

# Mpox

Multi-country external situation report no. 61, published 22 December 2025

KEY FIGURES			
Area	Number of reported confirmed cases	Number of deaths among confirmed cases	Number of reporting countries
Global (1 Jan – 30 Nov 2025)*	50 751	206	96
Key countries in Africa (2 Nov – 14 Dec 2025)**			
Democratic Republic of the Congo	427	0	-
Guinea	330	0	-
Liberia	176	2	-
Kenya	142	1	-
Ghana	107	1	-

\* Most recent global surveillance data available.

\*\* Countries reporting the highest number of confirmed mpox cases in the last six weeks.

## Highlights

- All clades of monkeypox virus (MPXV) continue to circulate. Unless mpox outbreaks are rapidly contained and human-to-human transmission is interrupted, there is a risk of sustained community transmission.
- In November 2025, 48 countries across all WHO regions reported a total of 2150 new confirmed mpox cases, including five deaths (case fatality ratio [CFR] 0.2%). About 68% of these cases were reported in the African Region. Four regions observed a decline in confirmed cases in November, compared to October 2025, while the European and Western Pacific regions reported more cases than the previous month.
- Nineteen countries in Africa reported active transmission of mpox in the last six weeks (2 November– 14 December 2025), with 1435 confirmed cases, including seven deaths (CFR 0.5%). Countries reporting the highest number of cases in this period are the Democratic Republic of the Congo, Guinea, Liberia, Kenya and Ghana; while case reports in Liberia still show indications of a rise, weekly case counts in the other countries have been declining in recent weeks.
- Romania has reported detection of clade Ib MPXV for the first time, in a case confirmed in August 2025.
- Outside Africa, community transmission of clade Ib MPXV continues in Spain and in the Netherlands.
- In the Democratic Republic of the Congo, mpox transmission continues across multiple provinces with co-circulation of clades Ia and Ib MPXV, heterogeneous subnational trends and declining access to testing of suspected cases.
- The United Kingdom of Great Britain and Northern Ireland has reported a new travel-linked case of mpox with detection of a recombinant MPXV strain containing genetic elements of both clade Ib and clade IIb MPXV. The extent of circulation of the recombinant strain remains unknown.
- WHO assesses the ongoing public health risk to be moderate for men who have sex with men with new or multiple partners, sex workers and others with multiple partners who may be at risk, and low for the general population with no specific risk factors, continues close monitoring of the situation, and emphasizes the importance of maintaining surveillance and response capacity, including genomic sequencing notably in locations where multiple MPXV strains co-circulate.

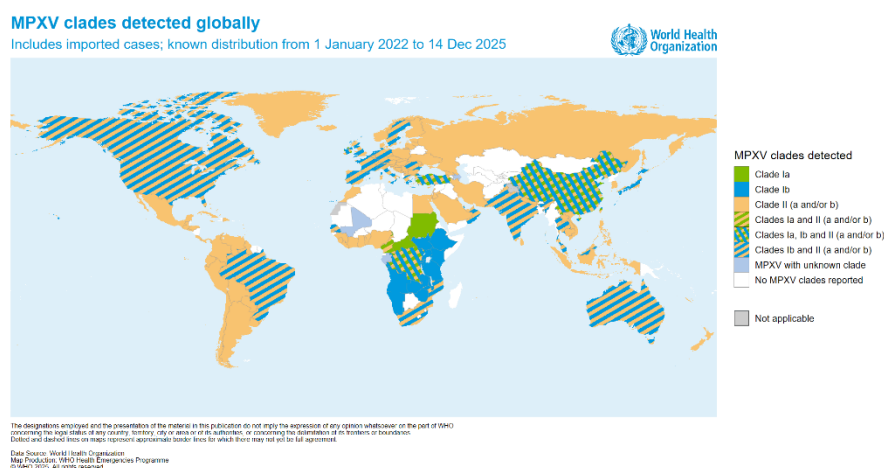
## Epidemiological update

This situation report includes the most relevant new information on mpox outbreaks and response activities. Detailed epidemiological analyses and data are available in the [WHO mpox surveillance report](#).

### Global monkeypox virus (MPXV) distribution

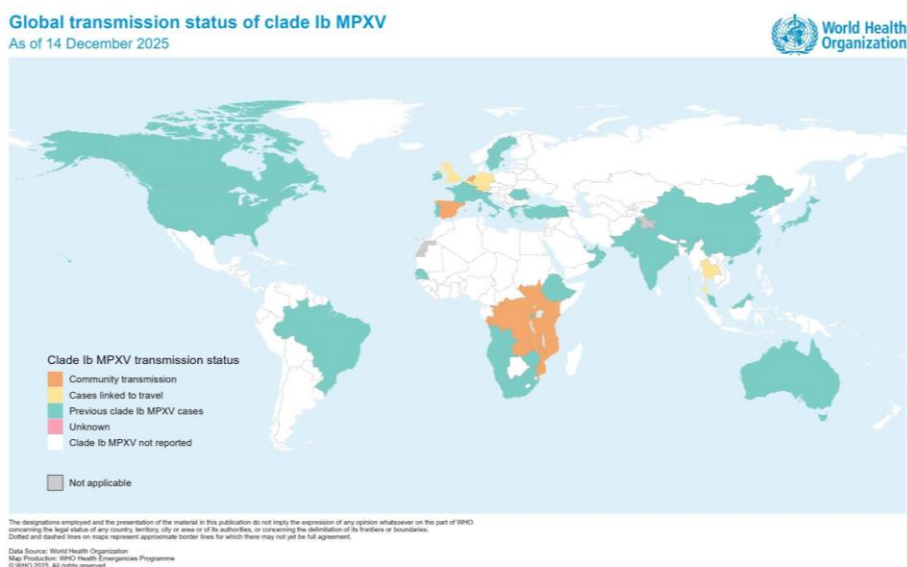
Since the [last situation report](#) and as of 14 December 2025, one country, Romania, has reported mpox due to clade Ib MPXV for the first time (Figure 1). Romania retrospectively notified WHO of the case first detected in August 2025. Detailed information on clade-specific transmission dynamics can be found in the [situation report #53](#).

