Mpox

Multi-country external situation report no. 63, published 24 February 2026

KEY FIGURES			
Area	**Number of reported confirmed cases**	**Number of deaths among confirmed cases**	**Number of reporting countries**
Global (1 Jan 2025 – 31 Jan 2026)*	**54 817**	**221**	**98**
Key countries in Africa (5 Jan – 15 Feb 2026)**			
Democratic Republic of the Congo	**367**	**0**	**-**
Madagascar	**313**	**0**	**-**
Guinea	**104**	**0**	**-**
Liberia	**96**	**0**	**-**
Ghana	**50**	**0**	**-**

** Most recent global surveillance data available.*

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

Highlights

- Transmission of mpox continues in sexual networks, affecting both women and men, and in some historically endemic areas. 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 January 2026, 50 countries across all WHO regions reported a total of 1334 new confirmed mpox cases, including three deaths (case fatality ratio [CFR] 0.2%). Of these cases, 66% were reported in the African Region.
- Four regions observed a decline in confirmed cases in January, compared to December 2025, while the European Region reported an increase in confirmed cases.
- Twenty countries in Africa reported active transmission of mpox in the last six weeks (5 January – 15 February 2026), with 1142 confirmed cases, including four deaths (CFR 0.4%). Countries reporting the highest number of cases in this period are the Democratic Republic of the Congo, Guinea, Madagascar, Liberia and Ghana.
- One country, Comoros, and one territory, La Réunion (Overseas Department of France), have reported mpox due to clade Ib MPXV for the first time.
- Outside Africa, reports of community transmission of clade Ib MPXV continue in France, Portugal and Spain, including in sexual networks of men who have sex with men.
- WHO conducted a global mpox rapid risk assessment in February 2026; the overall global public health risk associated with the mpox multi-country outbreak was assessed as moderate.
- India has reported a case of mpox with the clade Ib /IIb recombinant MPXV. The strain sequenced is closely related to the first clade Ib / IIb recombinant strain reported by the United Kingdom of Great Britain and Northern Ireland in December 2025. As both cases are travel-related, these case reports suggest wider transmission of the recombinant strain, implicating four countries in three WHO regions.

