

Mpox

Multi-country external situation report no. 65, published 30 April 2026

KEY FIGURES			
Area	Number of reported confirmed cases	Number of deaths among confirmed cases	Number of reporting countries
Global (1 Jan 2025 – 31 Mar 2026)*	58 214	238	100
Key countries in Africa (9 Mar – 19 Apr 2026)**			
Madagascar	554	2	-
Democratic Republic of the Congo	224	0	-
Guinea	52	0	
Kenya	32	0	-
Burundi	28	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 men and women, often followed by household transmission and, in some areas, affecting all age groups. All clades of monkeypox virus (MPXV) continue to circulate. Rapid containment of mpox outbreaks is essential to prevent community transmission in any setting.
- In March 2026, 48 countries across all WHO regions reported a total of 1235 confirmed mpox cases, including five deaths (case fatality ratio [CFR] 0.4%). Of these cases, 70.4% were reported in the WHO African Region.
- Four WHO regions – the Region of the Americas, African, European, and South-East Asian regions – reported a decline in confirmed cases in March, compared to February 2026, while the Eastern Mediterranean and Western Pacific Region reported an increase in confirmed cases.
- Sixteen countries in Africa reported active transmission of mpox in the last six weeks (9 March – 19 April 2026), with 969 confirmed cases, including three deaths (CFR 0.3%). Madagascar, the Democratic Republic of the Congo, Guinea, Kenya, and Burundi reported the highest number of cases during this period.
- Four countries, Colombia, Denmark, Ecuador and Singapore, reported mpox due to clade Ib MPXV for the first time. Poland and Slovakia reported mpox due to clade I MPXV for the first time, pending subclade identification.
- Outside Africa, Argentina, Denmark, Germany, Pakistan, Portugal, Singapore, Spain, and the United Kingdom of Great Britain and Northern Ireland reported community transmission of clade Ib MPXV, including among men who have sex with men.
- Pakistan has reported a healthcare-associated mpox outbreak in Sindh province, involving neonates, infants, and adults. In the past month, the province has reported 29 confirmed cases, including eight deaths (case fatality ratio: 28%), and one additional death in a suspected case. About half of cases, and all deaths were reported among infants younger than six months of age.
- Qatar has reported a travel-related case of mpox with a clade Ib/Iib recombinant MPXV strain, the third such reported case globally, following previous case reports in India and the United Kingdom of Great Britain and Northern Ireland. The patient has recovered and no secondary cases have been reported to date.

Epidemiological update

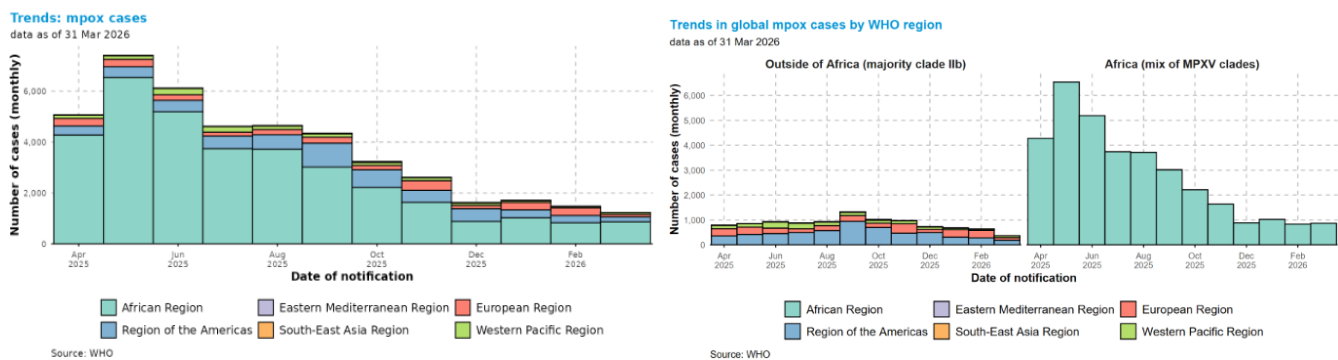
This situation report includes the most relevant new information on mpox outbreaks and response activities. Detailed epidemiological analyses and data are available in the [WHO mpox surveillance report](#).

