

Mpox

Multi-country external situation report no. 64, published 26 March 2026

KEY FIGURES			
Area	Number of reported confirmed cases	Number of deaths among confirmed cases	Number of reporting countries
Global (1 Jan 2025 – 28 Feb 2026)*	56 356	227	100
Key countries in Africa (2 Feb – 15 March 2026)**			
Madagascar	368	1	-
Democratic Republic of the Congo	288	0	-
Kenya	78	4	-
Burundi	34	0	-
Liberia	24	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 mostly within sexual networks, affecting both women and men, followed by household transmission, and in some historically endemic areas, affecting all age groups. 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 all settings.
- In February 2026, 46 countries across all WHO regions reported a total of 1184 confirmed mpox cases, including four deaths (case fatality ratio [CFR] 0.3%). Of these cases, 58.6% were reported in the WHO African Region.
- Four WHO regions – the Region of the Americas and the African, South-East Asian and Western Pacific regions – reported a decline in confirmed cases in February, compared to January 2026, while the European Region reported an increase in confirmed cases. The Eastern Mediterranean Region reported the same monthly case count in January and February 2026.
- Seventeen countries in Africa reported active transmission of mpox in the last six weeks (1 February – 15 March 2026), with 907 confirmed cases, including seven deaths (CFR 0.8%). Countries reporting the highest number of cases in this period are Madagascar, the Democratic Republic of the Congo, Kenya, Burundi, and Liberia.
- Three countries, Argentina, Austria, and the Central African Republic, have reported mpox due to clade Ib MPXV for the first time.
- Outside Africa, community transmission of clade Ib MPXV continues in the WHO European Region, with Austria, Belgium, Portugal, Spain, and the United Kingdom of Great Britain and Northern Ireland reporting community transmission, including in sexual networks of men who have sex with men.
- This report provides an update on mpox outbreak transmission dynamics across different clades and settings.
- On 7 April 2026, World Health Day, WHO will join a One Health summit convened by the Government of France. The Summit will foster international and interdisciplinary dialogue to highlight the interdependence of human, animal, plant and ecosystem health, and the need for coordinated, science-based approaches to address shared health threats, including for emergency response.

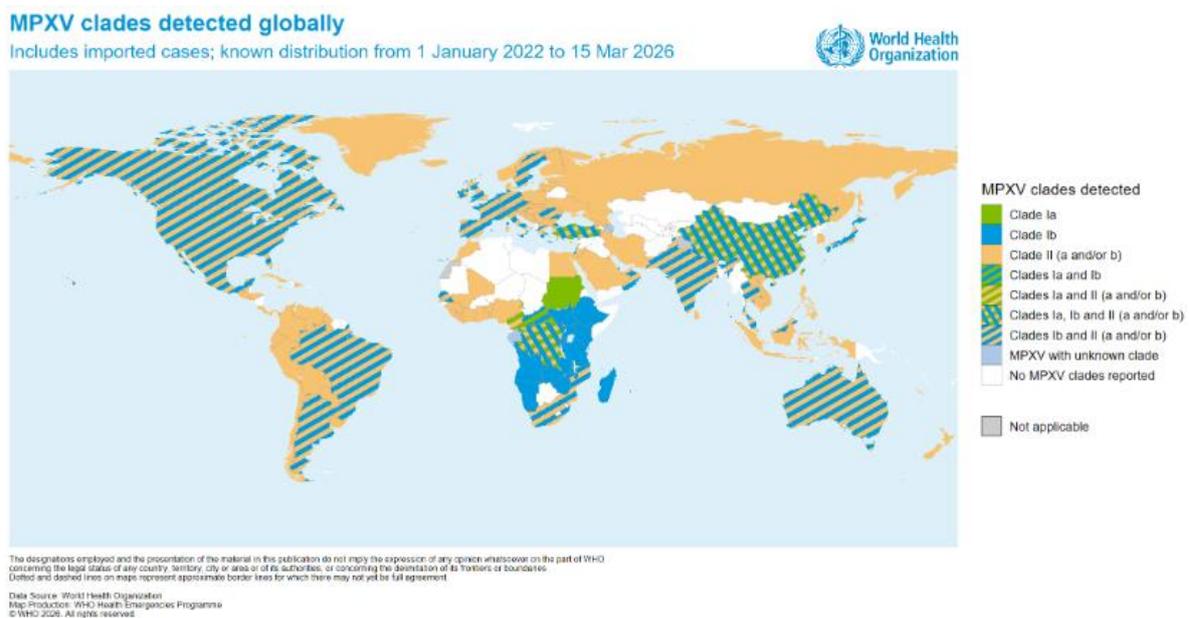
Epidemiological update

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 March 2026, three countries, Argentina, Austria, and the Central African Republic, have reported mpox due to clade Ib MPXV for the first time (Figure 1). Detailed information on clade-specific transmission dynamics can be found in the next section.