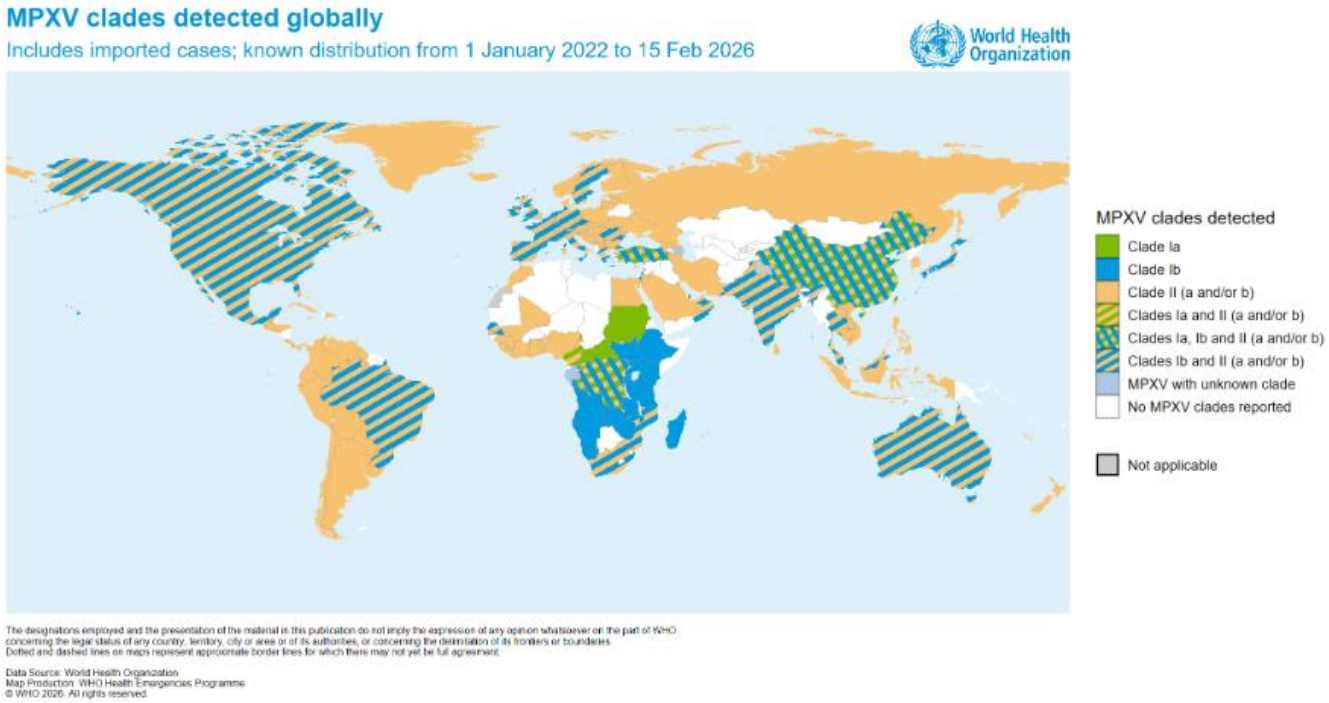
Epidemiological update

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 15 February 2026, one country, Comoros, and one territory, La Réunion (Overseas Department of France), have reported mpox due to clade Ib MPXV for the first time (Figure 1). For both, this is also the first time they have reported mpox cases. Detailed information on clade-specific transmission dynamics can be found in the situation report #53.

Figure 1. Geographic distribution of MPXV clades[1] reported to WHO, by country, 1 January 2022 to 15 February 2026.[2]



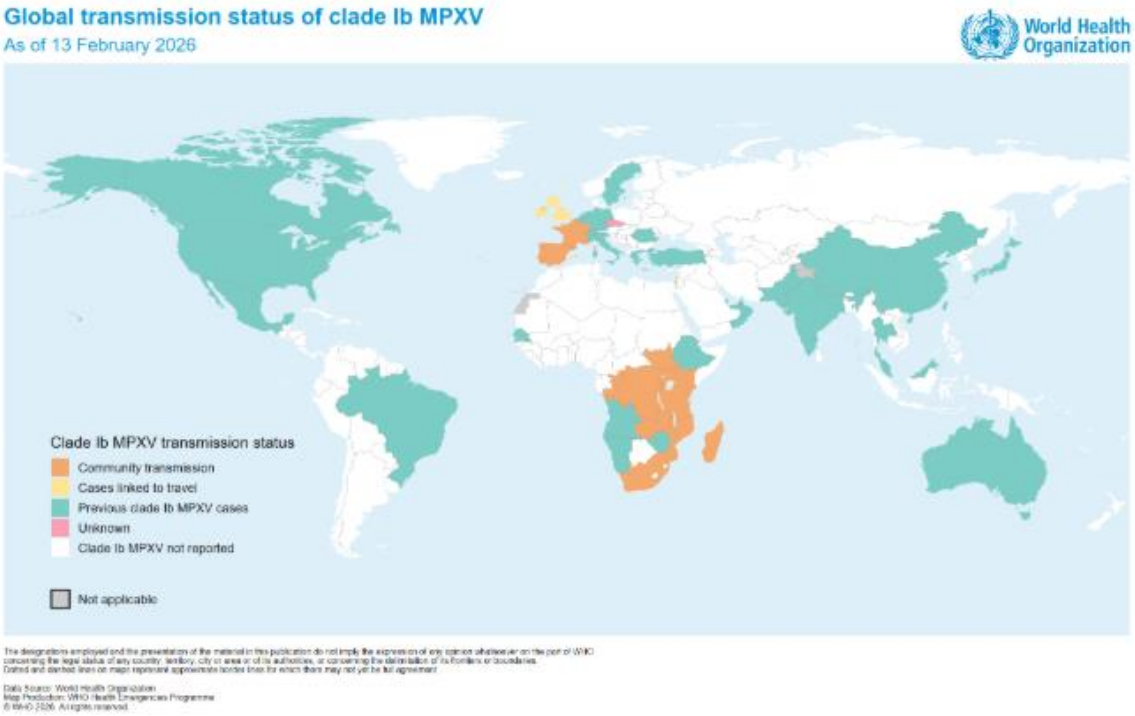
Reporting of community transmission of clade Ib MPXV[3] outside Central and East Africa (Figure 2) continues in the WHO European Region, in France, Portugal and Spain, including in, but not limited to, sexual networks of men who have sex with men. Since the last edition of this report, one additional country in the WHO European Region, Portugal, has reported community transmission of clade Ib MPXV.

[1] Two travel-related cases of a **clade Ib/IIb recombinant MPXV strain** have been reported in from the United Kingdom and India (for more details, refer to this section of the report). To date, these represent the only notifications of this recombinant strain and are not included in this map.