Global situation

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

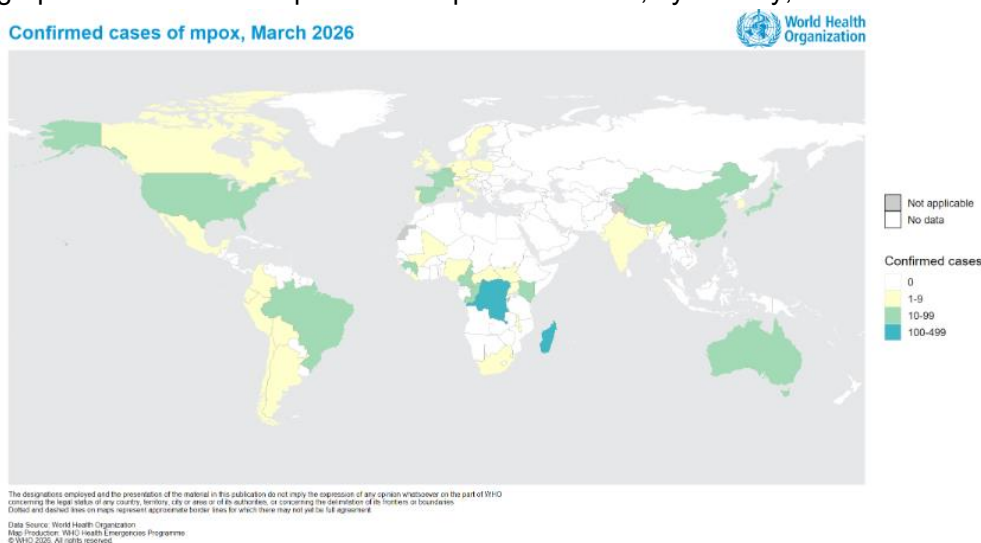
In March 2026, 48 countries reported 1235 confirmed cases, including five deaths (case fatality ratio [CFR] 0.4%)¹, with reported monthly confirmed case counts remaining relatively stable since December 2025 (Figure 1).

Figure 1. Reported confirmed mpox cases, by WHO region, by month, 1 April 2025 – 31 March 2026



The countries with the highest number of confirmed cases in the last month are in the WHO African Region (Figure 2), which reported 70.4% (870 of 1235) of confirmed cases in March 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 somewhat stable since December 2025 (Figure 1). More details can be found in the [Africa section](#).

Figure 2. Geographic distribution of mpox cases reported to WHO, by country, 1 – 31 March 2026



¹ The monthly data also reflect incomplete and delayed reporting and are subject to retrospective adjustments over time.

The WHO Western Pacific Region reported a 47% increase in mpox cases (from 47 to 69 confirmed cases) in March compared to February 2026. The Eastern Mediterranean Region reported one confirmed case in March 2026 through usual data sharing channels, following four cases reported in February. The outbreak of 29 confirmed cases and 9 deaths among infants in Sindh Province, Pakistan in March 2026 described in this situation report was reported to WHO in April under provisions of the International Health Regulations (2005) (IHR). These data will appear in the next situation report data summary,

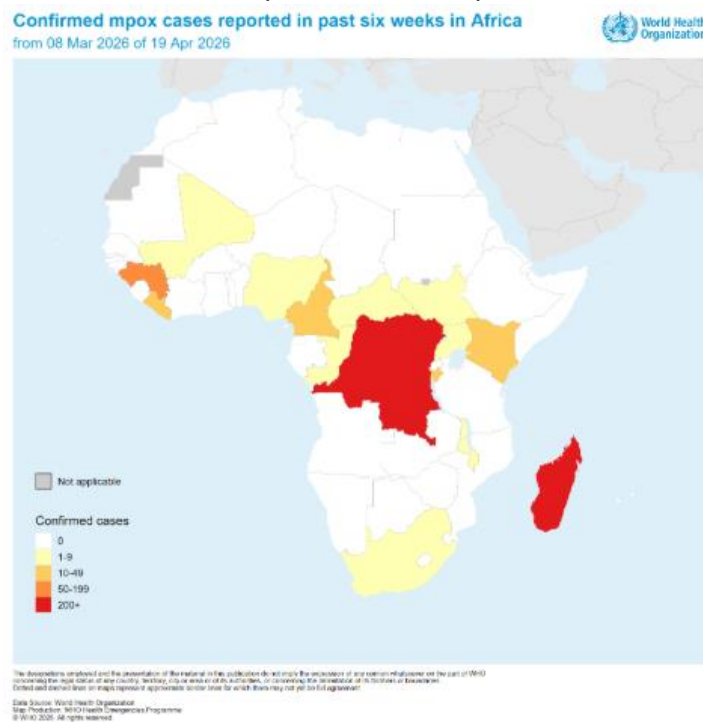
The three other WHO regions observed a decline in reported confirmed cases in March 2026, compared to February 2026: the South-East Asian Region (83%, from 12 to two confirmed cases), the European Region (66%, from 299 to 103 confirmed cases), and the Region of the Americas (33%, from 282 to 190 confirmed cases).

