Mpox

Multi-country external situation report no. 66, published 31 May 2026

KEY FIGURES			
Area	**Number of reported confirmed cases**	**Number of deaths among confirmed cases**	**Number of reporting countries**
Global (1 Jan 2025 – 30 Apr 2026)*	**59 709**	**241**	**103**
Key countries in Africa (6 Apr – 17 May 2026)**			
Madagascar	**780**	**4**	**-**
Guinea	**40**	**0**	
South Sudan	**37**	**1**	
Democratic Republic of the Congo***	**35**	**0**	**-**
Kenya	**27**	**0**	

** Most recent global surveillance data available.*

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

**** Interpretation of data from the Democratic Republic of the Congo should take into account delays in reporting of mpox data owing to the country's current focus on the Bundibugyo virus disease outbreak.*

Highlights

- Transmission of mpox continues within sexual networks affecting men and women, often followed by household transmission, in some areas affecting all age groups. All clades of monkeypox virus (MPXV) continue to circulate. Prevention and rapid containment of mpox outbreaks is essential to prevent community transmission in any setting.
- In April 2026, 37 countries across all WHO regions reported a total of 1066 confirmed mpox cases, including three deaths (case fatality ratio [CFR] 0.3%). Of these cases, 62% were reported in the WHO African Region.
- In April 2026, three WHO regions, the Eastern Mediterranean, South-East Asia and the Western Pacific, reported an increase in confirmed cases, while the Region of the Americas, African and European Regions reported a decline in confirmed cases compared to March.
- Eleven countries in Africa reported active transmission of mpox in the last six weeks (6 April – 17 May 2026) with 955 confirmed cases, including five deaths (CFR 0.5%). Madagascar, Guinea, South Sudan, the Democratic Republic of the Congo and Kenya reported the highest number of cases during this period.
- One country, Mauritius, has reported mpox due to clade Ib MPXV for the first time. Furthermore, the clade I MPXV reported in Slovakia in the previous edition of this report has been confirmed to be subclade Ib.
- Outside Africa, Colombia, Denmark, Germany, Pakistan, Portugal, Slovakia, Spain, Switzerland, and Thailand are all reporting community transmission of clade Ib MPXV, including but not limited to men who have sex with men.

Epidemiological update

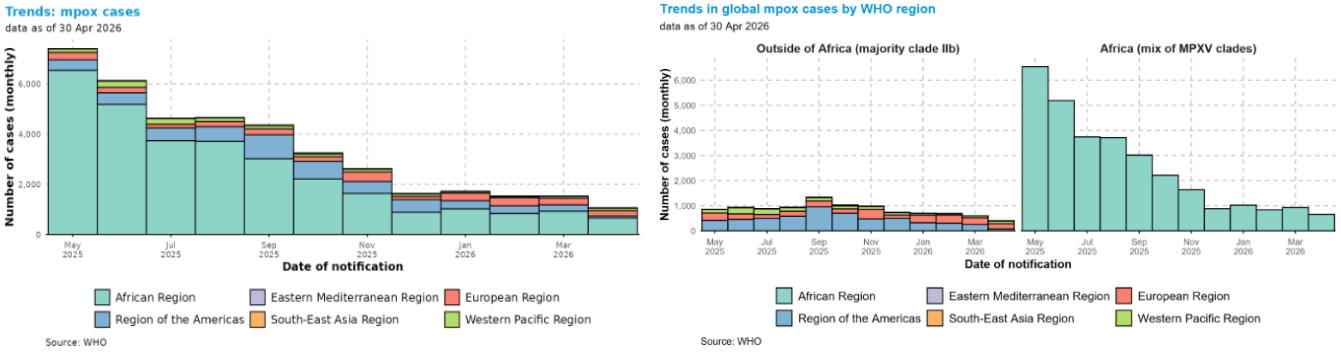
This situation report includes the most relevant new information on mpox outbreaks and response activities. Detailed epidemiological analyses and data are available in the WHO mpox surveillance report.

