

Mpox (case) management in Uvira, eastern Democratic Republic of Congo

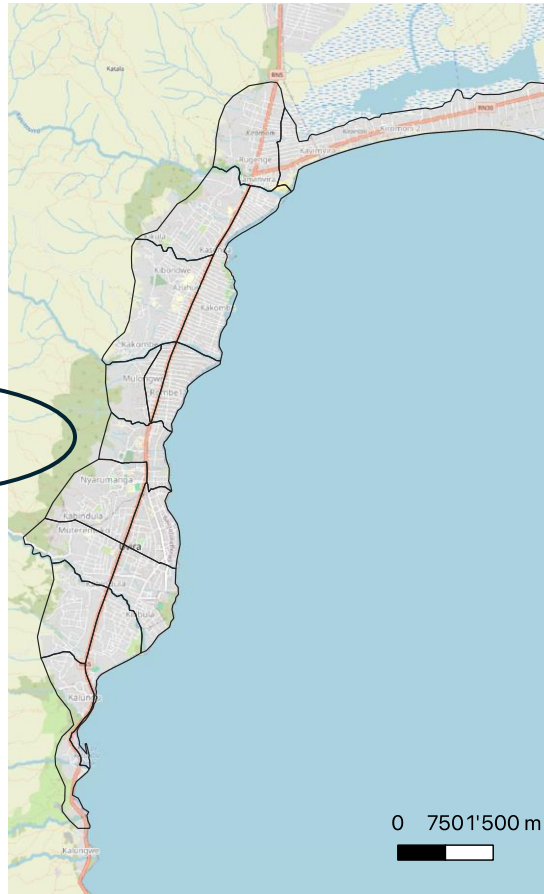
Espoir Bwenge Malembaka, MD, MPH, PhD
Center for Tropical Diseases and Global Health
Université Catholique de Bukavu, South Kivu, DR Congo