**Figure 1.** Geographic distribution of MPXV clades reported to WHO, by country, 1 January 2022 to 14 December 2025.<sup>1</sup>



Reporting of [community transmission of clade Ib MPXV](#) outside Central and East Africa (Figure 2) continues in the WHO European Region (the Netherlands and Spain). No new countries have reported community transmission since the [last edition](#) of this report, however, additional cases without a recent history of travel have been reported in Spain (14 cases altogether) and the Netherlands (10 cases altogether).

**Figure 2.** Clade Ib MPXV transmission status within the last six weeks, by country, as of 14 December 2025<sup>2</sup>



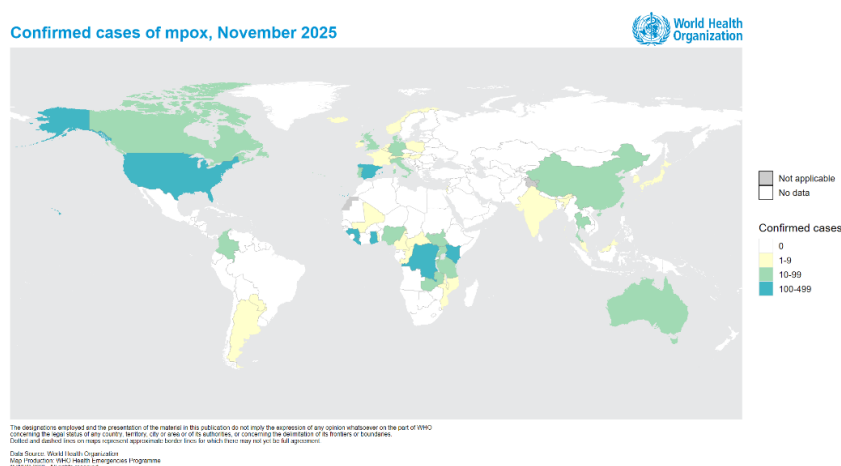
<sup>1</sup> The geographical distribution of MPXV clades shown is based on sequences from clinical samples of confirmed mpox cases. Sequences from wastewater and environmental samples are excluded from this analysis.

<sup>2</sup> Latest case of mpox due to clade Ib MPXV reported to WHO.

## Global situation

Global surveillance data are updated monthly; data available are as of 30 November 2025. In November 2025, 48 countries reported 2150 confirmed cases (Figure 3), including five deaths (case fatality ratio [CFR] 0.2%)<sup>3</sup>.

**Figure 3.** Geographic distribution of mpox cases reported to WHO, by country, 1 - 30 November 2025

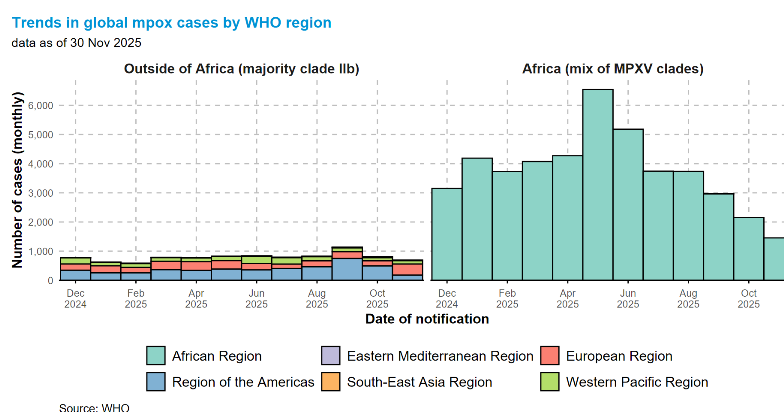


The countries with the highest number of confirmed cases in the last month are in the African Region (Figure 3), which reported 68% (1455 of 2150) of confirmed cases reported globally in November 2025. The downward trend in confirmed mpox cases in the WHO African Region continues, following the peak in May 2025 (Figure 4). More details can be found in the [Africa section](#).

The two WHO regions reporting an increase in confirmed cases in November 2025 compared to October 2025 are the European Region (120%, 380 vs 174 confirmed cases) and the Western Pacific Region, (8.7%, 112 vs 103 confirmed cases).

The Region of the Americas, the South-East Asian and African regions reported a decline in cases for November 2025 compared to October 2025 of 64%, 36%, and 32% respectively. The Eastern Mediterranean Region did not report mpox cases in November 2025.

**Figure 4.** Reported confirmed mpox cases, by WHO region, by month, 1 December 2024 – 30 November 2025



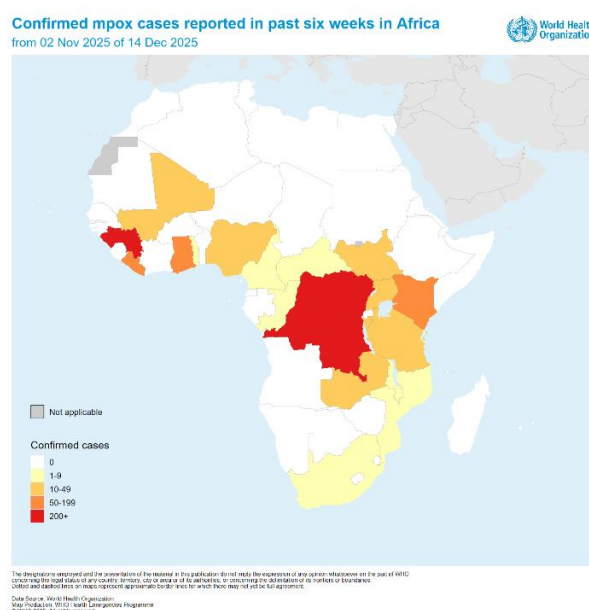
<sup>3</sup> The monthly reported data may be prone to delays and incompleteness and are therefore subject to retrospective adjustments over time as more data become available.

