inter-person transmission, poses new concerns. In Burundi, mpox is spreading throughout the country, particularly in the capital Bujumbura, with a higher incidence among men and children. The rising number of positive tests indicates ongoing transmission of the virus. There is also a concern for unrecognized community transmission in different localities. In the past month, cases have been detected in travelers returning from countries that have not reported any confirmed cases, raising concerns for potentially unrecognized transmission. There is also evidence of intercontinental spread to Sweden, India, and Thailand.

Mpox underscores the need for enhanced surveillance, prevention, and control measures to contain the epidemic. Continued international collaboration and awareness campaigns are crucial to combat this health threat. Urgent, robust, and coordinated responses are required in both the DRC and Burundi to safeguard local populations and prevent global transmission. Vigilance, preparedness, and international solidarity remain indispensable in containing this viral disease and minimizing its impact on populations already grappling with other complex challenges. The DRC has begun vaccination with the MVA-BN mpox vaccine, targeting healthcare workers and those most at risk, October 5, in North Kivu then elsewhere affected by the new variant in South Kivu and Tshopo and then later in Equateur, where the original variant (Ia) continues to spread.

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. Mpox in DRC and Burundi continues to affect infants and small children through household transmission by contact and most notably, young adults, often through sexual transmission or other contact. The risks related to vulnerable populations are of particular concern, including people with suppressed immune systems, like those with poorly controlled



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

HIV, as well as young children, pregnant women, and people in displacement or refugee settings with poor hygiene and protection conditions.

RESPONSE HIGHLIGHTS

The International Rescue Committee (IRC) continues to lead emergency responses in the DRC and Burundi, with advanced preparedness efforts in Tanzania, Chad, Cameroon, and the Central African Republic. The IRC country teams are actively supporting the response plans of the ministries of health as the epidemic progresses.

Emergency Response in the DRC:



RCCE

Intensified awareness campaigns in the Rusayo 2 and Nzulo sites have reached over 700 households, educating them about mpox. To combat misinformation, 33 discussion groups involving 324 individuals and additional awareness sessions in IDP camps have been conducted, promoting messages endorsed by health professionals.



Medical
Referral

More than 160 community leaders and volunteers have been mobilized, resulting in 45 referrals to health facilities.



IPC

Over 112 community latrines in internally displaced persons camps have been equipped with hygiene supplies, benefiting more than 3,080 individuals. These sustainable community toilets are now supported by hygiene brigades equipped with appropriate protective equipment.



IRC provides hygiene kits to flood-affected communities in Burundi, where mpox cases have been reported.

In Burundi, IRC is collaborating with the Civil Defense and the Ministry of Health to raise awareness about mpox through community activities in Rumonge and Bujumbura Mairie provinces. Over 14,000 people have received education on mpox risks during hygiene kit distributions in Bujumbura Mairie. IRC employees have undergone mpox training with active participation from local authorities. Ongoing efforts are focused on enhancing awareness-raising techniques among youth and community leaders.

CROSS-CUTTING ISSUES IN MPOX PREPAREDNESS AND RESPONSE

- The IRC Regional Task Force² has implemented a mpox preparedness kit in affected countries.
- Through knowledge-sharing and best practices exchange with CDC, WHO, the European Union, USAID/BHA, and community leaders, IRC is bolstering response capacity amid rising cases.
- The fight against the mpox epidemic requires coordinated action and sustained dedication at all levels. IRC remains committed to supporting affected communities during this critical period.

² The IRC Taskforce is coordinated by the Regional Emergency Director (RED), with support from the Central Africa Region Health Technical Unit (including Deputy Director, Health, Environmental Health, Communicable Diseases, and Infection Prevention and Control Technical Advisors), Emergency Health Technical Advisor, and Protection Duty.

OPERATIONAL HIGHLIGHTS

The rainy season has begun in Burundi and parts of the DRC. Past rainy seasons in both countries have resulted in severe flooding, potentially increasing the risk of waterborne diseases and damaging infrastructure, including roads and hospitals. This could significantly disrupt response operations led by the Ministry of Health, supported by humanitarian coordination and other stakeholders.

NEXT STEPS

- Continue supporting efforts to enhance mpox response capacities in the DRC and Burundi while continuing to engage and collaborate with WHO and other stakeholders at the regional level.
- Actively monitor the regional epidemiological situation for mpox and other potential epidemics, such as cholera and Marburg.

For further information, please contact: Chloe Leconte, Communications and Media Coordinator - chloe.leconte@rescue.org