[2] 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.

[3] A country is classified as having **ccommunity transmission** if at least one case reported in that country in the last six weeks has reported no history of travel or epidemiological link with a traveler from a country with known mpox transmission during their incubation period. This classification applies regardless of the total number of cases reported in the country.

Figure 2. Clade Ib MPXV transmission status within the last six weeks, by country, as of 13 February 2026.[4]



Global situation

Global surveillance data are updated monthly; data presented here are as of **31 January 2026**.

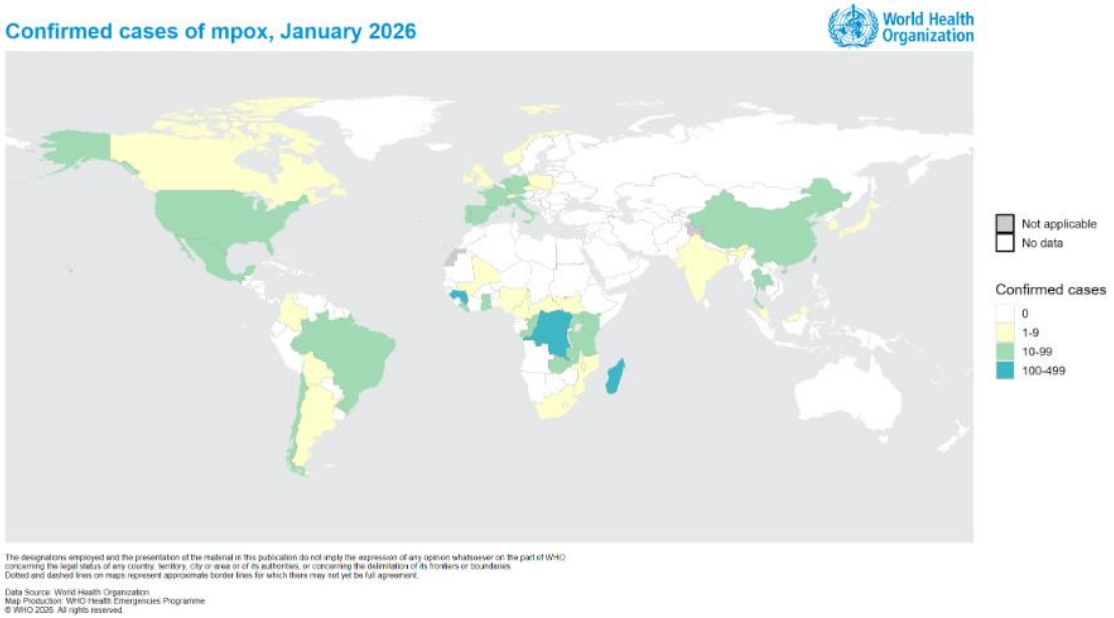
In January 2026, 50 countries reported 1334 confirmed cases (Figure 3), including three deaths (case fatality ratio [CFR] 0.2%)[5].

The countries with the highest number of confirmed cases in the last month are in the WHO African Region (Figure 3), which reported 66% (881 of 1334) of confirmed cases in January 2026. The WHO African Region has been reporting an overall downward trend in confirmed mpox cases following the peak in May 2025, with monthly confirmed case counts remaining stable over the last two months (Figure 4). More details can be found in the Africa section.

[4] Date when the latest case of mpox due to clade Ib MPXV, prior to the publication of this report, was reported to WHO.

[5] The most recent monthly reported data may be prone to delays and incompleteness and are therefore subject to retrospective adjustments over time as more data become available.

