DEMOCRATIC REPUBLIC OF CONGO

Mpox outbreak affecting Kasaï province

acaps
Briefing note
13 October 2026

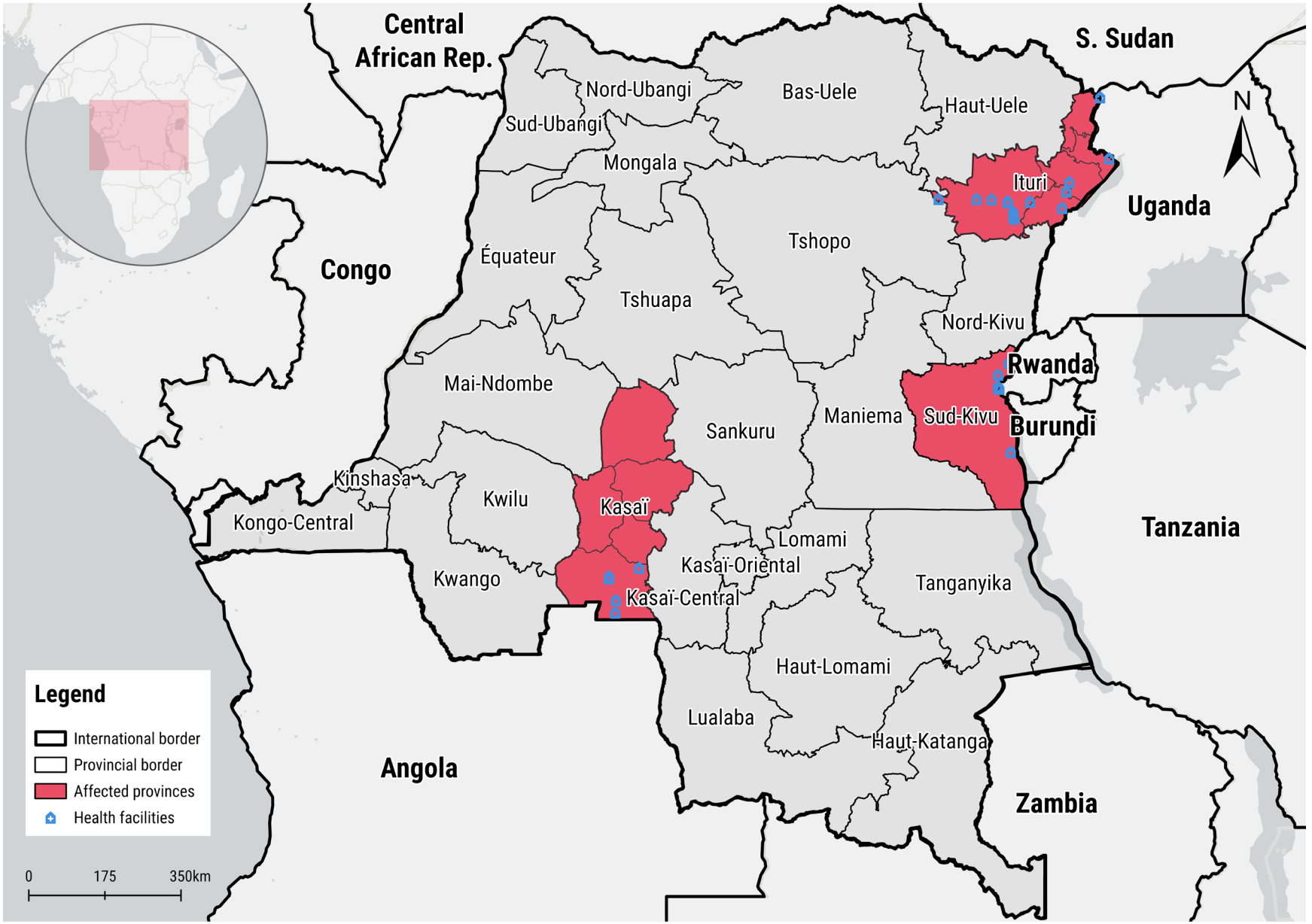
CRISIS IMPACT OVERVIEW

- On 16 September 2026, provincial authorities announced an mpox outbreak in Kasaï province, initially covering five health zones (7Sur7.cd 17/09/2026; mediacongo.net 17/09/2026). By 1 October, 1,017 cases and more than 24 deaths had been reported across all 18 of the province's health zones (Actualite.cd 01/10/2026).
- The declaration of a provincial mpox outbreak in Kasaï comes five months after the Government announced the end of a national mpox emergency designation; on 2 April, the Government announced a shift from emergency response to resilience, promoting community vigilance given the risk of resurgence (MSPHP 08/04/2026). The end of the emergency designation did not mean that transmission had ceased throughout the country, and available reporting does not establish whether the Kasaï outbreak is a result of continued local transmission or a new introduction into the province.
- Earlier media reporting from 1–2 September quoting health sources identified Kambangoma and Mukwandjanga in Luebo health zone as the main affected locations, approximately 20km from the health zone coordination office. Authorities in Luebo were awaiting laboratory results from the National Biomedical Research Institute, indicating reliance on diagnostic support outside the health zone at that stage (ACP 01/09/2026; Radio Okapi 02/09/2026). The sources reviewed do not establish whether provincial testing arrangements have subsequently changed.
- Hospital staff reported limited equipment and response resources from the outset. Suspected cases included infants aged two to three months. There were also reports of concerns about obtaining food and lodging during hospital care discouraging patients from seeking treatment (ACP 01/09/2026).
- On 4 October, national health authorities deployed Rapid Intervention Teams to Tshikapa to support the Kasaï Provincial Health Division, particularly in Luebo. The mission focuses on epidemiological surveillance, the investigation and early detection of suspected cases, case management, and community awareness, while also reinforcing the operational capacity of local health teams (CongoCroissance 05/10/2026).
- Kasaï is facing a simultaneous measles outbreak and suspected cases of yellow fever, increasing pressure on surveillance and health response capacity (WHO 31/08/2026; Beto 23/09/2026). At 9 October, no cases of Ebola had been reported in the province (CDC 09/10/2026).
- On 26 September, an mpox case was confirmed in Bunia, the capital of Ituri province; by 29 September, there were five confirmed cases reported in Rwampara and Aru health zones of the province (MedAfrik Info Instagram 26/09/2026; mediacongo.net 01/10/2026; Reuters 25/09/2026). Earlier reports dating from July indicate nearly 4,000 cases confirmed in Sud-Kivu since the start of the year (mediacongo.net 23/07/2026). The available reporting does not establish whether cases in Ituri, Kasaï, and Sud-Kivu are linked to the same transmission chains.

ANTICIPATED SCOPE AND SCALE