And

Johns Hopkins University

Email: ebwenge1@jhu.edu | bwenge.malembaka@ucubkavu.ac.cd

Uvira, South Kivu, DRC



Centre de traitement du mpox à l'hôpital de référence d'Uvira



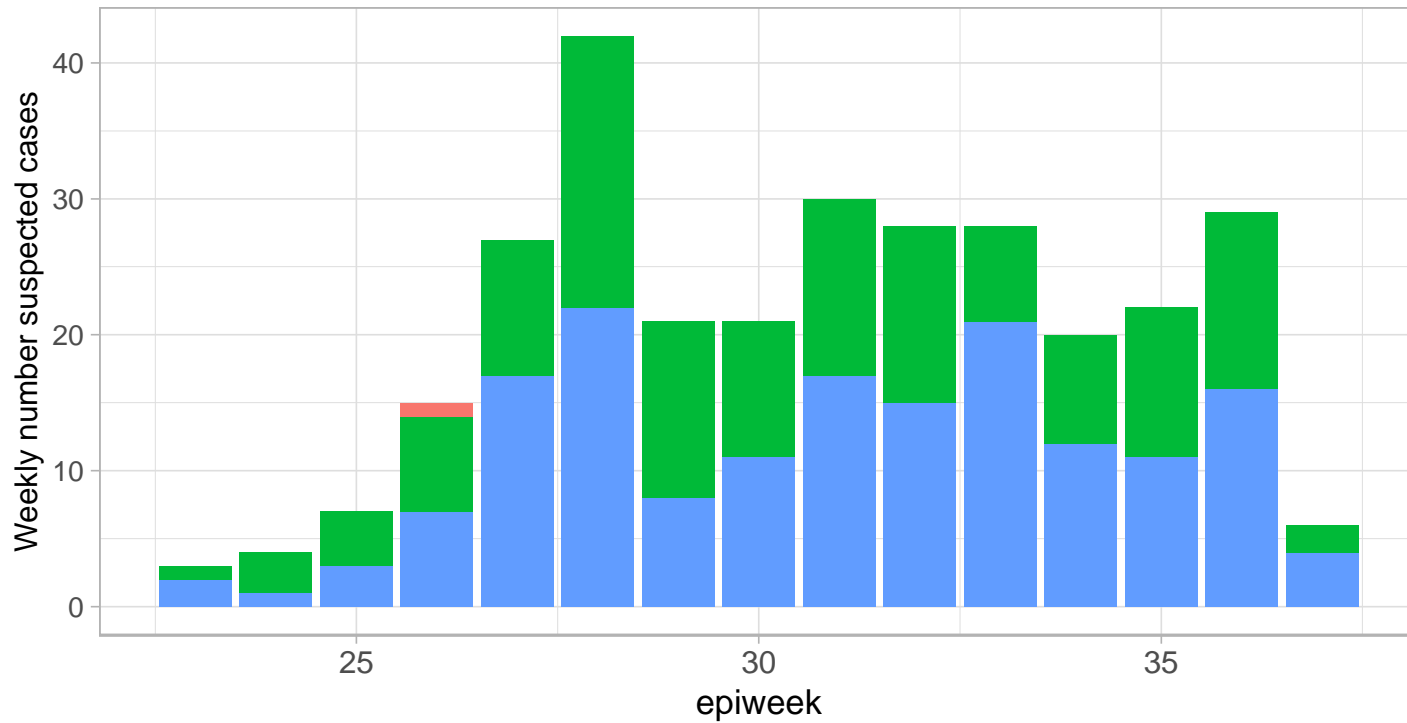
First official mpox cases : 2 May 2024

CTMPox created on June 8

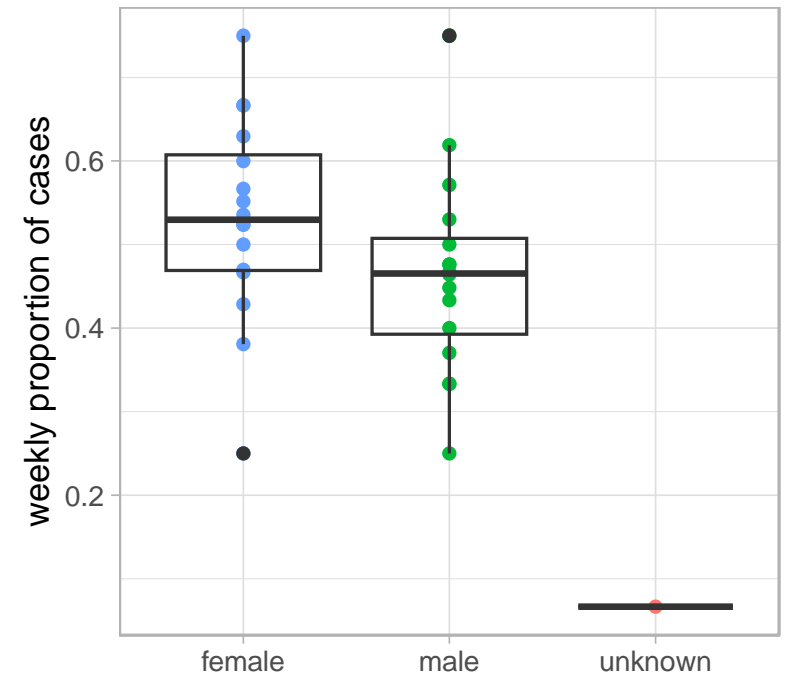
Free care : From June 17 (MSF)