Figure 1. Geographic distribution of MPXV clades¹ reported to WHO, by country, 1 January 2022 to 15 March 2026²

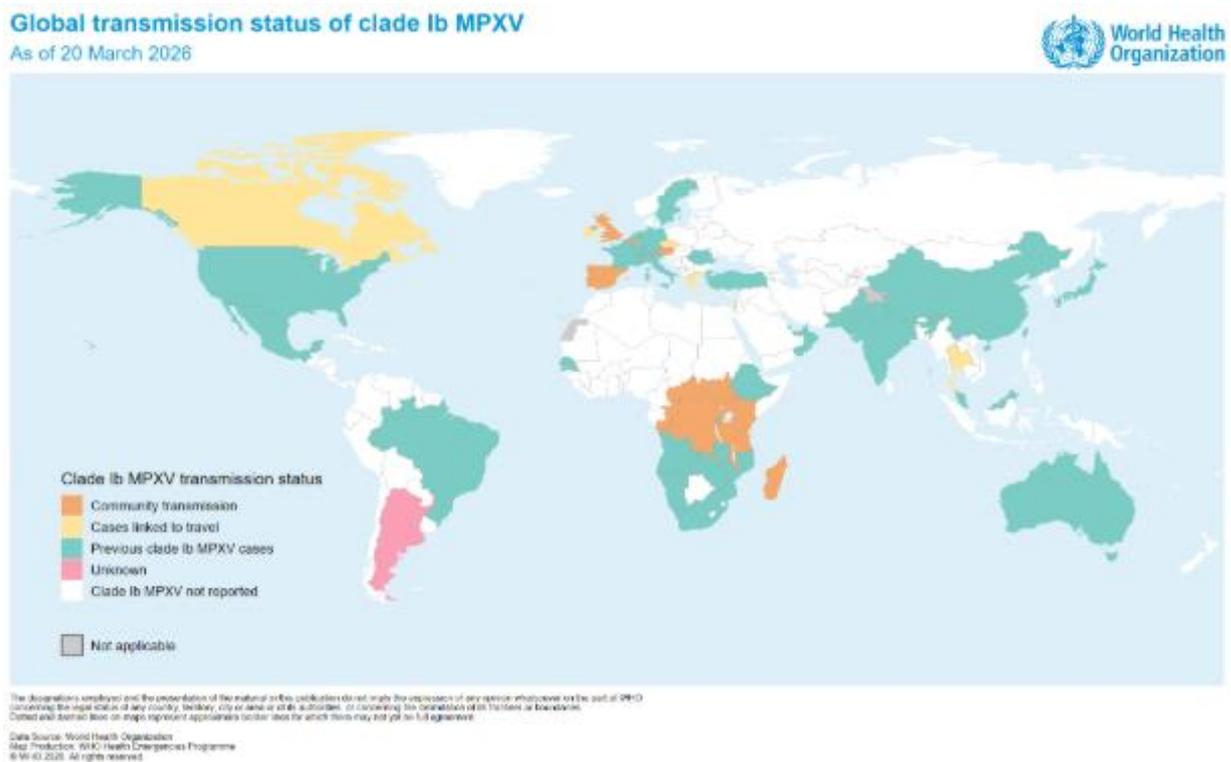


Reporting of [community transmission of clade Ib MPXV](#)³ outside Central and East Africa (Figure 2) continues in the WHO European Region, in Austria, Belgium, Portugal, Spain, and the United Kingdom of Great Britain and Northern Ireland (hereafter “United Kingdom”), including in, but not limited to, sexual networks of men who have sex with men. The situation is particularly concerning in Spain, where 87 cases of mpox due to clade Ib MPXV, as well as 16 cases of mpox due to clade I MPXV (clade sub-typing analysis pending), have been reported to WHO. Since the [last edition](#) of this report, three additional countries in the WHO European Region, Austria, Belgium and the United Kingdom, have reported community transmission of clade Ib MPXV.

¹ Two travel-related cases of a **clade Ib/IIb recombinant MPXV strain** have been reported from the United Kingdom and from India. These are not included in this map.

² The geographic 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 **community transmission** if at least one case reported in the country in the last six weeks has reported no recent travel or epidemiological link with a traveler from a country with mpox transmission during their incubation period. This classification applies regardless of the number of cases reported in the country.

Figure 2. Clade Ib MPXV transmission status within the last six weeks, by country, as of 15 March 2026⁴

Update on mpox outbreak transmission dynamics by virus clade

This section provides an overview of mpox outbreaks by MPXV subclade. It is not intended to be an exhaustive list of outbreaks in all settings; rather, it highlights the main characteristics of some outbreaks and the affected populations. Although there is currently no documented difference in inherent transmissibility of different MPXV strains to date, some strains are affecting different populations in different settings, resulting in distinct outbreak dynamics.