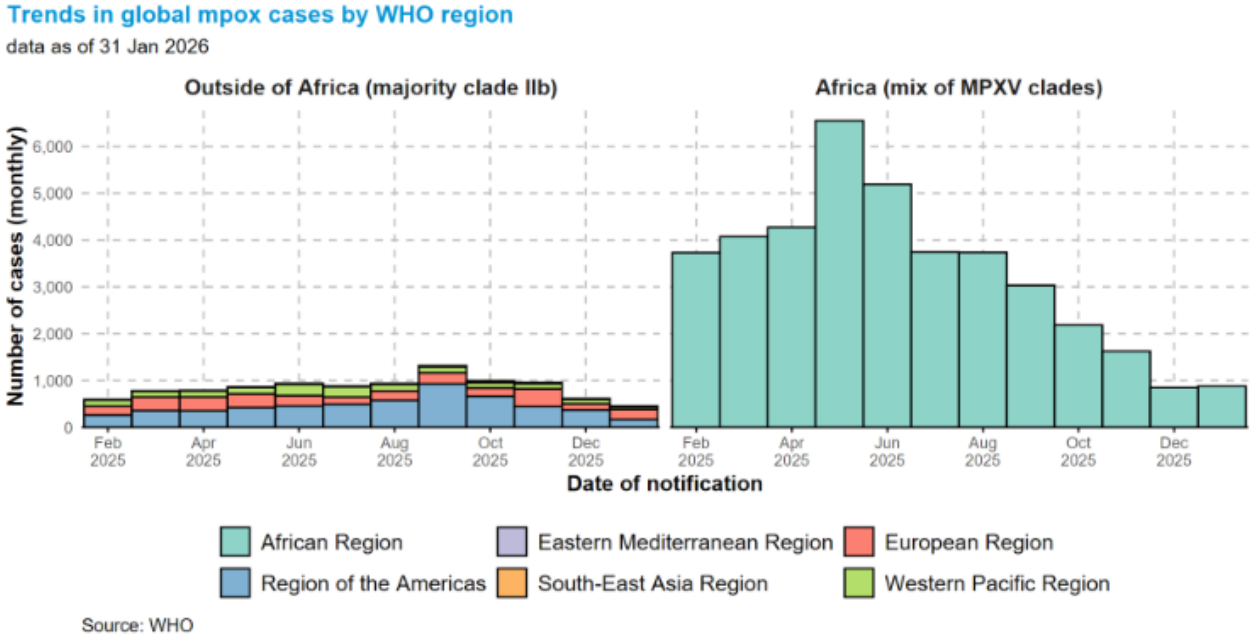
Figure 3. Geographic distribution of mpox cases reported to WHO, by country, 1 – 31 January 2026.



The European Region reported a 67% increase in confirmed cases (from 129 to 216 confirmed cases) in January 2026, compared to December 2025.

Four WHO regions observed a decline in reported confirmed cases in January 2026 compared to December 2025: the Eastern Mediterranean Region (75%, from four to one confirmed case), the Region of the Americas (54%, from 376 to 172 confirmed cases), the Western Pacific Region, (46%, from 90 to 49 confirmed cases), and the South-East Asia Region (12%, from 17 to 15 confirmed cases).

Figure 4. Reported confirmed mpox cases, by WHO region, by month, 1 February 2025 – 31 January 2026.

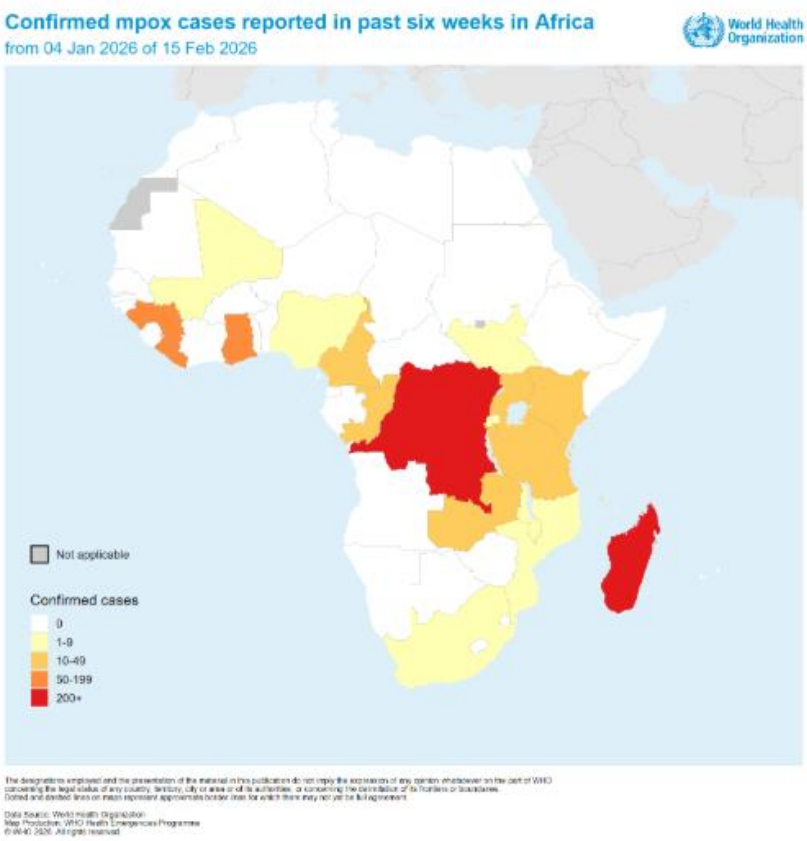


Situation in Africa

This section reports on data provided as of **15 February 2026**.