Situation in Africa

This section reports data provided as of **19 April 2026**.

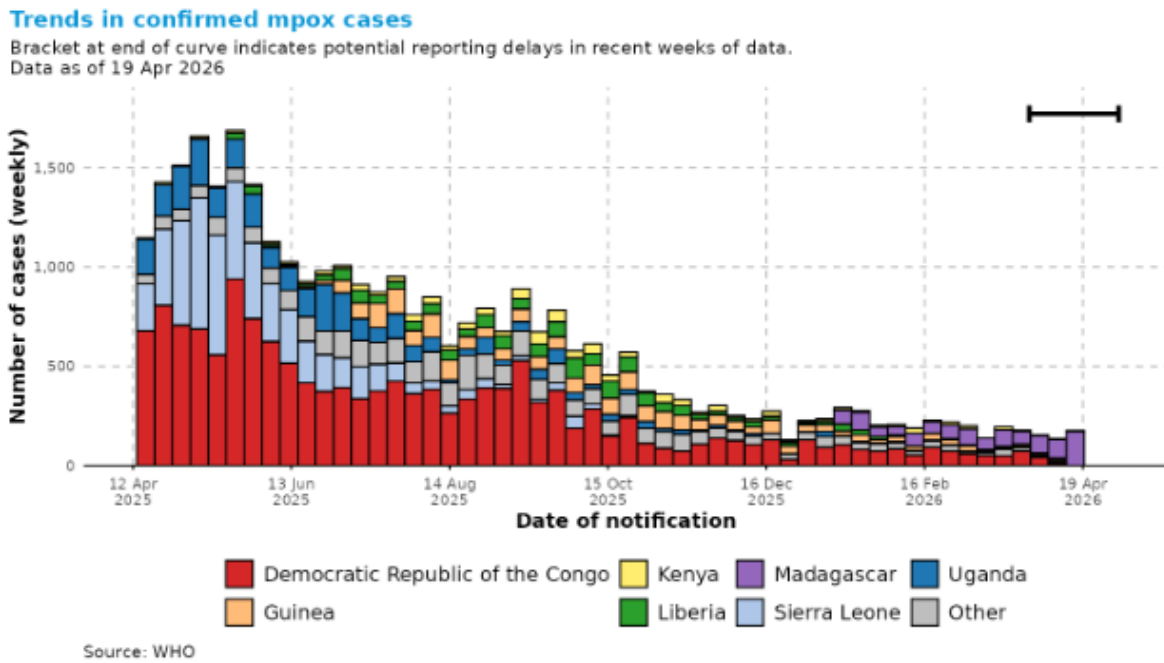
From 1 January 2025 to 19 April 2026, 30 countries in Africa reported 47 683 confirmed mpox cases, including 217 deaths (CFR 0.5%). In the last six weeks, 16 countries reported active transmission of mpox (Figure 3) with 969 confirmed cases, including three deaths (CFR 0.3%); the highest number of confirmed cases over the last six weeks was reported in Madagascar (554 confirmed cases), the Democratic Republic of the Congo (224), Guinea (52), Kenya (32), and Burundi (28).

Figure 3. Geographic distribution of confirmed mpox cases in the past six weeks, Africa, 8 March – 19 April 2026



Overall, reported confirmed cases have continued to decline on the continent to fewer than 200 cases per week (Figure 4). 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, Guinea, and Liberia. Details are available in the [WHO Global mpox trends](#). However, as outlined [below](#), cases reported in Madagascar continue to rise, despite ongoing outbreak response activities.