Clade Ia MPXV

Clade Ia MPXV is found primarily in endemic provinces of the Democratic Republic of the Congo and has expanded to previously unaffected areas, including the capital Kinshasa since 2023. Reporting of sporadic cases has also continued in neighbouring Central African Republic and in the Republic of Congo, where the size of the outbreaks is smaller. While the Democratic Republic of the Congo and the Central African Republic report a higher proportion of children among cases, in the Republic of Congo, most cases are among adults. Genomic sequencing analysis shows a higher diversity of this strain, suggesting that it typically emerges in human populations through zoonotic exposure. The increased number of cases reported over time in the Democratic Republic of the Congo, as well as the sustained human-to-human transmission of at least one lineage of clade Ia MPXV from 2024, mainly through sexual contact, in Kinshasa, suggest that this strain can lead to sustained community transmission of mpox under appropriate conditions. At least three other provinces in the country (Kongo-Central, Kwilu, and Kwango) have detected this lineage, suggesting geographic expansion, and four imported cases were reported in China (two cases), Ireland (one case), and Türkiye (one case). Sustained human-to-human transmission of clade Ia MPXV has not yet been documented in the Central African Republic or in the Republic of Congo.

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

Clade Ib MPXV

Clade Ib MPXV continues to spread in the Democratic Republic of the Congo, its neighbouring countries, as well as some countries in Europe. In other places where it has been reported, cases are primarily associated with international travel (Figure 2). To date, no human case of mpox due to clade Ib MPXV has been substantiated to result from animal exposure. Genomic sequencing data suggest that all cases detected to date are genomically linked to the strain detected for the first time in 2023 in South Kivu. Available evidence therefore suggests exclusive transmission through human-to-human contact for this virus sub-clade. Imported mpox has been confirmed among adults who travelled during their incubation period or with early symptoms and were diagnosed upon arrival in the reporting country. These individuals frequently reported sexual contact during their travels, with persons known or suspected to have mpox. Often introduced into new settings through sexual contact within connected sexual networks, clade Ib MPXV introductions can lead to broader outbreaks and evolving transmission patterns, including spread within households. This has resulted in a progressive shift in age and sex distribution of cases, with an increasing proportion occurring among children, and a bimodal distribution, with the highest incidence observed among young children and young adults. The secondary attack rate among sexual contacts has been estimated to be around 75%, while that among non-sexual household contacts is approximately 20%. No relevant risks have been highlighted outside household and occupational exposures.

Clade IIa MPXV

Outbreaks of mpox due to clade IIa MPXV have been mainly observed in animals, with limited infections in human populations, including a recent outbreak among monkeys in Taï national park in Côte d'Ivoire and the 2003 outbreak among pet prairie dog owners in the United States of America linked to small mammals imported from Ghana. Since 2024, Côte d'Ivoire, Ghana, Guinea, and Liberia have reported human mpox due to clade IIa MPXV in different locations, including their capital cities. In these countries, mpox linked to clade IIa MPXV has been reported in adults and children, with many lacking a known epidemiological link. Limited epidemiological investigation has constrained understanding of the modes of transmission in these outbreaks and clade IIa MPXV infection in humans remains the least described in scientific literature. Nonetheless, preliminary indications from genomic sequencing analysis suggest the occurrence of repeated zoonotic spillover events followed by secondary human-to-human transmission. While sexual contact transmission for this strain has not been formally documented, it is likely that all forms of close contact contribute to its spread, as with other MPXV strains. Co-circulation of clade IIa and clade IIb MPXV was first reported in 2024, in Côte d'Ivoire, Ghana, and Liberia.

Clade IIb MPXV

Most mpox outbreaks in West Africa and all other affected countries since 2022 are due to clade IIb MPXV, a continuation of the global multi-country outbreak that began that year. Genomic sequencing analysis estimates that this strain emerged from animals in Southern Nigeria as early as 2014 and has since then continued to circulate among humans, leading also to its differentiation into distinct lineages. Most countries report circulation of clade IIb lineage B.1, while lineage A.1 has been detected in Nigeria, neighbouring countries, and some countries in the WHO Eastern Mediterranean Region. The most affected population outside of Africa, where low levels of transmission persist, continues to be men who have sex with men, primarily exposed through sexual contact. In instances where other demographics, such as women and children, have been affected outside Africa, this has not led to sustained transmission. In West Africa, cases are reported in different age groups, and include males and females, highlighting transmission dynamics that include heterosexual sex networks and some household transmission.

The global multi-country outbreak of clade IIb MPXV since 2022 has shown that sexual contact alone can sustain community transmission of MPXV for long periods of time. Likewise, subclades Ia and Ib have also been shown to be spreading through sexual contact, and their transmission is being sustained in different settings. Much remains to be understood about transmissibility and sustainability of transmission through non-sexual direct physical contact for all clades. In settings where human-to-human transmission persists, it is likely driven by a combination of sexual, household, and community contact.

Recombinant MPXV strains

Recombination of MPXV strains has been documented in recent months, with two cases of a recombinant strain comprising genomic elements of clade Ib and IIb MPXV reported. The first case was detected in the United Kingdom with a recent history of travel to a country in South-East Asia, and the second in India, with a recent history of travel to a country in the Arabian Peninsula. Detailed analysis of the virus genomes shows that the two individuals fell ill several weeks apart with the same recombinant strain, suggesting a common evolutionary history. This information has two important implications: i) the origin of the recombinant strain remains unknown; and ii) transmission of this recombinant virus already involves at least four countries in three WHO regions and is therefore likely to be more widespread than currently documented.