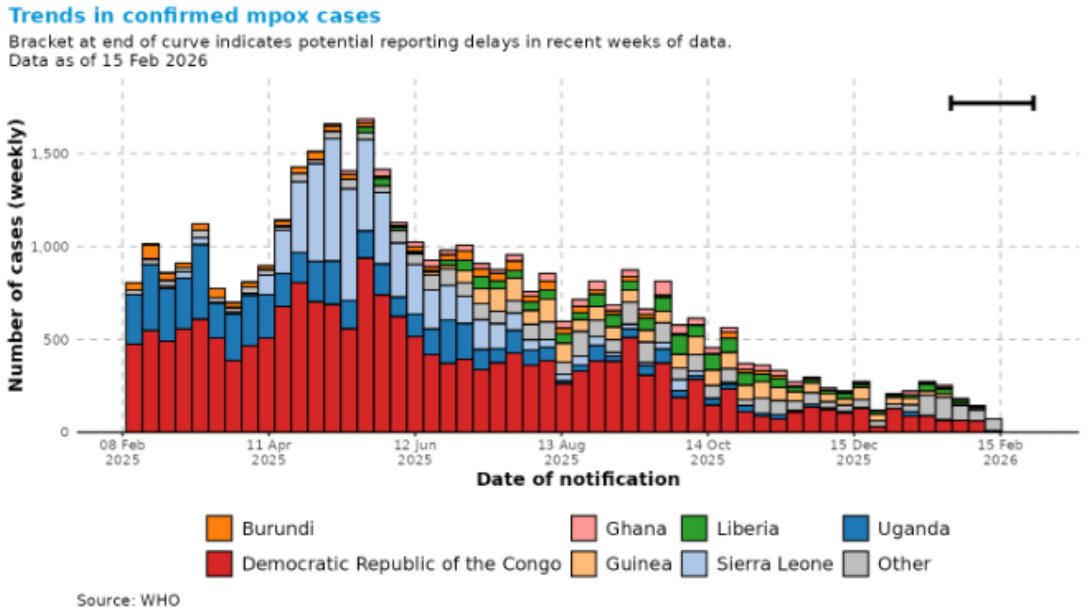
From 1 January 2025 to 15 February 2026, 30 countries in Africa reported 45 726 confirmed mpox cases, including 203 deaths (CFR 0.4%). Twenty countries on the continent have reported active transmission of mpox in the last six weeks (Figure 5), with 1142 confirmed cases, including four deaths (CFR 0.4%), during this period. Countries reporting the highest number of confirmed cases over the last six weeks are the Democratic Republic of the Congo (367 confirmed cases), Madagascar (332), Guinea (104), Liberia (96), and Ghana (50). These countries have been reporting overall downward trends in confirmed cases in recent weeks.

Figure 5. Geographic distribution of confirmed mpox cases in the past six weeks, Africa, 5 January – 15 February 2026.



Overall, weekly reported confirmed cases continue to decline on the continent, with fewer than 300 new confirmed cases reported per week recently (Figure 6). Data for the most recent weeks should be interpreted with caution, as reporting delays often lead to retrospective adjustments. Furthermore, there is a reduction in surveillance activities in several countries, which might lead to an underestimation of the number of mpox cases. The downward continental trend has mostly been influenced by the decrease in case counts reported in the Democratic Republic of the Congo, Guinea, and Liberia. 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, 8 February 2025 – 15 February 2026.