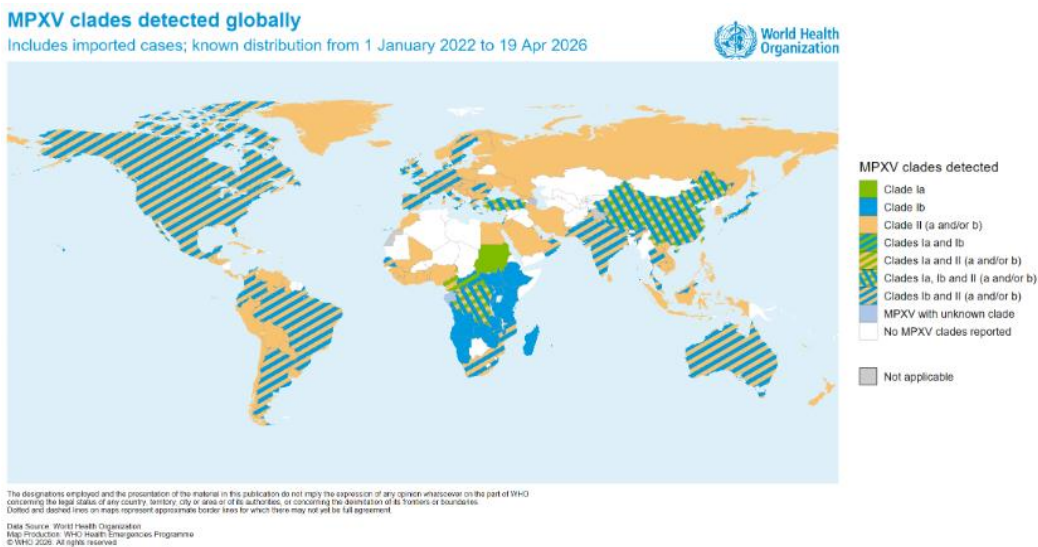
Figure 4. Reported confirmed mpox cases in Africa, past 12 months, by country, 12 April 2025 – 19 April 2026²



Global monkeypox virus (MPXV) distribution

Since the last [situation report](#), and as of 19 April 2026, four countries, Colombia, Denmark, Ecuador and Singapore, have reported mpox due to clade Ib MPXV for the first time (Figure 5). Two countries, Poland and Slovakia, have reported mpox due to clade I MPXV for the first time, with efforts underway to identify the subclade. Detailed information on clade-specific transmission dynamics can be found in [Situation Report #64](#).

Figure 5. Geographic distribution of MPXV clades³ reported to WHO, by country, 1 January 2022 to 19 April 2026⁴