Both cases had similar clinical presentation to that observed for other clades. Neither patient experienced severe outcomes. Contact tracing for both cases in the reporting countries was completed and no secondary cases were detected. Given the small number of cases found to date, conclusions about transmissibility or clinical characterization of mpox due to recombinant strains would be premature, and it remains essential to maintain vigilance regarding this development. All countries should remain alert to the possibility of MPXV genetic recombination. The public health risk posed by any newly detected recombinant strain should be assessed on a case-by-case basis, considering available epidemiological, clinical and genomic information.

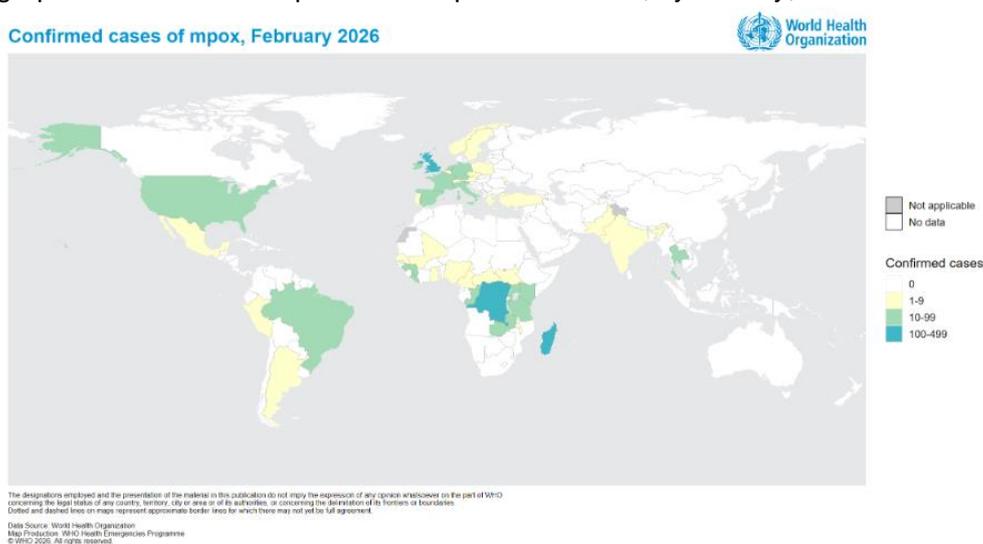
Global situation

Global surveillance data are updated monthly; data presented here are as of **28 February 2026**.

In February 2026, 46 countries reported 1184 confirmed cases (Figure 3), including four deaths (case fatality ratio [CFR] 0.3%)⁵.

The countries with the highest number of confirmed cases in the last month are in the WHO African Region (Figure 3), which reported 58.6% (694 of 1184) of confirmed cases in February 2026. The downward trend in confirmed mpox cases in the WHO African Region continues, following the peak in May (Figure 4). More details can be found in the [Africa section](#).

Figure 3. Geographic distribution of mpox cases reported to WHO, by country, 1 – 28 February 2026



The WHO European Region reported a 5.6% increase in confirmed cases (from 284 to 300 confirmed cases) in February 2026, compared to January 2026.

Three WHO regions observed a decline in reported confirmed cases in February 2026, compared to January 2026: the Western Pacific Region (98%, from 49 to one confirmed case), the Region of the Americas (34%, from 261 to 173 confirmed cases), and the South-East Asia Region (20%, from 15 to 12 confirmed cases).

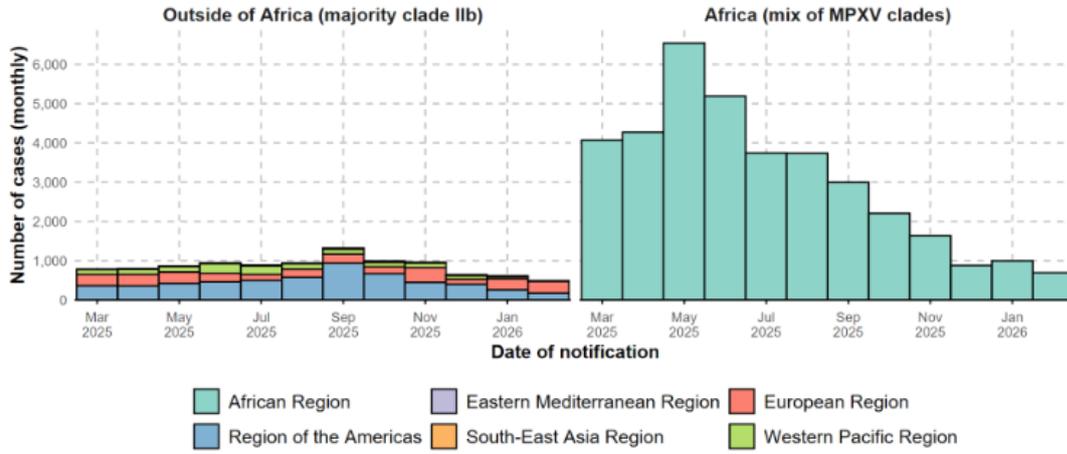
The WHO Eastern Mediterranean Region reported four confirmed cases each in January and February 2026.