## Situation in Africa

This section reports on data as of **14 December 2025**.

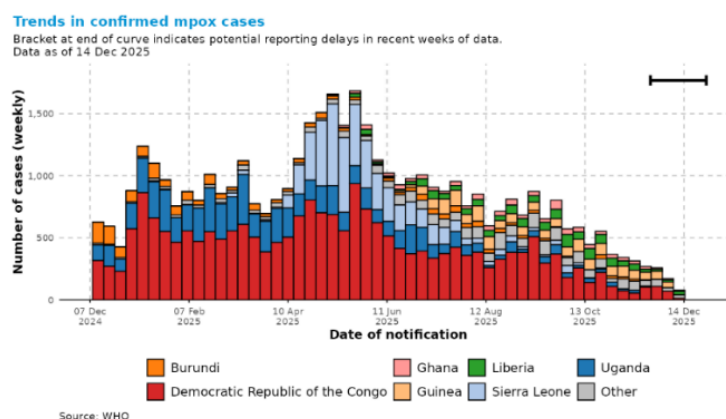
From 1 January to 14 December 2025, 28 countries in Africa reported 43 522 confirmed mpox cases, including 197 deaths (CFR 0.5%). Nineteen countries on the continent have reported active transmission of mpox in the last six weeks (Figure 5), with 1435 confirmed cases, including seven deaths (CFR 0.5%) during this period. Countries reporting the highest number of confirmed cases over the last six weeks are the Democratic Republic of the Congo, Guinea, Liberia, Kenya and Ghana; with all but Liberia showing a downward trend in cases in recent weeks; Liberia shows an increase in reported cases in the last week of data available.

**Figure 5.** Geographic distribution of confirmed mpox cases in the past six weeks, Africa, 2 November – 14 December 2025



Overall, weekly reported confirmed cases continue to decline (Figure 6). However, data for the most recent weeks should be interpreted with caution, as reporting delays often lead to retrospective adjustments. Overall, fewer than 500 new confirmed cases per week have been reported in the last seven weeks. This continental trend has mostly been influenced by the decrease in case counts reported in the Democratic Republic of the Congo, Liberia, Kenya, and Ghana. Other countries showing consistent downward trends and a low level of transmission are Burundi and Uganda. Sierra Leone has not reported any confirmed case in the last six weeks for which data are available (Figure 6), and the country has [officially declared the outbreak over](#). More details on national case trends are available in the [WHO Global mpox trends](#).

**Figure 6.** Reported confirmed mpox cases in Africa in the past 12 months, by country, 7 December 2024 – 14 December 2025



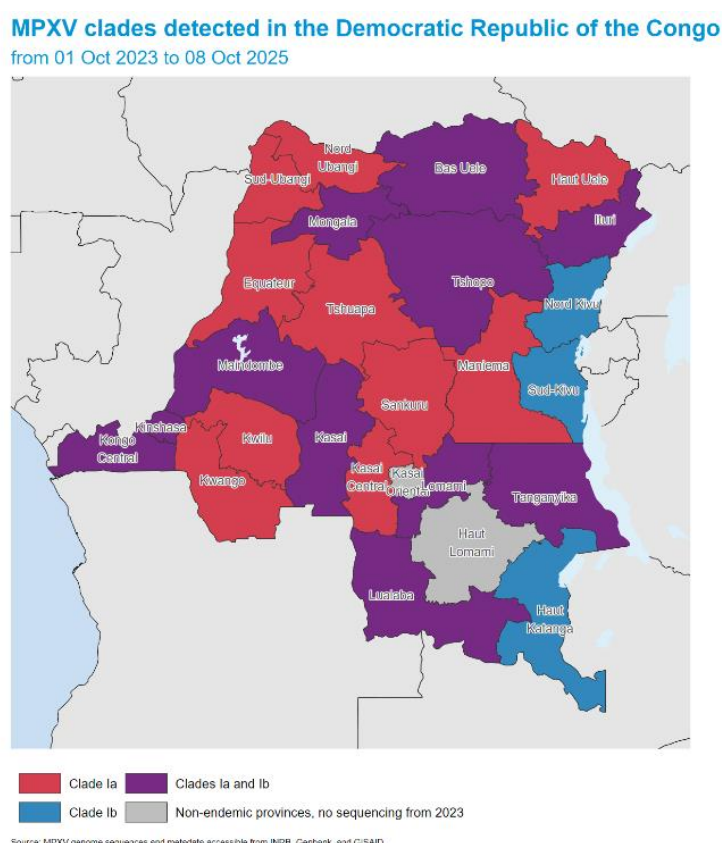
## Focus on selected countries

## Democratic Republic of the Congo

Mpox transmission continues across the Democratic Republic of the Congo with circulation of clades Ia and Ib MPXV, and co-circulation of both in at least eleven provinces (Figure 7). Genomic sequencing data from October 2023 to October 2025 show that clade Ib MPXV has been detected in several provinces, while clade Ia MPXV predominates in historically endemic provinces in the central and north-western parts of the country. Genomic sequencing remains unevenly distributed geographically, with some provinces reporting confirmed cases but no available genomic data, reflecting a convenience sampling strategy that prioritizes provinces with better sample transport capacity.

In July 2025, an imported case of mpox caused by clade IIb MPXV was detected, followed by one secondary case involving the spouse of the index case. Following a rapid public health response, including case isolation, contact tracing, and vaccination of contacts, no further cases of mpox due to clade IIb MPXV were detected. To date, no further cases of mpox due to clade IIb MPXV have been reported in the country.