- In Luebo, uncertainty over access to food and accommodation during hospital care has discouraged some patients from seeking treatment (ACP 01/09/2026). These barriers may become harder to overcome during the lean season; projections made before the outbreak anticipated Crisis (IPC Phase 3) food security outcomes in Mweka and Kamonia territories from October, with poor households expected to reduce health expenditure and increasingly resort to borrowing (FEWS NET 22/06/2026).
- Further mpox transmission may occur within affected communities if barriers to seeking care continue to delay case identification (ACP 01/09/2026). As mpox spreads mainly through close contact, delayed recognition of infection could increase exposure among household members and other close contacts (WHO accessed 07/10/2026).
- If the capacity and infrastructural testing and case management limitations reported in September persist, they could delay the identification and care of additional cases, increasing transmission and demand for care particularly for infants and children, who are at higher risk of severe mpox (WHO accessed 07/10/2026). The extent to which recent response deployments have addressed these limitations remains unclear.

MAP. PROVINCES REPORTING MPOX CASES, JULY–OCTOBER 2026



Note: the latest dates for reported cases vary by province – Ituri at 29 September, Kasaï at 1 October, and Sud-Kivu at 27 July 2026.

Sources: ACAPS using data from OCHA (accessed 07/10/2026); Actualite.cd (01/10/2026); mediacongo.net (23/07/2026); Reuters (25/09/2026)

- Heavy rains during the rainy season (September–December) and recurrent flooding, river overflow, and rain-induced erosion could further constrain mpox response. Previous rainy seasons have caused rivers to overflow, damaged roads, and cut access routes in Ituri, Kasaï, and Sud-Kivu provinces. Floods are likely to disrupt or delay the movement of patients, health workers, laboratory samples, medicines, and response supplies (Radio Okapi 13/02/2026 and 16/02/2026; Actualite.cd 10/02/2026 and 25/12/2025; DEC-RDC 10/02/2026).
- A potential nationwide health worker strike could further strain the mpox response in Kasaï. On 30 September, the Democratic Republic of Congo (DRC) health sector interunion issued a seven-day strike notice over unresolved salary, risk allowance, and employment status demands. If the strike proceeds and affects Kasaï, reduced staffing could slow the identification and investigation of suspected cases, delay referrals and treatment, weaken routine and active surveillance, and limit community outreach and sensitisation. These disruptions could delay case detection and isolation and make it harder for health authorities to contain transmission (ACP 30/09/2026; 7Sur7 28/08/2026).
- Although no Ebola cases have been recorded in Kasaï province, the risk of the disease spreading further within the DRC remains high as the outbreak continues to expand towards the southwest of the country and could eventually reach the province. Undetected transmission chains are already causing outbreaks in new areas, while weaker surveillance, case detection, referral systems, staffing, and infection prevention and control capacity in newly affected locations could delay containment and allow additional clusters to emerge (WHO 25/09/2026 and 01/08/2026; MSF 18/09/2026). For the mpox response, the wider Ebola emergency could create competing demands for specialised staff, laboratory support, and logistics (ACAPS 28/09/2026).