⁵ The monthly data also reflect incomplete and delayed reporting and are subject to retrospective adjustments over time.

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

Trends in global mpox cases by WHO region

data as of 28 Feb 2026

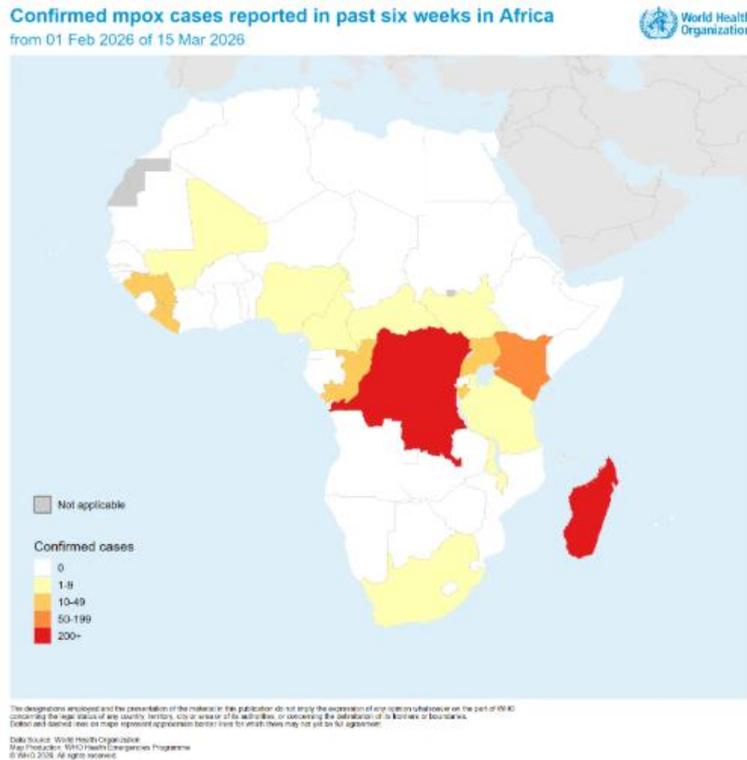


Situation in Africa

This section reports data provided as of **15 March 2026**.

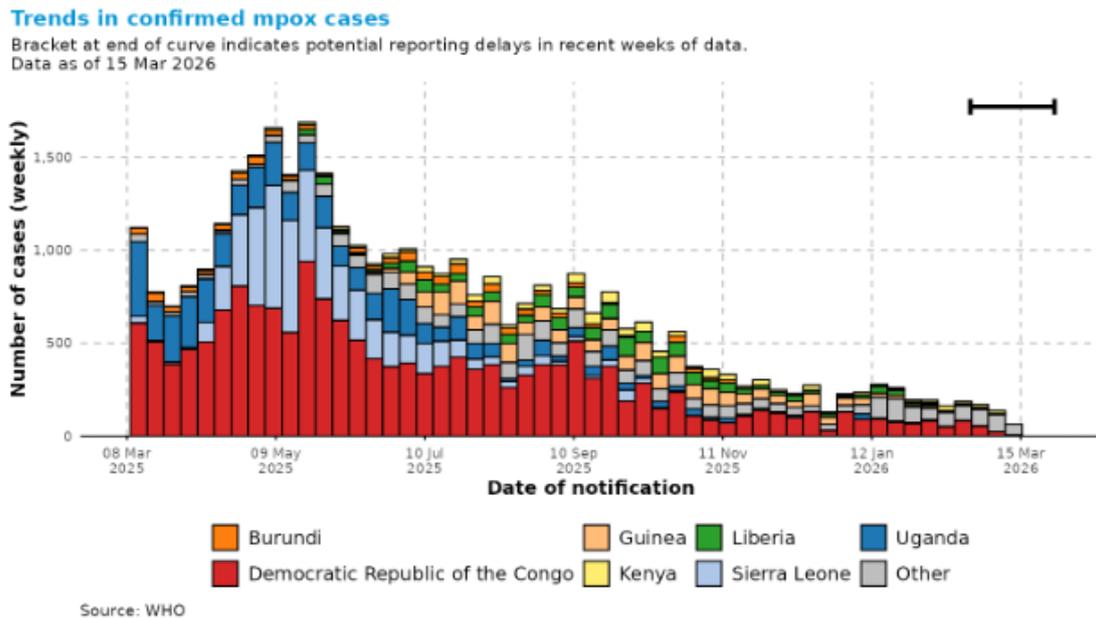
From 1 January 2025 to 15 March 2026, 30 countries in Africa reported 46 476 confirmed mpox cases, including 214 deaths (CFR 0.5%). In the last six weeks, 17 countries reported active transmission of mpox (Figure 5) with 907 confirmed cases, including seven deaths (CFR 0.8%); the highest number of confirmed cases over the last six weeks were reported in Madagascar (368 confirmed cases), the Democratic Republic of the Congo (288), Kenya (78), Burundi (34), and Liberia (24).