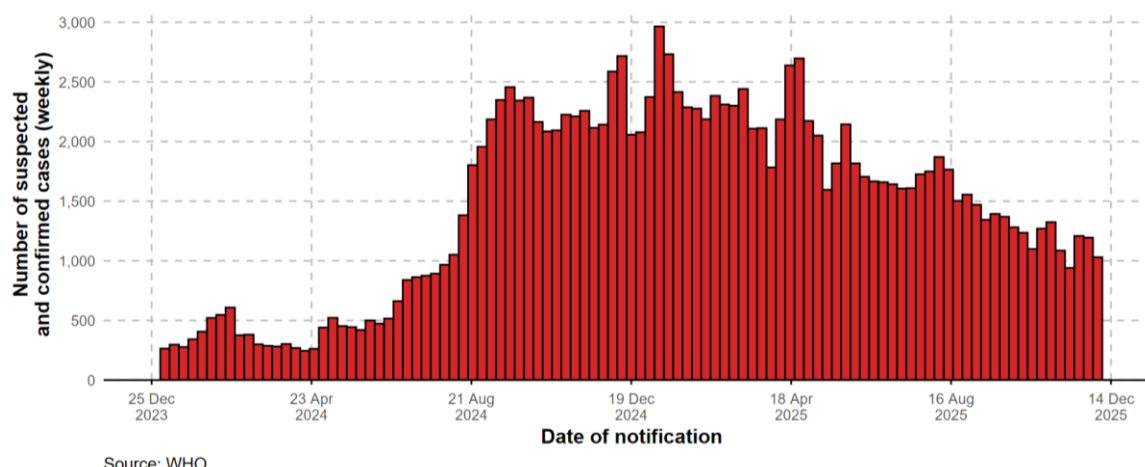
**Figure 7.** Geographic distribution of clades Ia and Ib MPXV in the Democratic Republic of the Congo, by province, from 1 October 2023 to 8 October 2025<sup>4</sup>



Since late 2024, the country has experienced a sustained high burden of reported suspected cases of mpox. Weekly notifications peaked in the second half of 2024, with up to 3000 new suspected cases per week, and remained elevated throughout most of 2025 (Figure 8). More recently, a gradual decline in the number of reported confirmed cases has been observed, with over 1000 new suspected cases still reported per week in recent weeks.

<sup>4</sup> This is the most recent complete epidemiological week for which subnational genomic sequencing data are available.

**Figure 8.** Epidemic curves of suspected and confirmed mpox cases reported in the Democratic Republic of the Congo, 1 January 2024 – 7 December 2025

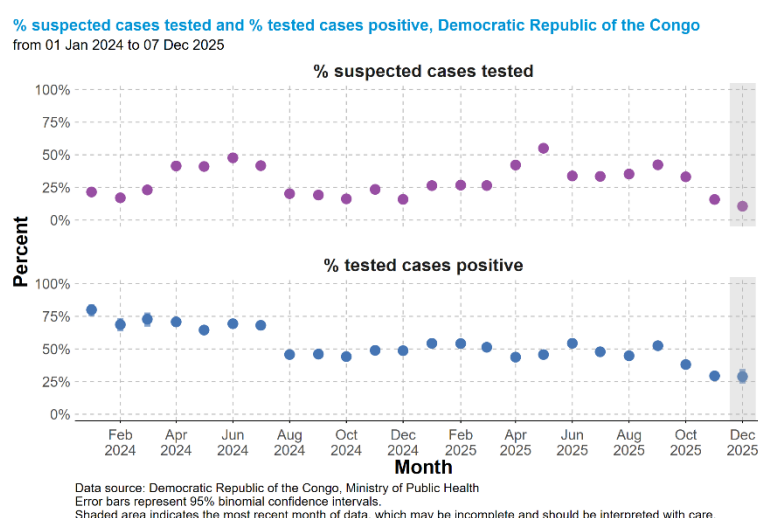


From January to early December 2025, access to confirmatory testing for suspected cases remained variable over time, generally ranging from about 20% to just over 50% (Figure 9). Since October 2025, there has been a continuous decrease in the proportion of suspected cases tested to below 20%, again making confirmed case counts an unreliable proxy of MPXV circulation in the country.

During the same period, test positivity has remained high, often ranging from 40–55%, suggesting high levels of MPXV circulation. Since October 2025, however, test positivity has dropped to about 25%, which also in part underlies the declining trend of confirmed cases reported in the country (Figure 6).

The downward trend in suspected cases reported and lower test positivity may suggest diminishing MPXV circulation; this should however, be interpreted with caution, given the much reduced proportion of suspected cases currently being tested, reducing visibility on the epidemiology of mpox in provinces with limited access to testing.

**Figure 9.** Proportion of suspected cases for whom a sample was collected (top) and proportion of confirmed cases among those that undergo laboratory testing (bottom), in the Democratic Republic of the Congo, by week, 1 January 2024 – 7 December 2025



Subnational analyses reveal heterogeneous epidemic dynamics. In recent weeks, the highest numbers of cases have been reported in Sankuru, South Kivu and Tshuapa provinces. Sankuru province has reported particularly

