

Multidimensional study of the epidemiology and prevention practices of Mpox in Budjala Health Zone in the Democratic Republic of the Congo : Track - MPOX

Cheick Oumar Doumbia, MSF WaCA, Côte d'Ivoire ; Sophie Meakin, Epicentre, France

Introduction

Mpox remains a major public health concern in the Democratic Republic of the Congo (DRC), particularly in endemic regions such as South Ubangi, where clade Ia circulates. In 2024, Budjala Health Zone experienced a notable rise in suspected Mpox cases. The TRACK-MPOX study aimed to generate critical evidence on Mpox transmission, clinical outcomes, and community prevention practices in this context.

Methods

TRACK-MPOX is a multidimensional study with four components: (1) a retrospective clinical survey of suspected Mpox cases recorded in health facilities; (2) a prospective cohort of new Mpox cases; (3) a population-based household survey estimating Mpox attack rates, mortality, and MVA-BN vaccine coverage; and (4) a KAP survey on Mpox awareness and prevention. Data were collected from January 2024 to April 2025 via structured interviews, medical record reviews, and community surveillance. Risk factors for infection and severe disease were assessed through univariate and multivariable logistic regression.

Results

A total of 527 Mpox cases were interviewed, of which 52% were female, and 65% were children under 15. Rash/lesions and fever were the most reported (100% and 87%, respectively), and 83 (16%) reported widespread lesions (defined as affecting 5 or more areas of the body). 87 (17%) were hospitalized: this was significantly more likely among cases with widespread lesions (univariate logistic analysis OR 28, 95% CI [13.1, 66]). The community attack rate was 210/10,000/day overall. Crude and Mpox-specific mortality rates were 0.53/10,000/day (95% CI [0.33–0.72]) and 0.01/10,000/day (95% CI [0.00–0.02]), respectively. Adults had a vaccination coverage of 17.2% (95% CI [16–18.5]). Risk factors for Mpox illness include living in households with >5 members, living in high-density health areas, being 14 or younger.

Conclusion

Mpox continues to pose a significant burden in endemic communities. These findings support the urgent need for enhanced case detection, targeted vaccination, and community engagement to reduce transmission and severity of outcomes.

TRACK-MPOX reveals high attack rates and low vaccine coverage in Budjala, with key risk factors including crowded households, living in high-density areas, and young age.