Figure 5. Geographic distribution of confirmed mpox cases in the past six weeks, Africa, 1 February – 15 March 2026



Overall, reported confirmed cases have continued to decline on the continent to fewer than 200 cases per week (Figure 6). Data for recent weeks should be interpreted with caution, as reporting delays often lead to retrospective adjustments. Furthermore, with a reduction in surveillance activities, the number of cases may be underestimated. The downward trend is largely influenced by a decline in case counts reported in the Democratic Republic of the Congo, Ghana, Guinea, and Liberia. Details are available in the [WHO Global mpox trends](#).

Figure 6. Reported confirmed mpox cases in Africa in the past 12 months, by country, 8 March 2025 – 15 March 2026⁶



Focus on selected countries

Central African Republic

From 2024, and as of 15 March 2026, the Central African Republic has reported 169 cases, including eight deaths (CFR – 4.7%).

Over the past six weeks, three districts: Bangui 1, Bangui 2, and Haute-Kotto (in the northwest of the country), have reported ongoing transmission and are considered active outbreak areas. None of these districts is considered historically endemic for mpox, suggesting that current transmission is human-to-human.

In 2026, a total of 53 suspected cases have been reported, of which seven (13%) have been laboratory confirmed, with no associated deaths. Reported suspected and confirmed cases show a declining trend (Figure 7), potentially in part reflecting the impact of health interventions including vaccination around recent cases.

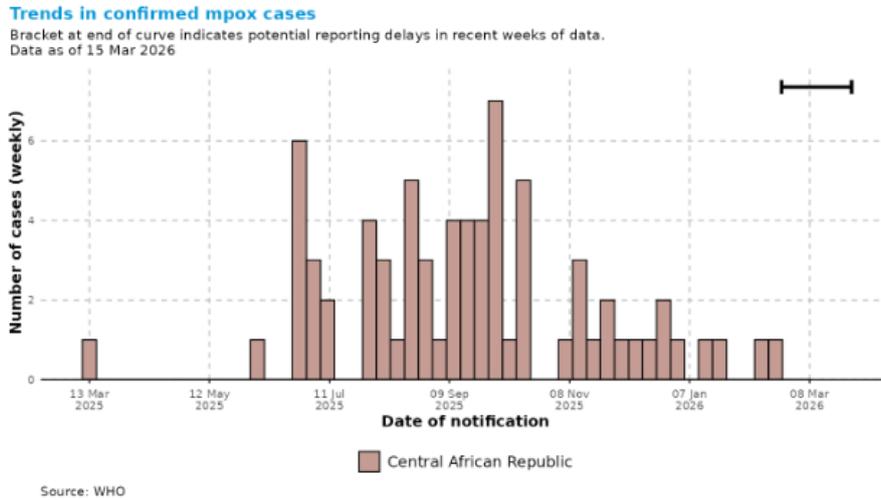
Recently, the country reported its first detection of clade Ib MPXV in an individual without a history of travel. Following this finding, retrospective genomic sequencing of previously confirmed cases identified the earliest clade Ib MPXV infection in an individual first identified in December 2025. To date, nine clade Ib MPXV cases have been detected, in the following districts: Bangui 1 (six cases), Bangui 2 (two cases) and Berberati (one case). Available sequencing data have to date suggest no clade Ib MPXV in the country prior to December 2025.

In the most recent reporting period (epidemiological week 12, 2026), two cases of mpox due to clade Ib MPXV were confirmed in children aged six months and one year, with no transmission chains identified at the time of reporting. This finding suggests ongoing community transmission of clade Ib MPXV.

Historically endemic for clade Ia MPXV, the Central African Republic is now experiencing co-circulation of both clade Ia and Ib MPXV strains.

⁶ The legend of this figure assigns a distinct color to the top seven countries reporting the highest cumulative case count for the period. Other countries are aggregated under the group “Other”.