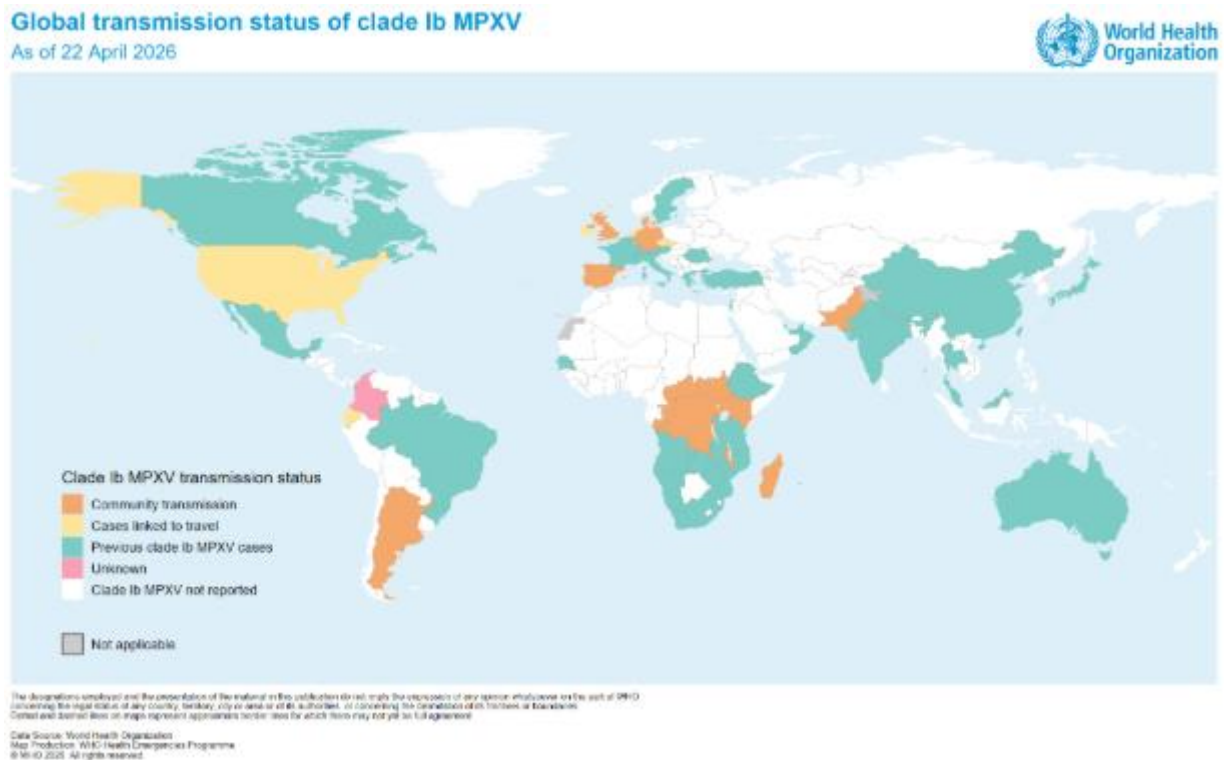
² The legend of Figure 4 assigns a distinct colour to the top seven countries reporting the highest cumulative case count for the period. Other reporting countries are aggregated under the group “Other”.

³ Figure 5 does not include three cases of a **clade Ib/Iib recombinant MPXV strain** in India, Qatar, and the United Kingdom.

⁴ 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.

[Community transmission of clade Ib MPXV](#)⁵ outside Central and East Africa (Figure 6) has been reported in Argentina, Denmark, Germany, Pakistan, Portugal, Singapore, 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 and Germany. Spain has reported a cumulative total of 104 cases of mpox due to clade Ib MPXV and 21 cases of mpox due to clade I MPXV (clade sub-typing analysis pending). Germany has reported a total of 51 confirmed cases of mpox due to clade Ib MPXV, with 34 cases reported in 2026 alone.

Figure 6. Clade Ib MPXV transmission status within the last six weeks, by country, as of 22 April 2026⁶



Focus on selected countries

Madagascar

Since December 2025, Madagascar is experiencing the largest mpox outbreak of mpox, due to clade Ib MPXV, in the African Region and globally, with ongoing sustained community transmission and a continuing increase in reported cases weekly.

As of 19 April 2026, Madagascar has reported a cumulative total of 1092 confirmed cases and three deaths (case fatality ratio [CFR] 0.3%) (Figure 7). Over the most recent reporting week, 169 new confirmed cases were notified, with a high test positivity of 81%, indicating ongoing active transmission and inadequate surveillance.

Transmission is occurring across 51 districts in 21 regions, reflecting widespread geographic dissemination. The most affected regions include Boeny, followed by Diana, Analamanga, Betsiboka, Atsimo Andrefana, and Sofia. With cases reported across all age groups and both sexes, young adults aged 19-35 years are the most affected.

⁵ 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.

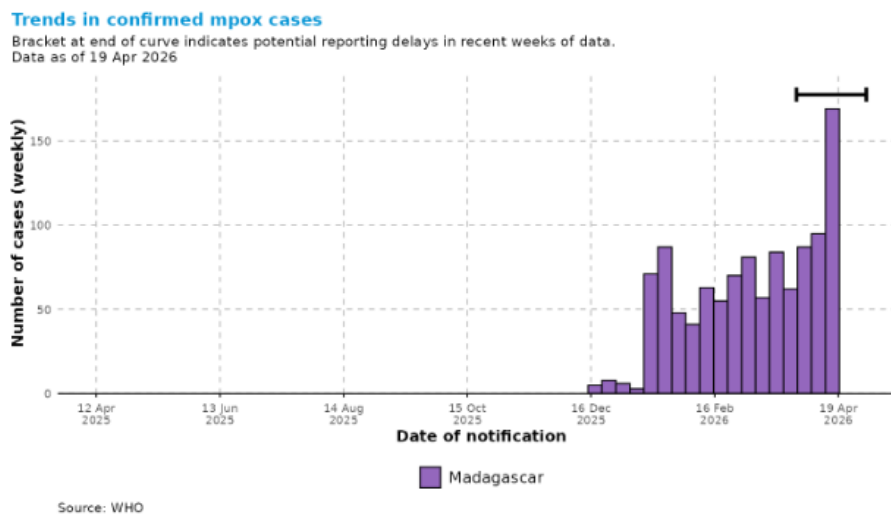
⁶ Date when the latest case of mpox due to clade Ib MPXV, prior to the publication of this report, was reported to WHO.