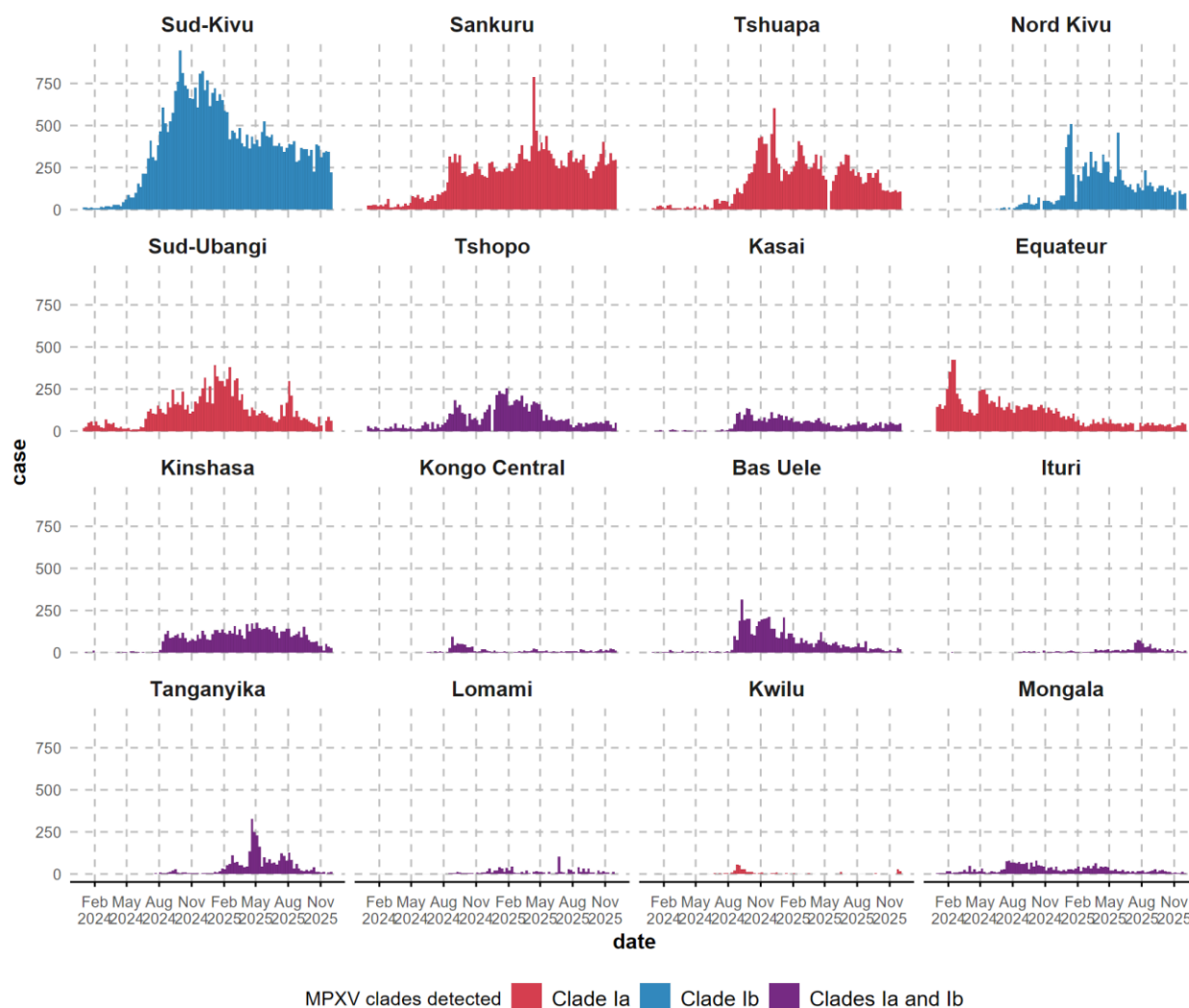


high test positivity throughout 2025, consistent with high levels of circulation and improved case detection following intensified surveillance and active case finding. In South Kivu, reported case numbers have declined, but surveillance and response activities have been affected by escalating insecurity and population displacement. In Kinshasa, trends suggest a gradual decline in confirmed cases, with low levels of transmission and/or importation of cases from other provinces still persisting.

**Figure 10.** Reported suspected mpox cases in the 16 most affected provinces of the Democratic Republic of the Congo, 1 January 2024 – 7 December 2025

#### Trends in all mpox cases by province in the Democratic Republic of the Congo

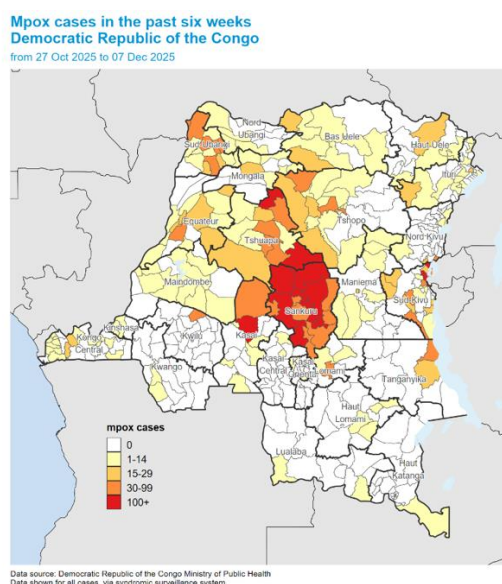
Includes the 16 provinces reporting the highest numbers in past six weeks



Data source: Democratic Republic of the Congo Ministry of Public Health  
Data shown for all cases, via syndromic surveillance system.

Geographic analyses of cases reported in the past six weeks show widespread transmission across multiple health zones, with persistent hotspots in the central and eastern parts of the country, like Karisimbi (North Kivu) and Lodja (Sankuru) (Figure 11). Although the number of affected health zones has decreased compared with earlier in 2025, mpox transmission remains geographically extensive, underscoring the need for sustained surveillance, prevention and response efforts.

**Figure 11.** Geographic distribution of suspected mpox cases in the Democratic Republic of the Congo in the past six weeks, by health zone, 27 October – 7 December 2025<sup>5</sup>



Overall, the mpox epidemiological situation in the Democratic Republic of the Congo has been improving in the most recent months. Nonetheless, active outbreaks continue in almost all provinces, with ongoing transmission across diverse settings, co-circulation of multiple MPXV clades, declining access to confirmatory testing, and subnational variability influenced by surveillance capacity, laboratory access, and security conditions. Continued strengthening of surveillance, laboratory capacity, genomic sequencing, and targeted response in hotspot health zones remains critical.