Figure 7. Confirmed mpox cases reported in the Central African Republic over the last 12 months, 13 March 2025 – 15 March 2026



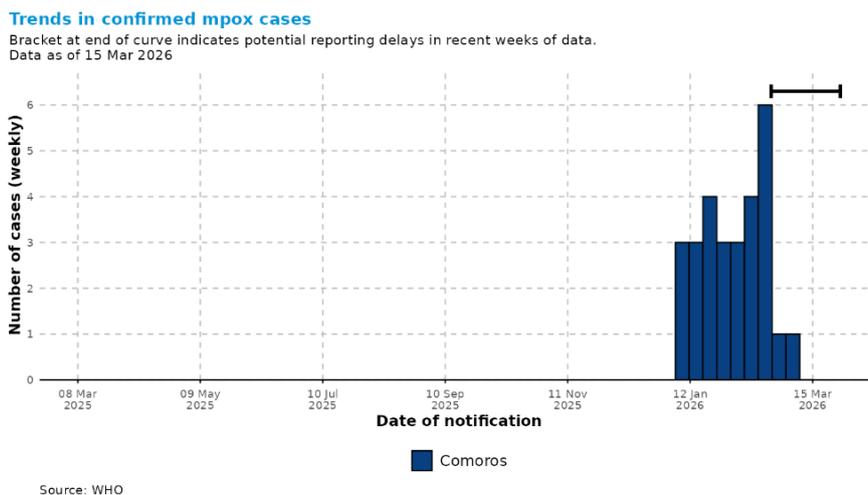
Comoros

In 2026, and as of 15 March 2026, Comoros has reported a total of 28 confirmed mpox cases and no deaths. The country confirmed its first-ever case of mpox on 23 January 2026, and genomic sequencing analysis revealed clade Ib MPXV. The first five cases reported were detected among travelers from Madagascar, and all cases reported since have been among individuals who reported no recent travel, signifying ongoing local transmission.

The most affected area is the Ngazidja region, which accounts for 96.4% (27 of 28 confirmed cases). Males have been predominantly affected (82.1%, 23 of 28 confirmed cases), and those aged 15 years and below are the most affected age group (42.9%, 12 of 28 confirmed cases).

The country has activated a national response and is implementing response activities across all pillars of the response. The Access and Allocation Mechanism (AAM) has allocated 10 000 doses of the MVA-BN vaccine in response to the country’s request for mpox vaccines.

Figure 8. Confirmed mpox cases reported in Comoros over the last 12 months, 8 March 2025 – 15 March 2026



Countries reporting mpox for the first time

Since the [last edition](#) of this report, no country has reported mpox for the first time.

Countries reporting mpox due to clade Ib MPXV for the first time

Since the last edition of this report, three countries, Argentina, Austria and the Central African Republic, have reported cases of mpox due to clade Ib MPXV for the first time.

Argentina

On 16 March 2026, Argentina announced the detection of the first case of mpox due to clade Ib MPXV in the country. The case is an adult male who reported no history of recent travel. Case investigation is currently underway to determine the most likely source of exposure.

Austria

On 21 February 2026, Austria notified WHO of two cases of mpox due to clade Ib MPXV, both in adult males. One case reported likely high-risk exposure in Austria, while the other reported recent travel to Italy where high-risk exposure is suspected to have occurred. These are the first cases of mpox due to clade Ib MPXV reported in the country.

Central African Republic

In 2026, the Central African Republic has reported clade Ib MPXV for the first time. As of 15 March 2026, nine cases of mpox due to clade Ib MPXV had been detected, signaling a shift towards co-circulation of clade Ia and clade Ib MPXV, as has been reported in the Democratic Republic of the Congo and the Republic of Congo.

Countries reporting new importations of clade Ib MPXV

Since the last [situation report](#), six countries have reported new importations of clade Ib MPXV:

- **Argentina:** On 16 March 2026, Argentina announced the detection of a case of mpox due to clade Ib MPXV in an adult male individual who reported no history of travel. This is the first case of mpox due to clade Ib MPXV reported in the country.
- **Austria:** On 21 February 2026, Austria notified WHO of two cases of mpox due to clade Ib MPXV reported in the country. The cases are both adult males: one who was likely exposed in the country and another who reported recent travel to Italy, where exposure is suspected to have occurred. Cumulatively, the country has reported three cases of mpox due to clade Ib MPXV.
- **Canada:** On 6 March 2026, Canada notified WHO of the detection of two cases of mpox due to clade Ib MPXV. One case is an adult male who reported recent travel to Germany, where high-risk exposure likely occurred, and the other case is a contact of the case who traveled. Cumulatively, Canada has reported four cases of mpox due to clade Ib MPXV.
- **Czechia:** On 26 February 2026, Czechia notified WHO of the detection of three cases of mpox due to clade Ib MPXV. All cases are adult males: two cases reported recent travel to Germany where high-risk exposure likely occurred and one case is reported high-risk contact with one of the cases who travelled. Cumulatively, Czechia has reported four cases of mpox due to clade Ib MPXV.
- **Greece:** On 27 February 2026, Greece notified WHO of one case of mpox due to clade Ib MPXV in an adult male who reported recent travel to France, where high-risk exposure likely occurred. Cumulatively, the country has reported two cases of mpox due to clade Ib MPXV.
- **United Kingdom:** From 23 February to 15 March 2026, the United Kingdom notified WHO of six cases of mpox due to clade Ib MPXV in men who had traveled to Germany (two cases), Ireland (one case), Netherlands (one case), Spain (one case), and Viet Nam (one case), bringing the cumulative number of cases of mpox due to clade Ib MPXV to 33 cases.⁷

⁷ This count excludes the case of mpox due to the clade Ib/IIb recombinant strain reported in December 2025.