Focus on selected countries

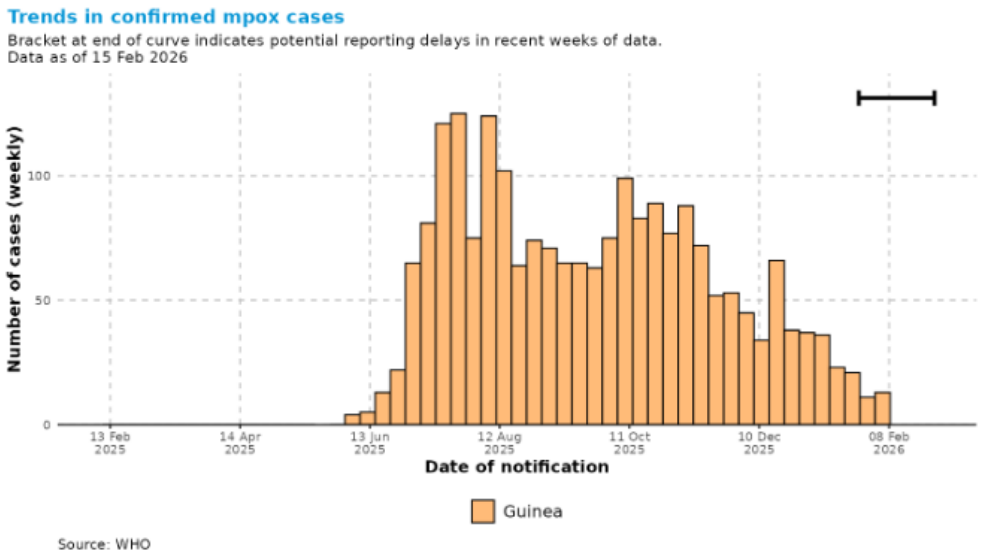
Guinea

From 2024, and as of 15 February 2026, Guinea has reported 2153 confirmed mpox cases, including six deaths (CFR 0.3%). While only sporadic confirmed cases were detected in late 2024, a marked increase in confirmed cases and sustained community transmission began in June 2025 and rapidly accelerated in July 2025. Weekly confirmed cases peaked at over 120 cases per week during July and August 2025, before a sustained decline in confirmed cases started in October 2025 and continued to date (Figure 7). Genomic sequencing has confirmed only clade IIb MPXV as the circulating strain to date.

Transmission remains geographically widespread, with 18 (46%) of the country's 38 health districts reporting at least one confirmed case. The most affected districts continue to be the urban communes of Ratoma and Matoto in Conakry.

Cases continue to be reported predominantly among young adults, particularly those aged 20–39 years, with more cases among males than females. Although detailed analyses of transmission dynamics are limited, the epidemiological profile and rapid growth observed in mid-2025 are consistent with patterns documented in other clade IIb MPXV outbreaks in West Africa.

Figure 7. Confirmed mpox cases reported in Guinea over the past 12 months, 13 February 2025 – 8 February 2026.



Countries reporting mpox for the first time

Since the last edition of this report, one country, Comoros, and one territory, La Réunion (Overseas Department of France), have reported mpox for the first time. In both countries, these first reports are of clade Ib MPXV.

Comoros

On 23 January 2026, Comoros notified WHO of its first confirmed mpox cases. These cases were reported among individuals who had recently traveled from Madagascar. As of 15 February 2026, 16 confirmed cases had been reported, including travel-related cases (all reporting recent travel to Madagascar) and local cases with epidemiological links to these travelers. Genomic sequencing analysis has confirmed clade Ib MPXV.

La Réunion (Overseas department of France)

On 22 January 2026, La Réunion confirmed its first confirmed case of mpox in an individual who had recently traveled to Madagascar. On 10 February 2026, one additional case, also in a traveler from Madagascar, was reported. Genomic sequencing analysis has confirmed clade Ib MPXV in these cases.

Countries reporting new importations of clade Ib MPXV

Since the last situation report, five countries have reported new importations of clade Ib MPXV:

- **Comoros:** From 23 January to 15 February 2026, Comoros reported five confirmed cases among individuals who had recently traveled to Madagascar. Cumulatively, 16 confirmed cases have been reported in the country.
- **Ireland:** On 13 February 2026, Ireland notified WHO of one case of mpox due to clade Ib MPXV in an adult male who had recently traveled to Spain. This is the fifth case of mpox due to clade Ib MPXV reported in the country.
- **Israel:** On 2 February 2026, Israel notified WHO of one case of mpox due to clade Ib MPXV in an individual who had recently travelled to the United Arab Emirates. This is the second case of mpox due to clade Ib MPXV reported in the country.
- **La Réunion (Overseas Department of France):** From 22 January to 15 February 2026, La Réunion reported two cases of mpox due to clade Ib MPXV among individuals who had recently travelled to Madagascar, the first cases of mpox due to clade Ib MPXV reported in the country.
- **United Kingdom of Great Britain and Northern Ireland (hereafter "United Kingdom"):** During January 2026, the United Kingdom notified WHO of three cases of mpox due to clade Ib MPXV in adult

males who had recently travelled to Italy (one case) and Spain (two cases). This brought the total number of cases of mpox due to clade Ib MPXV to 23 confirmed cases[6].