To date: 832 cases and 5 deaths

Slightly more women than men

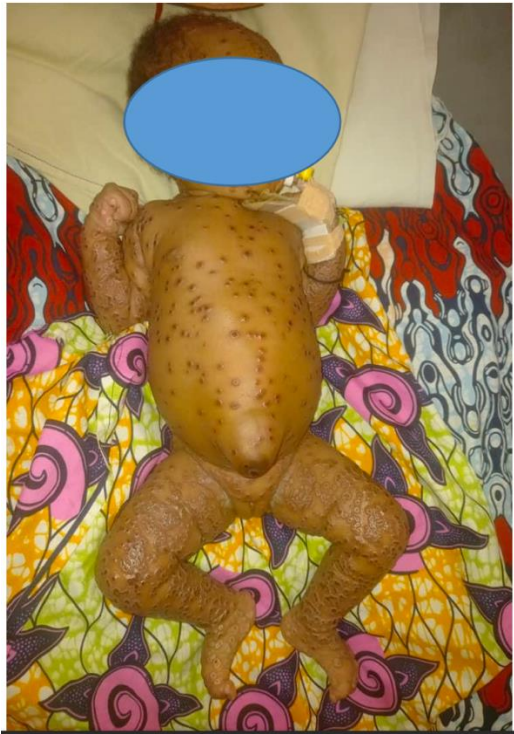


Sex ■ unknown ■ male ■ female



Mpox mpox cases

Characteristic	Overall N = 639	female N = 324	male N = 315
Age in years, median (IQR)	10 (4, 21)	11 (5, 21)	9 (3, 20)
Age group			
Under 1 year	60 (9.4%)	32 (9.9%)	28 (8.9%)
1-4 years	121 (19%)	49 (15%)	72 (23%)
5-14 years	211 (33%)	111 (34%)	100 (32%)
≥ 15 years	247 (39%)	132 (41%)	115 (37%)
Fever	456 (77%)	230 (76%)	226 (78%)



Many cases of clinical discordance between mothers and babies

Mpox mpox cases

Characteristic	Overall N = 639	female N = 324	male N = 315
Lesion of palms/soles	232 (37%)	105 (33%)	127 (41%)
Illness duration before hospitalisation	4.0 (2.0, 8.0)	4.0 (2.0, 7.0)	5.0 (2.0, 9.0)
Duration of hospitalisation	5.0 (3.0, 6.0)	4.0 (3.0, 6.0)	5.0 (3.0, 7.0)
Household size	8 (5, 10)	8 (5, 10)	8 (6, 10)
Household sharing toilet	214 (59%)	108 (61%)	106 (57%)
Anal lesions	90 (14%)	43 (14%)	47 (15%)
Genital lesions	298 (48%)	139 (44%)	159 (51%)
Oral lesions	135 (22%)	71 (23%)	64 (21%)
GeneXpert test			
Positive	78 (73%)	45 (78%)	33 (67%)
Negative	9 (8.4%)	4 (6.9%)	5 (10%)
Invalid	20 (19%)	9 (16%)	11 (22%)
Unknown	532	266	266



Palms

The diagnostic challenge

- No confirmation capacity onsite in Uvira (only ~16% of cases tested with geneXpert)
- Frequent stockouts of sample collection materials
- Frequent stockouts of geneXpert cartridges at reference lab in Bukavu
- Losses of samples during transit to the reference lab
- Results feedback to CTMPox after several weeks
- Limited capacity for identification and monitoring of comorbidities
- A part from geneXpert and HIV RDT, no other test subsidised for mpox patients
- CD4 and Viral load not currently measured at the Uvira hospital

Home isolation of mild cases not feasible for most cases in Uvira



- Median (IQR) household size: 8 (5-10)
- Median (IQR) n bedrooms: 2 (1 – 3)
- Median ratio people per bedroom: 4 (2-5)
- 59% of patients using toilets shared by multiple households
- 92% of working adults: informal sector (only 8% are salaried)

Overcrowding, single-room house, indundated, in Uvira

Nutritional management

WHO:

Patients with MPX
be assessed for
their nutritional
status and given
adequate nutrition
and appropriate
rehydration

- 45% of children under 5 in DRC: severe acute malnutrition
- Frequent stockout for ready to use therapeutics food and F100/F75
- When food is not provided, patients don't come to the CTMPox

Antibiotics use

WHO:

Antibiotic therapy or prophylaxis not be used in patients with uncomplicated MPX.

- Misuse of antibiotics
- Sometimes pressure from patients absolutely want to receive an IV treatment
- Need of adapted severity score to guide the decision making
- Training of healthcare workers
- Lack of antimicrobial susceptibility testing capacity
- Concomitant use of traditional therapies

Pain management

- No step-3 analgesics available for mpox cases
- Last resort: tramadol
- Anaesthetics not part of the mpox treatment package



- Sedation (propofol) required for wound cleaning
- Hospital anesthetist

Poverty, WASH, population displacement, inundations in Uvira



Limited access to drinking water



WASH in health facilities : IPC ?



Conclusions

- There are mpox specific challenges and health systems challenges pre-dating the mpox outbreak in Uvira.
- We cannot isolate the mpox management challenges from pre-existing health systems challenges. Need for a comprehensive view of the crisis.
- Mpox confirmation capacity building urgently needed onsite
- Diagnostic, management and monitoring of comorbidities should not be overlooked
- A person-centered approach to the management of the mpox crisis is needed

Asante sana !