Historical comparison

The DRC declared a national mpox outbreak in December 2022, with transmission increasing substantially from 2023–2024. The surge was driven by clade Ia and clade Ib. Clade Ia was already endemic in the DRC, mainly affecting children through zoonotic and person-to-person transmission, while clade Ib emerged around September 2023 in Sud-Kivu and spread rapidly, primarily among adults through sustained person-to-person transmission, including sexual contact (WHO 19/08/2024 and 14/06/2024). By 2024, the DRC had become the epicentre of the largest mpox outbreak recorded globally, with transmission extending across much of the country and into neighbouring countries and beyond Africa. Limited testing capacity likely contributed to the continued spread by delaying case confirmation, isolation, contact tracing, and other containment measures. By the time authorities declared the national emergency over on 2 April 2026, more than 161,000 suspected cases, around 37,000 confirmed cases, 2,286 suspected deaths, and 127 lab-confirmed deaths had been reported (WHO 14/06/2024; Africanews 03/04/2026).

The number of cases remains relatively small compared to previous outbreaks, but there is currently no information on whether the circulating strain is associated with faster spread. Limited testing capacity is also likely to delay diagnosis and treatment, prolong the period during which suspected cases remain in the community, and increase opportunities for onward transmission while people await results.

HUMANITARIAN RESPONSE

Access to information

Publicly available outbreak figures are difficult to reconcile. A 10 September update recorded 74 notified cases and eight deaths in Luebo since epidemiological week 35 (24–30 August) (Radio Okapi 10/09/2026). A subsequent provincial update for epidemiological week 37 recorded 38 suspected cases, 13 confirmed cases, and three deaths in the same health zone (Radio Okapi 20/09/2026). These updates do not clarify whether the differences reflect reporting periods, case reclassification, or different counting methods (Radio Okapi 10/09/2026 and 20/09/2026; Beto 23/09/2026; Beacon 21/09/2026). This inconsistency makes it difficult to assess trends over time or determine the true scale and severity of the outbreak. These information gaps also weaken situational awareness among health authorities and fuel rumours and mistrust by creating uncertainty around the scale and location of the outbreak (Beto 23/09/2026; Beacon 21/09/2026).

Available reporting also does not indicate the age or sex distribution of cases, hospitalisation or clinical severity, exposure histories, or whether contact tracing is being implemented and, if so, its coverage and outcomes. These gaps limit the identification of people most at risk and make it difficult to determine whether transmission is occurring primarily within households, through close community contact, or via other exposure pathways.

Authorities have announced free treatment in health facilities designated for the response, but neither the national Ministry of Health nor Kasaï provincial health authorities provide a comprehensive public list of the hospitals or health facilities selected for mpox treatment (MSPHP accessed 07/10/2026; DPS Kasaï accessed 07/10/2026). In a context where healthcare costs are a major barrier to seeking care, limited information about where free treatment is available may discourage or delay people from presenting to health facilities for fear of having to pay for consultation, testing, or treatment (TI/ERT 2025).

Humanitarian constraints

Insecurity and intercommunal tensions are likely to constrain humanitarian and health access in Kasaï province. Recurrent clashes linked to land disputes, as well as rising crime, can restrict or delay the movement of health workers and humanitarian teams, disrupt community outreach, patient referrals, and the transport of samples and supplies, and discourage people from seeking care. In the context of mpox, these constraints could delay the detection and investigation of suspected cases, hinder the follow-up of cases and contacts, and increase opportunities for onward transmission (Radio Okapi 07/10/2026; Actualite.cd 06/02/2026; 7Sur7 06/11/2025; OCHA 26/01/2026).

Funding and response capacity

Since September, authorities have activated the mpox response in Kasaï, including epidemiological surveillance, laboratory testing, community sensitisation, and an emergency action plan that involves provincial and national health authorities and technical stakeholders. On 4 October, national Rapid Intervention Teams were deployed to support provincial teams with case investigation, early detection, surveillance, and community mobilisation. Health authorities are also providing free treatment at designated facilities, including Luebo General Referral Hospital in Luebo health zone (CongoCroissance 05/10/2026; ACP 08/09/2026 and 17/09/2026). Available reporting does not identify dedicated funding for the current Kasaï outbreak. It remains unclear whether subsequent deployments and supplies have resolved testing and case management constraints, how widely response activities are being implemented, and what role humanitarian organisations are playing in the response (ACP 01/09/2026).