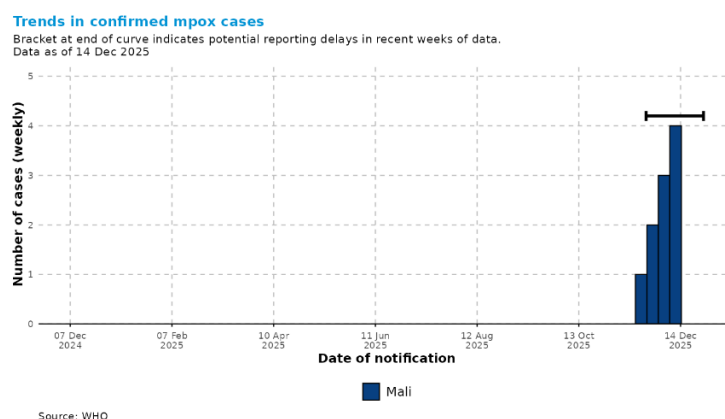
## Mali

From the start of the outbreak in November 2025 to 14 December 2025, Mali has reported a total of 10 confirmed mpox cases. Epidemiological investigations suggest that at least five of these cases represent separate introductions linked to travel or exposure in Guinea. Despite the few cases reported to date, the epidemic curve of confirmed cases shows continued case reporting over the past four weeks (Figure 12). The situation in Mali highlights the ongoing risk of cross-border spread from areas with active transmission to countries that had not previously reported mpox, and the potential for the virus to establish sustained transmission if not rapidly detected and contained, underscoring the importance of vigilance, timely case detection, cross-border collaboration in the region, and planning for all elements of mpox response, including vaccination.

<sup>5</sup> This is the most recent complete epidemiological week for which subnational data are available.



**Figure 12.** Confirmed mpox cases reported in Mali over the past 12 months, 7 December 2024 – 14 December 2025



### Countries reporting clade Ib MPXV for the first time

One country, Romania, has reported mpox due to clade Ib MPXV for the first time, in an adult male traveller initially diagnosed in August 2025. Clade Ib MPXV was later confirmed and retrospectively reported to WHO. He reported travel history to China and likely high-risk exposure there before his diagnosis in Romania, where he had been hospitalised upon arrival. No contacts were reported in Romania, and the patient remained in hospital isolation until recovery as a precautionary measure. No additional cases following this importation have been reported.

### Countries reporting new importations of clade Ib MPXV

Since the last [situation report](#), no countries have reported new importations of clade Ib MPXV.

### Recombinant strain of MPXV detected in the United Kingdom of Great Britain and Northern Ireland

On 2 December, WHO was notified by the United Kingdom of a single imported mpox case caused by a recombinant MPXV strain containing both clade Ib and clade IIb MPXV genetic elements in its genome. The case reported recent travel history to Asia, where exposure is likely to have occurred. The individual experienced mild illness and had a typical mpox presentation.

Recombination is a known natural process that can occur when an individual is infected with two related virus strains at the same time. Orthopoxviruses, including MPXV, are capable of recombination when co-infection occurs. Multiple MPXV strains are currently circulating in interconnected sexual networks across many countries and in different settings. In this case, the genomic analyses indicate that the virus acquired alternating fragments from both clade Ib and clade IIb MPXV, resulting in a replication-competent recombinant.

The information available for this one case is not sufficient to draw conclusions about the transmissibility or clinical severity of this recombinant strain, or the effectiveness of medical countermeasures against it.

WHO, through its regional and country offices, is continuing to gather more information and closely monitor the situation. The WHO global risk assessment remains unchanged, with the risk considered moderate for men who have sex with men with new or multiple partners, for sex workers and for others with multiple partners who may be at risk, and low for the general population who have no specific risk factors for mpox.

WHO advises Member States to continue implementing the Standing recommendations currently extended to August 2026. Countries should maintain mpox surveillance, case management, infection prevention and control measures, and vaccination strategies, and prioritize genomic sequencing for new and unusual cases, particularly

in key populations at risk and in settings where multiple MPXV strains are co-circulating, with timely sharing of sequence data to support close monitoring of viral evolution and transmission patterns.

## Global operational updates

In line with the health emergency prevention, preparedness, response and resilience (HEPR) framework, the [Strategic Framework for enhancing prevention and control of mpox \(2024-2027\)](#) and the WHO [Global Strategic Preparedness and Response Plan](#) (SPRP), WHO is responding to the global mpox outbreak by focusing on strengthening five core components—the **5Cs**: emergency **C**oordination, **C**ollaborative surveillance, **C**ommunity protection, safe and scalable **C**are, and access to and delivery of **C**ountermeasures —underpinned by ongoing research collaborations to generate data and inform development of and effectiveness of interventions.

This section provides updates on the WHO global mpox response **as of 17 December 2025**.

