Special Briefing: Current Mpox Outbreak in Congo (DRC) and Global Spread Risk

16 August 2024

Overview

A rapidly expanding outbreak of mpox (formerly known as monkeypox) in Congo (DRC), involving multiple virus strains and various transmission routes, has spread into other countries in Africa and may spread further, including to other regions of the world. This situation prompted the Africa CDC to declare a Public Health Emergency of Continental Security (PHECS) on 13 August. The following day, the World Health Organization (WHO) declared mpox a Public Health Emergency of International Concern (PHEIC).

A PHEIC is called when the situation or disease is deemed 'serious, sudden, unusual or unexpected', there is potential for international spread, and there is a need for a co-ordinated international response.

Historical Context

Mpox was first identified in 1958 in research monkeys and the first human case was detected in 1970 in Congo (DRC). Since then, two virus types are known to be endemic, or commonly occurring, in West and Central Africa:

- Clade I: present in southern Cameroon, Central African Republic (CAR), Congo, Congo (DRC) and Gabon. It is thought to cause more severe illness and deaths.
- Clade II: present in northern Cameroon, Cote d'Ivoire, Ghana, Liberia, Nigeria and Sierra Leone.

Historically, mpox cases in endemic countries were sporadic and typically linked to contact with infected animals. However, in 2022, Clade II mpox spread globally to over 100 countries, primarily through sexual contact among men who have sex with men (MSM). The WHO declared the first mpox PHEIC in July 2022. This PHEIC ended in May 2023, when global transmission levels significantly decreased. However, there is ongoing significant transmission of Clade II, with more than 20 countries reporting cases this year.

Current Situation

In 2023, Congo (DRC) experienced an unprecedented surge in mpox. More mpox infections were reported in 2023 in the country than any previous year. By August, the number of infections in 2024 had already surpassed 2023 numbers. This outbreak is due to Clade I, which has split into Clade Ia and Ib. Clade Ib is mostly affecting the adult population and is being transmitted mainly through sexual contact. Clade Ia is mainly affecting people under the age of 15, and is spreading through multiple ways, both sexual and non-sexual contact.

Countries reporting mpox in 2024:

- Clade Ia: CAR, Congo, Congo (DRC)
- Clade Ib: Burundi, eastern Congo (DRC), Kenya, Rwanda, Uganda (Sweden has reported one imported case)
- Clade II:
    - Within Africa: Cameroon, Cote d'Ivoire, Ghana, Liberia, Nigeria and South Africa
    - Outside Africa: Clade IIb, see the WHO Mpox Outbreak Global Trends

Transmission

Human-to-human transmission can occur through:

- Close direct contact with the rash or body fluids of an infected person.
- Exposure to virus-contaminated objects, such as bedding or clothing.
- Infected respiratory droplets during prolonged face-to-face contact.
- In healthcare settings when there are breaches in infection control
- During pregnancy via the placenta.

Animal-to-human transmission can occur through bites, contact with bodily fluids, or touching the rash on an infected animal's skin.

Symptoms

Symptoms typically appear five to 21 days after exposure and are initially flu-like followed by a rash. The rash can be painful and involve any area, including the face, mouth, arms, legs, hands, feet, genital and perianal area. The rash progresses through several stages, forming blisters, which become pustular, before crusting and falling off.

Most people recover within two to four weeks, though there can be long-term scarring of the skin. The disease can be severe and sometimes fatal, especially in children and immunocompromised individuals.

Diagnosis and Treatment

Diagnosis is made through specialised laboratory testing of blood and swabs of the rash. Testing capabilities may be limited in some location.

Medications to treat mpox are in limited supply. Authorisation, availability and treatment protocols differ from country to country. Antivirals include tecovirimat, cidofovir and brincidofovir, and some locations are using intravenous antibody treatment. Research and development are ongoing.

Vaccination

A vaccine used for the prevention of smallpox and mpox infection, known by the names, JYNNEOS, Imvamune and Imvanex, is increasingly available in several locations. The primary vaccination course requires two doses, given 28 days apart.

Supply is limited. Countries have different eligibility criteria.

In outbreak situations vaccination may be reserved for people at highest risk, including healthcare workers, household contacts and intimate partners.

Prevention

In addition to vaccination, prevention is through:

- Observing good personal hygiene:
  - Washing hands well and often.
  - Avoiding skin-to-skin contact, including avoiding crowds and minimising bare skin if likely to be in crowded environments.
  - Avoiding contact with objects and materials that may be contaminated with mpox (used towels, bed linen).
- Preventing sexual transmission:
  - Limiting the number of sexual partners.
  - Wearing condoms for a further 12 weeks after recovering from a mpox infection. Using condoms reduces the risk of exposure to mpox, but does not prevent infection through close physical contact.
  - Taking extra precautions when caring for a sick person, and cleaning areas and items that have been used by them. For more information, see the United States Centers for Disease Control and Prevention guidelines for Isolation and Infection Control in the Home.

In areas where mpox is present in animals, additional preventive measures are:

- Avoiding contact with wild animals.
- Avoiding touching objects which have been in contact with animals.
- Avoiding preparing or eating 'bush meat' (wild game).

Risk to Travellers

The risk to travellers is low if they avoid direct contact with infected people, and animals.

Alerts for outbreaks of mpox are published on the International SOS location guides.

Enhanced entry screening has been implemented in some locations. See the Mpox Screening and Travel Restrictions page.

Monitoring and Updates

For the latest updates, visit:

- The Medical Alerts page of the International SOS location guides.
- The Monkeypox page of the Pandemic Preparedness website.