Global situation

Global surveillance data are updated monthly; data presented here are to **30 April 2026**.

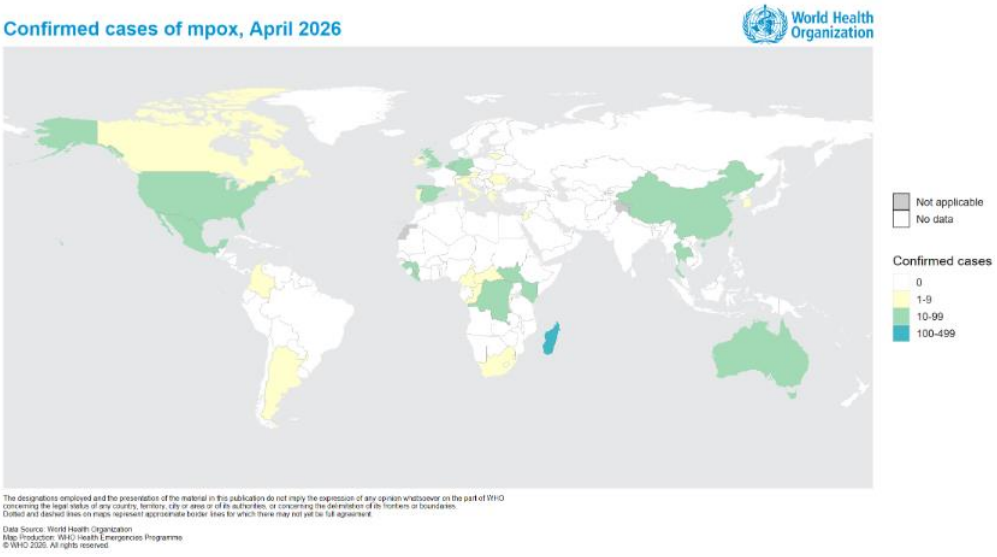
In April 2026, 37 countries reported 1066 confirmed cases, including three deaths (case fatality ratio [CFR] 0.3%) (Figure 1).[1]

Figure 1. Reported confirmed mpox cases, by WHO region, by month, 1 May 2025 – 30 April 2026



The countries reporting the highest number of confirmed cases are in the WHO African Region (Figure 2), which reported 62% (659 of 1066) of confirmed cases in April 2026.

Figure 2. Geographic distribution of mpox cases reported to WHO, by country, 1 – 30 April 2026



[1] Data for the previous month reflect incomplete and delayed reporting and are subject to adjustments over time.

Three WHO regions observed an increase in reported confirmed cases in April 2026, compared to March: the South-East Asia Region (850% increase, from two to 19 cases) and the WHO Western Pacific Region (39%, from 71 to 99 cases). The Eastern Mediterranean Region reported five confirmed cases in April 2026 through usual data sharing channels, following one case reported in March (400% increase). Notably though, the outbreak among neonates and infants in Sindh Province, Pakistan in March 2026 described in the previous edition of this report, which included 29 confirmed cases, including eight deaths, was reported to WHO under provisions of the International Health Regulations (2005) (IHR). The outbreak in infants was due to clade Ib MPXV. A report on the outbreak investigation, just concluded at the time of writing, will appear in the next situation report data summary.

Despite still reporting the highest number of cases by region, the WHO African Region has seen a downward trend in reported confirmed mpox cases following the peak in May 2025, with a 29% drop in monthly confirmed cases from March to April 2026 (Figure 1). More details can be found in the Africa section.