### 1. Emergency coordination

- WHO and Africa CDC coordination for mpox response in Africa continues through the Continental Incident Management Support Team.
- WHO is actively coordinating response efforts with partners, including through the Global Outbreak Alert and Response Network (GOARN). From 1 January 2025 and as of 17 December 2025, 18 experts were deployed to the Democratic Republic of Congo and Kenya through GOARN, to support the response in areas such as data management and analytics, epidemiology and surveillance, laboratory, case management, infection prevention and control, and risk communication and community engagement. More information on global partner deployments for the mpox response can be found [here](#).
- The first *State-of-the-Art* mpox symposium took place in Kinshasa, DRC, from 3 to 5 December 2025, bringing together many parties collaborating in clinical and field research for emergency response to mpox. More information on the symposium is available here, including full agenda, presentations and posters, discussion summaries and photos: <https://mpoxsymposium.com/visuals-and-presentations>

### 2. Collaborative surveillance

- Updates to [epidemiological data on mpox in Africa](#) continue weekly, updates to [global epidemiological data](#) continue monthly, and both can be accessed through the [online WHO dashboard](#).
- WHO continues to work with partners through a global mpox diagnostics consortium to coordinate laboratory diagnostics support for affected countries, including evaluation of performance of rapid antigen tests for mpox.
- WHO supported coordination of a dedicated session on mpox diagnostics and laboratory capacity for the [State of the Art mpox symposium](#) (3-5 December 2025, Kinshasa, Democratic Republic of the Congo), which brought together teams producing operational evidence and research for mpox diagnostics. Additional summaries of the sessions available in the following [link](#).
- Mpox transmission studies are being put in place in the Democratic Republic of the Congo and Liberia.
- WHO continues to work with Member States in Europe and in South-East Asia to characterize the novel recombinant MPXV strain.

### 3. Community protection

- The community protection cluster is coordinated across technical areas including risk communication and community engagement (RCCE), infodemic management, and community-based infection prevention and control (IPC), Water, Sanitation, and Hygiene (WASH) and vaccines and immunization. Community service delivery, public health and social measures, border health and mass gatherings, investigation of the animal-human interface, and multisectoral action for social and economic protection are other key areas of work.
- WHO supported coordination of a dedicated session on community protection and resilience for the [State of the Art mpox symposium](#) (3-5 December 2025, Kinshasa, DRC), which brought together teams producing operational evidence and research for mpox community protection. The session highlighted the critical role of participation, communication, trust and perception in shaping public health outcomes, emerging best practice examples in use of rapid qualitative methods, and innovative approaches to how biomedical and clinical research can be done in community-centred ways.

- Rapid assessments for community protection have been finalized in Tshopo province, the Democratic Republic of the Congo involving 292 community members across six health zones. The outcome of this work has been widely disseminated, and recommendations co-developed with public health response teams and communities. These recommendations are being implemented.
- Rapid assessments for community protection have also been completed in four counties (Montserrado, Nimba, Grand Cape Mountain, and Grand Kru) and 9 districts in Liberia. Data were collected from 201 participants using rapid qualitative methods that involved 36 Focus Group Discussions, 45 key informant interviews, and field observations. This work provides data to strengthen public health interventions for mpox tailored to communities' perceptions, needs, lived experiences and solutions. Findings and co-developed recommendations are being shared within response teams and communities.

#### 4. Safe and scalable care

- WHO continues to promote the uptake of data collection tools to facilitate mpox clinical characterization using the [WHO Global Clinical Platform](#). The platform includes openly available tools developed in Research Electronic Data Capture (REDCap) and Open Data Kit (ODK) data platforms. These tools can be used to understand the clinical characteristics of the epidemic in Africa, particularly in the Democratic Republic of the Congo, Sierra Leone, Uganda and Zambia.

#### 5. Access to and delivery of countermeasures

##### Access and Allocation Mechanism (AAM) and mpox vaccine delivery

##### Vaccines

- WHO continues to provide guidance and technical support to countries on mpox vaccination strategies, for people at risk of exposure based on local epidemiology. In addition, with the aim of optimizing the limited vaccine supply due to funding constraints, WHO is supporting countries on use of dose-sparing options (single dose or intradermal fractional dosing) of MVA-BN vaccine.
- All MVA-BN vaccine allocated in the seven allocation rounds has been delivered to 16 countries. This includes delivery of 20 000 doses of MVA-BN vaccine to Kenya on 12 December and 20 000 doses of MVA-BN to Liberia on 14 December 2025.

##### Diagnostics

- On 3 December 2025, another MPXV nucleic acid test was granted Emergency Use Listing (EUL) by WHO: Monkeypox Virus (MPXV) Fast Real Time PCR Kit by Jiangsu Biopurfectus Technologies Co. Renewal of EUL for three MPXV assays listed over a year ago is advancing with a successful renewal of cobas MPXV Qualitative assay for use on the cobas 6800/8800 Systems by Roche and ongoing internal assessment for Alinity m MPXV assay kit by Abbott and Xpert Mpox by Cepheid (Quality Management System desk assessment completed). Another application is expected by January 2026.
- As of 17 December 2025, 72 diagnostics manufacturers have contacted WHO for information on Emergency Use Listing (EUL) of MPXV nucleic acid amplification tests (NAAT) and WHO has held pre-submission calls with 43 manufacturers. Among 16 NAAT assay dossiers submitted by 14 manufacturers, [twelve products are listed for EUL, one product is](#) being assessed while continuing with EUL renewal assessment and public reports for eight products are made available.

## Mpox main resources

### Mpox outbreak toolbox

- WHO mpox outbreak toolbox, Updated May 2025. <https://www.who.int/emergencies/outbreak-toolkit/disease-outbreak-toolboxes/mpox-outbreak-toolbox>
- The mpox outbreak toolbox contains numerous Public Health Advice documents for for protecting yourself and others, for key populations at risk including sex workers, for understanding, preventing and addressing stigma and discrimination, for gatherings and sex-on-premises events and venues, for caring for someone with mpox at home and other topics. Scroll to the bottom of the outbreak toolbox page.