The current outbreak also highlights the importance of continued epidemic surveillance in areas outside the main geographic focus of the 2026 humanitarian response. Under the 2026 DRC Humanitarian Needs and Response Plan/Joint Intersectoral Analysis Framework methodology, evidence of epidemic disease, including mpox, is no longer sufficient on its own to qualify health zones for inclusion in the geographic scope of needs analysis. Ituri, Nord-Kivu, and Sud-Kivu are explicitly prioritised within the 2026 outbreak response, but Kasaï is not listed as a priority province. The spread of mpox across several health zones in Kasaï illustrates how epidemic needs can emerge or persist outside these prioritised areas (OCHA 26/01/2026; Health Cluster accessed 02/10/2026).

COMPOUNDING/AGGRAVATING FACTORS

Burial practices

Traditional funeral practices can increase the spread of disease as they involve prolonged close contact with the deceased, washing or dressing the body, or contact with bodily fluids and contaminated materials. These practices pose a risk for mpox, as WHO advises that deceased bodies should be handled as little as possible because unhealed lesions may still contain infectious virus (Sikakulya et al. 13/08/2021). There is currently no information indicating that measures to modify burial practices or ensure safe handling of bodies have been introduced in response to the mpox outbreak in Kasaï, leaving a potential transmission route insufficiently addressed.

Vaccine coverage

Available 2026 reporting does not provide comparable vaccination coverage figures for Kasaï province. Vaccination options for Luebo were being considered in September, drawing on vaccines used in previous response operations (Radio Okapi 10/09/2026). The sources reviewed do not confirm whether vaccination subsequently began, which populations would be targeted, whether ring vaccination would be used, or the coverage achieved (Opinion Info 02/02/2026; MSPHP 02/04/2026).

Other disease outbreaks

The mpox outbreak is occurring while the DRC is also responding to a major Ebola outbreak, increasing pressure on already limited surveillance, laboratory, clinical, and public health response capacity. By 23 September, Ebola had spread to 63 health zones across seven provinces, with 7,890 confirmed cases and 3,799 deaths (WHO 25/09/2026). Kasaï province is also experiencing a measles outbreak. Between 27 July and 23 August, the province reported 558 suspected measles cases and ten deaths, corresponding to a case fatality rate of 1.8%. Kalonda Ouest recorded the highest number at 131 suspected cases, followed by Kamuesha with 93, Kanzala with 77, and Tshikapa with 20 (WHO 31/08/2026). The provincial health ministry has also reported 11 suspected cases of yellow fever in four health zones (Beto 23/09/2026).

Misinformation

Misinformation, rumours, and mistrust can delay alert reporting and care-seeking behaviours, discouraging cooperation with contact tracing and other public health measures. Since the 2024 mpox emergency began, misinformation and conspiracy theories have circulated widely, including claims that the outbreak was fabricated or exaggerated to generate money for authorities, pharmaceutical companies, or international organisations. Social media analysis found widespread scepticism towards the legitimacy and severity of the outbreak, allegations that authorities were exploiting the crisis to obtain or divert funding, and suspicion towards WHO and other international responders (Insecurity Insight 08/2024; The Guardian 26/09/2024). High levels of mistrust may undermine adherence to prevention measures, delay care-seeking and case detection, and reduce acceptance of vaccination and other response measures.

Minority groups' access to health services and information

Kasaï is home to Batwa/Bambote Indigenous communities, some of whom live in Mushenge, where mpox cases have already been reported (Beto 23/09/2026; TI/ERT 2025). Batwa communities face substantial financial and geographic barriers to accessing healthcare. Indigenous settlements often lack health facilities, while hospitals and clinics may be located far from communities, with poor roads and a lack of transport infrastructure compounding access challenges (TI/ERT 2025). In August 2025, the average income among Batwa households was below USD 0.30 per day, making even basic medical fees difficult to afford (Radio Okapi 15/08/2025). The cost of public healthcare has been identified as a prohibitive barrier for members of this community, while lack of identity documents can further restrict access to free health services. Displacement from ancestral forests also reduces access to medicinal plants traditionally used for basic healthcare, increasing dependence on the formal health services that many Batwa struggle to reach or afford (TI/ERT 2025). Together, these factors can create greater barriers to accessing health services, including vaccination, testing, and treatment. This may delay case detection and care-seeking and contribute to continued transmission in already affected areas (Amnesty International 05/08/2024; MSPHP 07/2024).

Access to WASH

Adequate WASH access is particularly limited in Kasaï province, which can complicate mpox containment. According to the 2023–2024 DRC Demographic and Health Survey, around 83% of the population lacked basic access to drinking water, while only 1.1% had access to at least basic sanitation, and only around 9% had access to a handwashing facility with both soap and water (EDS-RDC 08/2025). These gaps could make recommended mpox infection prevention measures – including regular handwashing, cleaning and disinfecting surfaces and shared toilets or latrines, and safely laundering contaminated clothing and bedding – more difficult to implement, potentially increasing the risk of household transmission (WHO 04/02/2025; WHO accessed 07/10/2026).