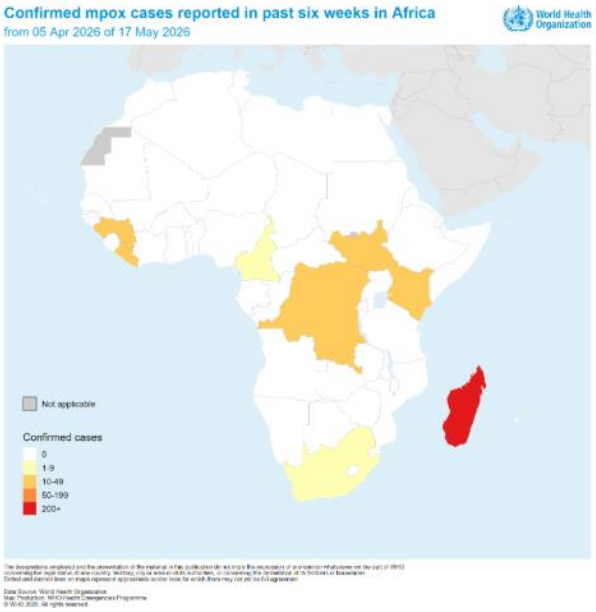
In addition to the African region, two WHO regions observed a decline in reported confirmed cases in April 2026 compared to March: the Region of the Americas (70% decline, from 254 to 77 confirmed cases) and the European Region (23% decline, 270 to 207 confirmed cases).

Situation in Africa

This section reports data provided as of **17 May 2026**.

From 1 January 2025 to 17 May 2026, 31 countries in Africa reported 48 358 confirmed mpox cases, including 220 deaths (CFR 0.5%). In the last six weeks, 11 countries reported active transmission of mpox (Figure 3), with 955 confirmed cases, including five deaths (CFR 0.5%); the highest numbers of confirmed cases over the last six weeks were reported in Madagascar (780 confirmed cases), Guinea (40), South Sudan (37), the Democratic Republic of the Congo (35)[2], and Kenya (27).

Figure 3. Geographic distribution of confirmed mpox cases in the past six weeks, Africa, 6 April – 17 May 2026