[6] This cumulative case count excludes the case of mpox due to the clade Ib/IIb recombinant reported in the United Kingdom in December 2025.

Updated global rapid risk assessment

WHO conducted the latest global mpox rapid risk assessment in February 2026. The public health risk was assessed for three population groups (Figure 8): global risk for individuals with multiple sexual partners (**moderate**), local risk for children in historically endemic areas (**moderate**), and global risk for all other individuals (**low**).

The overall public health risk at the global level was assessed as **moderate**, as shown below:

Figure 8: Overall public health risk posed by the multi-country mpox outbreak, at the global level and by risk group, as assessed by WHO.

Overall Public Health risk
Global
Moderate

Confidence in available information
Global
Moderate

Overall global public health risk *	
Individuals with multiple sex partners	Moderate
All other individuals	Low

Confidence in available information
Moderate
Moderate

Overall local public health risk *	
Children in historically endemic areas	Moderate

Confidence in available information
Low

Overall, mpox continues to occur in all WHO regions and poses distinct risks across different population groups and settings. Sustained transmission of this still-emerging and evolving orthopoxvirus continues, posing health risks for vulnerable individuals in all settings. While response capacity has continued to improve since the declaration of the second public health emergency of international concern (PHEIC), it remains uneven and highly resource-dependent. The transition to longer term disease prevention and control is still in the early stages and limited resources in several countries might hinder the gains of the last one-and-a-half years. The overall public health risk at the global level is, therefore, assessed as moderate.

Recombinant clade Ib / IIb MPXV strain reported in India

On 13 January 2026, India notified WHO of a confirmed mpox case with an inter-clade recombinant MPXV which was, upon whole-genome sequencing, found to have genomic elements of clades Ib and IIb MPXV.

The recombinant virus was found in samples from a man with mpox who had presented for care in September 2025. The patient had reported recent travel from a country in the Arabian Peninsula, where he resides as an overseas worker.

He developed symptoms on 1 September 2025, while still abroad. After his return to India, real-time polymerase chain reaction (PCR) testing confirmed MPXV infection on 11 September 2025. Clade differentiation PCR performed on 15 September 2025 initially identified this virus as clade II MPXV. Initial genomic sequencing analysis also suggested features consistent with clade IIb MPXV. However, following the update of the global Nextclade database on 16 December 2025, which included the recombinant clade Ib/IIb MPXV strain reported by the United Kingdom in December 2025, the virus from the patient in India was reclassified as belonging to the

recombinant strain. Recombination analysis demonstrated mosaic patterns containing genomic regions derived from both parent clades.

Following the initial diagnosis, the patient was hospitalized, fully recovered without medical complications and tested negative for MPXV on 29 September 2025. The case reported no close contacts in India, and no known secondary cases were identified following this introduction of the recombinant clade Ib/IIb MPXV in India.

Full or near-full genome retrieval (>99%) from both the sample and a sample-derived virus isolate enabled phylogenetic analysis showing >99.9% similarity to the recombinant strain detected in the United Kingdom. A total of 34 recombinant tracts were observed in the sequence reported by India, while 28 recombinant tracts were observed in the sequence reported by the United Kingdom; 16 recombinant tracts were common to both strains. This case in India therefore represents the earliest known detection of this recombinant strain globally, having preceded the event reported in the United Kingdom.

Like with the case reported in the United Kingdom, clinical presentation was consistent with cases due to non-recombinant clade I or clade II MPXV infection.

This second reported mpox case with the recombinant virus strain, with both cases having recently travelled to and from different countries, therefore implicates four countries in three WHO regions over a period of at least two months, suggesting wider transmission than these two cases alone reflect.

With respect to this event, the overall WHO public health risk assessment for mpox remains unchanged: the risk is assessed as moderate for individuals with multiple sexual partners (including sex workers and men who have sex with men with new and/or multiple partners), and low for the general population without specific risk factors.

For more details, please refer to this Disease Outbreak News (DON) item on this event.

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 18 February 2026.**

1. Emergency coordination

- WHO continues to coordinate response efforts with partners, including through the WHO and Africa Centres for Disease Control and Prevention (Africa CDC) joint Continental Incident Management Support Team.
- WHO continues to support the response to the mpox outbreak in Madagascar with emphasis on surveillance, laboratory support, provision of vaccines and funding for response operations.
- Through the WHO-coordinated Global Outbreak Alert and Response Network (GOARN), from 1 January 2025 to 18 February 2026, 18 experts were deployed to the Democratic Republic of Congo and Kenya 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.