### Strategic planning and global support

- Extension of WHO Standing recommendations on mpox under the International Health Regulations (2005) (IHR). 21 August 2025. Available here: <https://www.who.int/publications/m/item/extension-of-standing-recommendations-for-mpox-by-the-director-general-of-who>
- Strategic framework for enhancing prevention and control of mpox (2024-2027). May 2024. Available at: <https://www.who.int/publications/i/item/9789240092907>
- WHO mpox global strategic preparedness and response plan. Updated 17 April 2025. <https://www.who.int/publications/m/item/mpox-global-strategic-preparedness-and-response-plan-april-2025>
- Mpox Continental Response Plan 2.0. Updated 15 April 2025. <https://africacdc.org/download/mpox-continental-response-plan-2-0/>
- WHO. Disease outbreak news. Broader transmission of mpox due to clade Ib — Global situation. 5 December 2025. <https://www.who.int/emergencies/disease-outbreak-news/item/2025-DON587>
- WHO Rapid Risk Assessment - Mpox, Global v.5. 13 October 2025. Available at: <https://www.who.int/publications/m/item/who-rapid-risk-assessment---mpox--global-v.5>

### International Health Regulations Emergency Committee, Review Committee and recommendations of the Director-General

- Fifth meeting of the International Health Regulations (2005) Emergency Committee regarding the upsurge of mpox 2024, 30 October 2025. [https://www.who.int/news/item/30-10-2025-fifth-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-upsurge-of-mpox-2024](https://www.who.int/news/item/30-10-2025-fifth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-upsurge-of-mpox-2024)

### Surveillance

Surveillance, case investigation and contact tracing for mpox: Interim guidance, 6 December 2024. <https://www.who.int/publications/i/item/B09169>

- [United Kingdom Health Security Agency \(UKHSA\). News story: New mpox strain identified in England, 8 December 2025. Available at: https://www.gov.uk/government/news/ukhsa-detects-first-case-of-clade-ib-mpox](https://www.gov.uk/government/news/ukhsa-detects-first-case-of-clade-ib-mpox)

### Laboratory and diagnostics

- Diagnostic testing and testing strategies for mpox: interim guidance, 12 November 2024 <https://www.who.int/publications/i/item/B09166>
- [9 monkeypox virus nucleic acid tests](#) listed for Emergency Use Listing, 18 September 2025

### Clinical management and infection, prevention and control

- Clinical management and infection prevention and control for mpox: living guideline, May 2025 <https://www.who.int/publications/i/item/B09434>
- Strengthening hand hygiene practices in community settings and health-care facilities in the context of mpox, 1 May 2025. <https://www.who.int/publications/i/item/B09396>

- Infection prevention and control and water sanitation and hygiene in health facilities during mpox disease outbreaks: rapid assessment tool user guide, 19 February 2025. <https://www.who.int/publications/i/item/9789240105324>
- Strategic actions for infection prevention and control and water, sanitation and hygiene during mpox outbreak response <https://iris.who.int/bitstream/handle/10665/381583/9789240107762-eng.pdf?sequence=1> .
- Mpox Infection Prevention and Control posters on PPE [Steps to put on PPE](#), [Steps to remove PPE](#)

## Vaccination

- WHO. Frequently Asked Questions (FAQ) on use of fractional dosing with intradermal administration of mpox MVA-BN vaccine in the context of vaccine supply-constrained outbreak response. 19 June 2025. [https://www.who.int/publications/m/item/frequently-asked-questions-\(faq\)-on-use-of-fractional-dosing-with-intradermal-administration-of-mpox-mva-bn-vaccine-in-the-context-of-vaccine-supply-constrained-outbreak-response](https://www.who.int/publications/m/item/frequently-asked-questions-(faq)-on-use-of-fractional-dosing-with-intradermal-administration-of-mpox-mva-bn-vaccine-in-the-context-of-vaccine-supply-constrained-outbreak-response)
- WHO Smallpox and mpox vaccines, including WHO Position paper on mpox vaccines and WHO interim guidance, among other resources to support countries <https://www.who.int/teams/immunization-vaccines-and-biologicals/diseases/smallpox-and-mpox>
- How to achieve and sustain high uptake of mpox vaccination in outbreak settings. WHO, UNICEF, IFRC.; 10 April 2025. <https://www.who.int/publications/m/item/how-to-achieve-and-sustain-high-uptake-of-mpox-vaccination-in-outbreak-settings>
- Mpox vaccination toolkit (includes materials to support National Immunization Technical Advisory Groups, training modules for MVA-BN and LC16m8 and other relevant resources) <https://www.technet-21.org/en/topics/programme-management/mpox-vaccination-toolkit>
- Creation of the International Coordinating Group on mpox vaccine provision (ICG). See poster available here: <https://mpoxsymposium.com/visuals-and-presentations>.

## Community protection public health advice and risk communication and community engagement (RCCE) resources

- Interim guidance on social and behavioural research for the mpox public health response, March 2025. <https://iris.who.int/handle/10665/380881>
- Sustaining priority services for HIV, viral hepatitis and sexually transmitted infections in a changing funding landscape, 2025. <https://www.who.int/publications/b/80341>
- Framework to support the sustainability of community protection for mpox prevention and control <http://who.int/publications/i/item/B09555>

## Training and education

- Health topics – mpox: <https://www.who.int/health-topics/monkeypox>
- Mpox Fact Sheet, 26 August 2024. <https://www.who.int/news-room/fact-sheets/detail/mpox>
- Mpox Q&A, 16 October 2024. <https://www.who.int/news-room/questions-and-answers/item/mpox>
- OpenWHO. Ten things you should know about mpox (2025). Quick videos online. <https://openwho.org/infectiousdiseases/503162/Mpox>
- OpenWHO. Online training module. Monkeypox: Introduction (2020) in English and French: <https://openwho.org/infectiousdiseases/503162/Mpox>
- OpenWHO. Extended training. Monkeypox epidemiology, preparedness and response (2021) in English and French: <https://openwho.org/infectiousdiseases/503162/Mpox>
- OpenWHO. Mpox and the 2022-2023 global outbreak (2023) English, French: <https://openwho.org/infectiousdiseases/503162/Mpox>

A more exhaustive list of mpox resources can be found [here](#).



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