Surveillance indicators suggest that 85% of reported suspected cases have been tested. The number of reported contacts varies from below 10 to above 20 contacts per confirmed case across different regions. Among 4392 documented contacts, 64% were reported to be household members, 20% work-related, 10% community contacts and 6% pupils.

Response activities have been scaled up, including vaccination, with over 25 000 individuals having received one dose of MVA-BN vaccine, including 10 000 health workers, 900 contacts, and 2000 sex workers. Case management has been strengthened, with a high proportion of confirmed cases managed in dedicated treatment centres.

However, the situation remains concerning due to the continuing rise in cases reported, high test positivity, and operational challenges and gaps related to logistics, healthcare capacity, vaccine uptake and risk communication and community engagement.

Figure 7. Confirmed mpox cases reported in Madagascar. last 12 months, 12 April 2025 – 19 April 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, four countries, Colombia, Denmark, Ecuador and Singapore, have reported cases of mpox due to clade Ib MPXV for the first time.

Colombia

On 18 April 2026, Colombia announced the detection of the first case of mpox due to clade Ib MPXV in the country. Public health response underway includes case investigation, contact tracing, and case monitoring.

Denmark

From 14 – 22 April 2026, Denmark notified WHO of two cases of mpox due to clade Ib MPXV, both in men. One case reported high-risk exposure in Germany, while the other case reported high-risk exposure in Denmark. These are the first cases of mpox due to clade Ib MPXV reported in the country.

Ecuador

On 3 April 2026, Ecuador notified WHO of one case of mpox due to clade Ib MPXV in adult male who reported recent travel to Colombia. This is the first cases of mpox due to clade Ib MPXV reported in the country.

Singapore

On 2 April 2026, Singapore announced the detection of two cases of mpox due to clade Ib MPXV, a case who reported recent travel and their contact. These are the first cases of mpox due to clade Ib MPXV reported in the country.

Countries reporting new importations of clade Ib MPXV

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

- **Czechia:** On 4 April, Czechia notified WHO of one case of mpox due to clade Ib MPXV, an adult male who reported recent travel to Austria. Cumulatively, the country has reported five cases of mpox due to clade Ib MPXV.
- **Denmark:** On 14 April 2026, Denmark notified WHO of one case of mpox due to clade Ib MPXV, an adult male who reported recent travel to Germany. Cumulatively, the country has reported two cases of mpox due to clade Ib MPXV.
- **Ecuador:** On 3 April 2026, Ecuador notified WHO of one case of mpox due to clade Ib MPXV, an adult male who reported recent travel to Colombia. Cumulatively, the country has reported one case of mpox due to clade Ib MPXV.
- **Ireland:** On 25 March 2026, Ireland notified WHO of one case of mpox due to clade Ib MPXV, an adult male who reported recent travel to Belgium. Cumulatively, the country has reported six cases of mpox due to clade Ib MPXV.
- **Netherlands:** On 3 April 2026, the Netherlands notified WHO of a case of mpox, an adult male who reported recent travel to Belgium. Cumulatively, the country has reported 11 cases of mpox due to clade Ib MPXV.
- **Singapore:** On 2 April 2026, Singapore announced the detection of a case of mpox due to clade Ib MPXV, an adult male who reported recent travel within the WHO western Pacific Region. Cumulatively, the country has reported two cases of mpox due to clade Ib MPXV.
- **United States of America:** From 23 March to 24 April 2026, the United States of America reported eight cases of mpox due to clade Ib MPXV among individuals who reported recent travel, or links to recent travellers. Cumulatively, the country has reported 17 cases of mpox due to clade Ib MPXV.