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 March 2026**.

1. Emergency coordination

- The theme for World Health Day 2026 (7 April) is "Together for health. Stand with science." to emphasize evidence-based action and collaboration and across human, animal, and environmental health domains. This campaign aims to restore trust in science and promote the One Health approach to shared global challenges.
- From 5 – 7 April 2026, WHO will join the [One Health Summit](#) convened by the Government of France. The Summit will foster international and interdisciplinary dialogue and cooperation to highlight the interdependence of human, animal, plant and ecosystem health, and the need for coordinated, science-based approaches to address shared health threats. It will showcase the Quadripartite partnership between the Food and Agriculture Organization (FAO), United Nations Environment Programme (UNEP), WHO and the World Organisation for Animal Health (WOAH) and the work of WHO nationally, regionally and globally and emphasize the role of public private partnerships for emergency preparedness and response. WHO will be assuming the Chair of the Quadripartite partnership during the One Health Summit.
- WHO and the Africa Centres for Disease Control and Prevention (Africa CDC) continue to coordinate response efforts with all partners. From 9 – 13 March 2026, Africa CDC and the WHO Regional Office for Africa co-hosted an After-Action Review (AAR) of the joint Continental Incident Management mechanism established for the first time for the mpox response in Africa. The outcomes of this review will inform joint efforts to coordinate response for other public health emergencies on the continent and develop a roadmap for post-event transition planning.
- Through the WHO-coordinated Global Outbreak Alert and Response Network (GOARN), from 1 January 2025 to 18 March 2026, 18 experts were deployed to the Democratic Republic of Congo, Kenya, Malawi, Republic of the Congo, South Sudan, and Uganda 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. WHO also continues to provide support in areas such as implementation of transmission studies and vaccine safety and effectiveness research. 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](#) have continued weekly, updates to [global epidemiological data](#) have continued monthly, and both can be accessed through the [online WHO dashboard](#).
- 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 evaluate public health considerations regarding mpox diagnostics and the performance of diagnostic tests to inform technical guidelines on MPXV testing and testing strategies through consultation with the expert Guideline Development Group (GDG) on MPXV diagnostics.
- WHO is coordinating implementation of a multi-country study for the evaluation of point-of-care tests for mpox. The countries involved include Belgium, the Democratic Republic of the Congo, Ghana, and Madagascar,

3. Community protection

- The community protection cluster coordinates support for countries for risk communication and community engagement (RCCE), infodemic management, community-based infection prevention and control (IPC), water, sanitation, and hygiene (WASH), and vaccines and immunization. Other key areas of work include border health and guidance for events and gatherings, and support for investigation at the animal-human interface.

- WHO continues to support community-centered action in countries with mpox outbreaks, through provision of tailored guidance, RCCE toolkits, integrated training packages for community-based volunteers and sharing of public health advice for population groups at risk. This support is coordinated through 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 Africa CDC. Since the last [edition](#) of this report, support has focused on countries newly affected by mpox, including Comoros and Madagascar, as well as countries implementing mpox vaccination.
- WHO continues to support countries to collect and use community data to guide localized and inclusive mpox response programmes, working with communities to implement findings and recommendations from recently conducted rapid assessments in the Democratic Republic of the Congo and Liberia, and publishing best practices.

4. Safe and scalable care

- WHO invites countries, partners and clinicians to use the [WHO Global Clinical Platform](#). The platform includes openly available tools developed in Research Electronic Data Capture (REDCap) and Open Data Kit (ODK) to support better understanding of the clinical characteristics of cases in different countries and contexts.

5. Access to and delivery of countermeasures

Access and Allocation Mechanism (AAM) and mpox vaccine delivery

Vaccines

- WHO supports countries to develop mpox vaccination strategies for people at risk based on local epidemiology.
- To optimize use of available vaccines, countries are deploying single-dose response strategies and considering other dose-sparing options recommended by WHO (intra-dermal fractional dosing) where relevant and feasible.
- All MVA-BN vaccine doses allocated through eight allocation rounds have been delivered to 17 countries (including to Madagascar on 21 February 2026).
- On 9 March 2026, 20 000 doses of the MVA-BN vaccine were allocated to Cameroon (10 000) and Comoros (10 000), marking the ninth round of allocation to countries.
- WHO and partners are establishing an emergency mpox vaccine stockpile under the International Coordinating Group on vaccine provision (ICG)⁸ to be operational by August 2026.

Diagnostics

- As of 18 March 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 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.

⁸ For more information, please check here: <https://www.who.int/groups/icg>

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 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>
- 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/>

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>
- 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 Smallpox and mpox vaccines, including WHO Position paper on mpox vaccines and WHO interim guidance, among other resources to support countries. August 2024. <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>
- 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)
- 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).
English and French: <https://openwho.org/infectiousdiseases/503162/Mpox>
- OpenWHO. Extended training. Monkeypox epidemiology, preparedness and response (2021)
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>

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.