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 has updated its assessment of the overall global public health risk associated with the multi-country mpox outbreak. The findings of this updated rapid risk assessment can be found here.
- WHO continues to work with Member States in Europe and in South-East Asia to characterize the novel recombinant MPXV strain. Please refer to this Disease Outbreak News item for more information.
- WHO is providing technical, financial, and operational support for the implementation of a new mpox transmission study in the Democratic Republic of the Congo.
- WHO continues to work 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 continues to evaluate evidence to inform technical guidance on MPXV diagnostics through its Guideline Development Group (GDG) on MPXV diagnostics.

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 continues to support community-centered action in countries with active mpox outbreaks, through the provision of tailored guidance, RCCE toolkits, integrated training packages for community-based volunteers and sharing of public health advice for different higher risk groups. This support is coordinated through mechanisms such as the RCCE Collective Service and the RCCE Mpox Continental Coordination group in partnership with United Nations Children's Fund (UNICEF), the International Federation of Red Cross and Red Crescent societies (IFRC), and the Africa CDC. Since the last edition of this report, this support has been focused on countries newly affected by mpox transmission, including Comoros and Madagascar.

- WHO continues to support the dissemination and implementation of co-developed recommendations from rapid assessments for community protection which were carried out in Tshopo province, Democratic Republic of the Congo. These assessments involved 292 community members across six health zones, who highlighted key ongoing public health actions related to mpox prevention and control.
- Reporting and community feedback are underway related to the rapid assessments for community protection in four counties (Montserrado, Nimba, Grand Cape Mountain, and Grand Kru) in Liberia. Feedback is being provided by county level health promotion teams during routine activities related to mpox vaccination.

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 defining mpox vaccination strategies for people at risk of exposure based on local epidemiology and in the context of transition from acute response to a longer-term programmatic approach and mpox vaccine delivery.
- To optimize available vaccine supply limited by funding constraints, WHO is supporting countries on use of dose-sparing options (single dose or intradermal fractional dosing) for the MVA-BN vaccine.
- All MVA-BN vaccines allocated through seven allocation rounds have been delivered to 16 countries. On 28 January 2026, an allocation of 30,000 doses of the MVA-BN vaccine was made for Madagascar, and these vaccines were delivered on 21 February 2026.

Diagnostics

- On 11 February 2026, WHO published an amended invitation to manufacturers of monkeypox virus in vitro diagnostics (IVDs), capturing single-target IVDs for MPXV nucleic acid detection that fulfil specific criteria.
- As of 18 February 2026, 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

Disease Outbreak News

- Mpox: recombinant virus with genomic elements of clades Ib and IIb – Global, 14 February 2026. https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON595

Mpox outbreak toolbox

- WHO mpox outbreak toolbox, Updated May 2025. https://www.who.int/emergencies/outbreak-toolkit/disease-outbreak-toolboxes/mpox-outbreak-toolbox

Strategic planning and global support

- Strategic framework for enhancing prevention and control of mpox (2024-2027). May 2024. Available at: https://www.who.int/publications/i/item/9789240092907
- 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
- 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 Rapid Risk Assessment - Mpox, Global v.6. 17 February 2026. https://www.who.int/publications/m/item/who-rapid-risk-assessment---mpox--global-v.6

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

Surveillance

- Surveillance, case investigation and contact tracing for mpox: Interim guidance, 6 December 2024. https://www.who.int/publications/i/item/B09169
- Analytical considerations for genomic surveillance of mpox virus, 20 December 2025 https://www.who.int/publications/b/81624

Laboratory and diagnostics

- Diagnostic testing and testing strategies for mpox: interim guidance, 12 November 2024 https://www.who.int/publications/i/item/B09166
- 12 monkeypox virus nucleic acid tests listed for Emergency Use Listing, 6 December 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
- 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. 5 September 2025. https://www.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/playlist/dedicated/503162/0_jkms4e7y/0_ix1rq15p
- 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.

Disclaimer: Caution must be taken when interpreting all data presented, and differences between information products published by WHO, national public health authorities and other sources using different inclusion criteria and different data cut-off times are to be expected. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change. All counts are subject to variations in case detection, definitions, laboratory testing and reporting strategies between countries, states and territories.