Outbreak among neonates in Pakistan

From 14 March to 20 April, a total of 249 suspected cases of mpox were reported across nine of 30 districts in Sindh province, Pakistan. Of these, 29 cases were laboratory-confirmed, including eight deaths (case fatality ratio: 28%), and one additional death in a suspected case. In this context, a healthcare-associated mpox outbreak involving neonates, infants, and adults was detected in Khairpur district, Sindh province.

On 5 April 2026, WHO received the initial report of an mpox outbreak in Khairpur district, Sindh province, Pakistan, involving cases and deaths among children in neonatal intensive care units (NICUs). Field investigations identified the healthcare-associated outbreak, initially involving a newborn – likely infected through contact with one or both parents who reportedly had mpox – who was admitted to an NICU facility and transferred to a second NICU. Subsequent transmission was linked to suboptimal infection prevention and control (IPC) practices in these facilities, including shared incubators, contaminated surfaces, and oxygen equipment.

By 20 April 2026, Khairpur district had reported 20 confirmed cases, including seven deaths; most cases and all deaths occurred among children younger than six months. Genomic sequencing identified clade Ib MPXV.

Broader investigations and strengthened surveillance in Sindh province identified the other nine cases (six confirmed cases in Karachi and three in Sukkur district) among caregivers and adults, suggesting concurrent community transmission, including through sexual contact. The outbreak is occurring in a context of increasing HIV transmission and low treatment coverage in the province. Response measures include closure and decontamination of affected facilities, strengthened IPC, enhanced surveillance and contact tracing, and WHO

technical support. The risk of ongoing community transmission in the province is assessed as moderate, while the broader mpox risk remain unchanged.

Detection of recombinant MPXV strain in Qatar

On 24 March 2026, Qatar notified WHO of a laboratory-confirmed mpox case infected with a recombinant MPXV strain containing genomic elements of clade Ib and IIb MPXV. The case is an adult male resident in Qatar, who developed general and genital mpox symptoms on 10 March and was confirmed to have mpox on 21 March. Genomic sequencing on 2 April confirmed infection with a recombinant clade Ib/IIb MPXV strain.

The individual reported short travel to Saudi Arabia during the incubation period, but no contact with a known mpox case. He did not report any sexual or other known high-risk exposures in either Saudi Arabia or Qatar, and to date, the source of infection for this case remains unknown. Following the initial diagnosis, the case was isolated in a facility and recovered fully.

Contact tracing was completed with no secondary cases identified.

This represents the third known detection of this MPXV recombinant strain globally, following travel-related detections in India and the United Kingdom of Great Britain and Northern Ireland. Consistent with previous detections, no differences in clinical presentation have been observed compared with infection with non-recombinant MPXV strains.

While the public health risk associated with this event in Qatar and globally is assessed as low, it highlights the potential for undetected spread of this recombinant strain and the risk of continued emergence of recombinant strains in the context of co-circulation of multiple MPXV clades. Ongoing surveillance, genomic sequencing, and case investigation remain critical.

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 22 April 2026**.

1. Emergency coordination

- WHO and the Africa Centres for Disease Control and Prevention (Africa CDC) continue to coordinate response efforts with all partners.
- Through the WHO-coordinated Global Outbreak Alert and Response Network (GOARN), from 1 January 2025 to 22 April 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 been made biweekly, 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 is coordinated across technical areas, including 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 Pakistan, 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 and publish 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 (intradermal fractional dosing) where relevant and feasible.
- All MVA-BN vaccine doses allocated through eight allocation rounds have been delivered to 19 countries. A total of 10 000 doses of the MVA-BN vaccine were delivered to Comoros on 29 March 2026, and 10 000 were delivered to Cameroon on 31 March 2026. WHO and partners are establishing an emergency mpox vaccine stockpile under the International Coordinating Group on vaccine provision (ICG)⁷ to be operational by August 2026.
- Around 135 000 doses of MVA-BN remain available through the Access and Allocation Mechanism (AAM) for requesting countries until the ICG mpox stockpile is fully established and functional.

Diagnostics

- As of 22 April 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 eleven products have been made available [here](#).

⁷ 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.