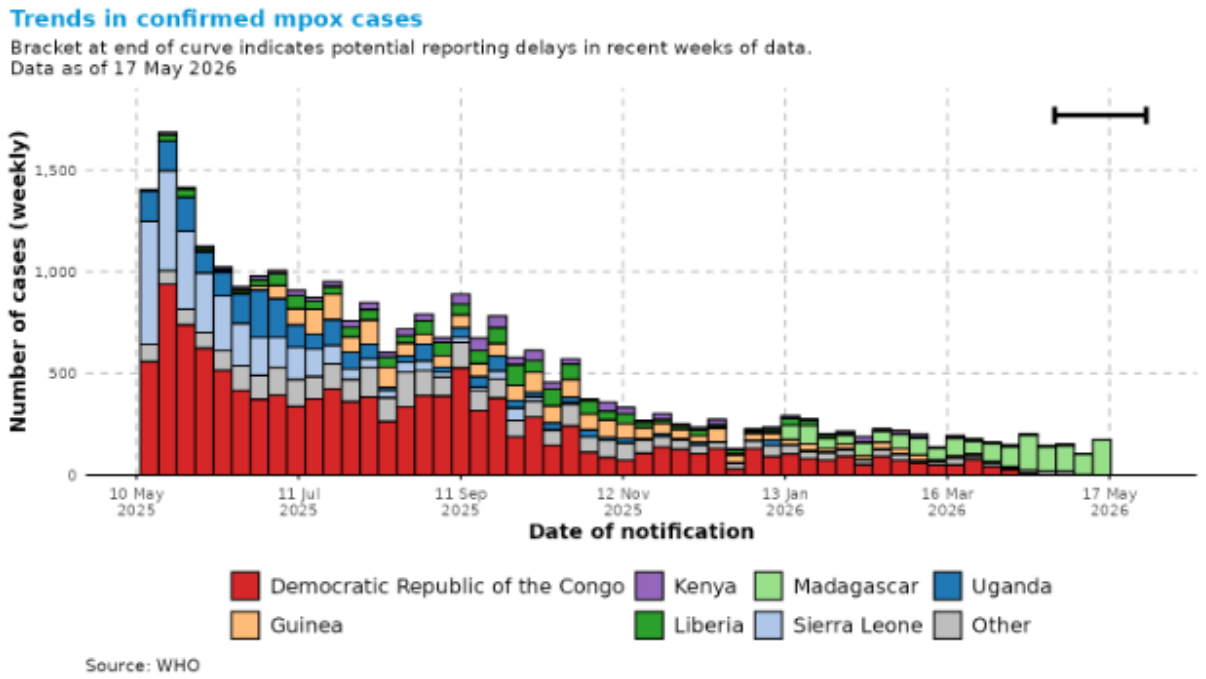


Overall, reported confirmed cases have continued to decline on the continent, to fewer than 200 cases per week (Figure 4). Data for recent weeks should be interpreted with caution, as reporting delays often lead to retrospective

[2] Interpretation of data from the Democratic Republic of the Congo should take into account delays in reporting of mpox data owing to the country's current focus on the Bundibugyo virus disease outbreak.

adjustments. Furthermore, with a reduction in surveillance activities, notably in the presence of competing 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 and South Sudan continue to rise, despite ongoing outbreak response activities.

Figure 4. Reported confirmed mpox cases in Africa, past 12 months, by country, 10 May 2025 – 17 May 2026[3]



Global monkeypox virus (MPXV) distribution

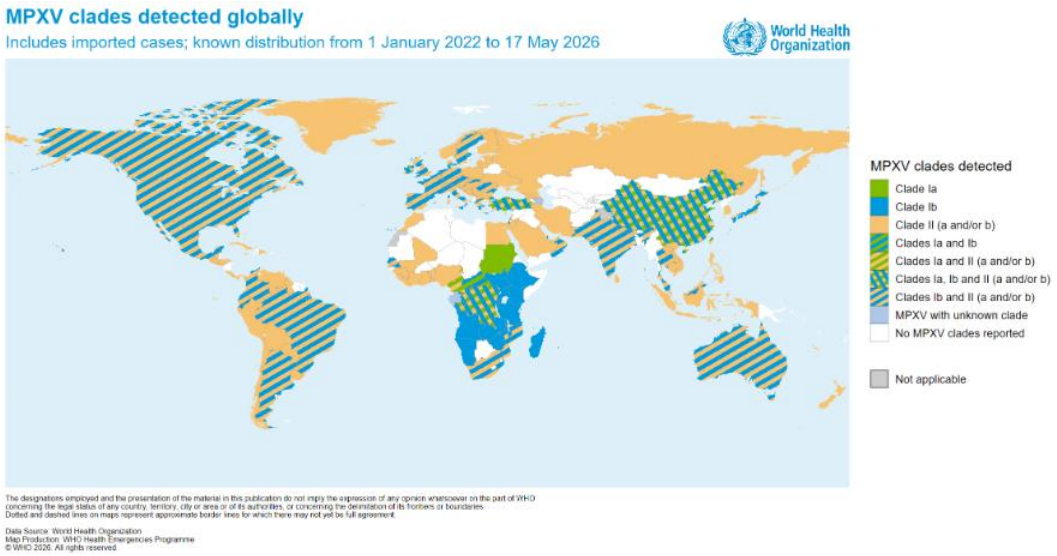
Since the last situation report, and as of 17 May 2026, one country, Mauritius, has reported mpox due to clade Ib MPXV for the first time (Figure 5).

The clade I MPXV reported in Slovakia in the previous edition of this report has been confirmed to be subclade Ib.

Detailed information on clade-specific transmission dynamics can be found in Situation Report #64.

[3] The Figure 4 legend assigns a distinct colour to the top seven countries reporting the highest cumulative case count for the period in the figure. Other reporting countries are aggregated under the group "Other".

Figure 5. Geographic distribution of MPXV clades[4] reported to WHO, by country, 1 January 2022 to 17 May 2026[5]



[Community transmission of clade Ib MPXV][6] outside Central and East Africa (Figure 6) has been reported in Colombia, Denmark, Germany, Pakistan, Portugal, Slovakia, Spain, Switzerland, and Thailand, including in, but not limited to, sexual networks of men who have sex with men and/or sex workers.

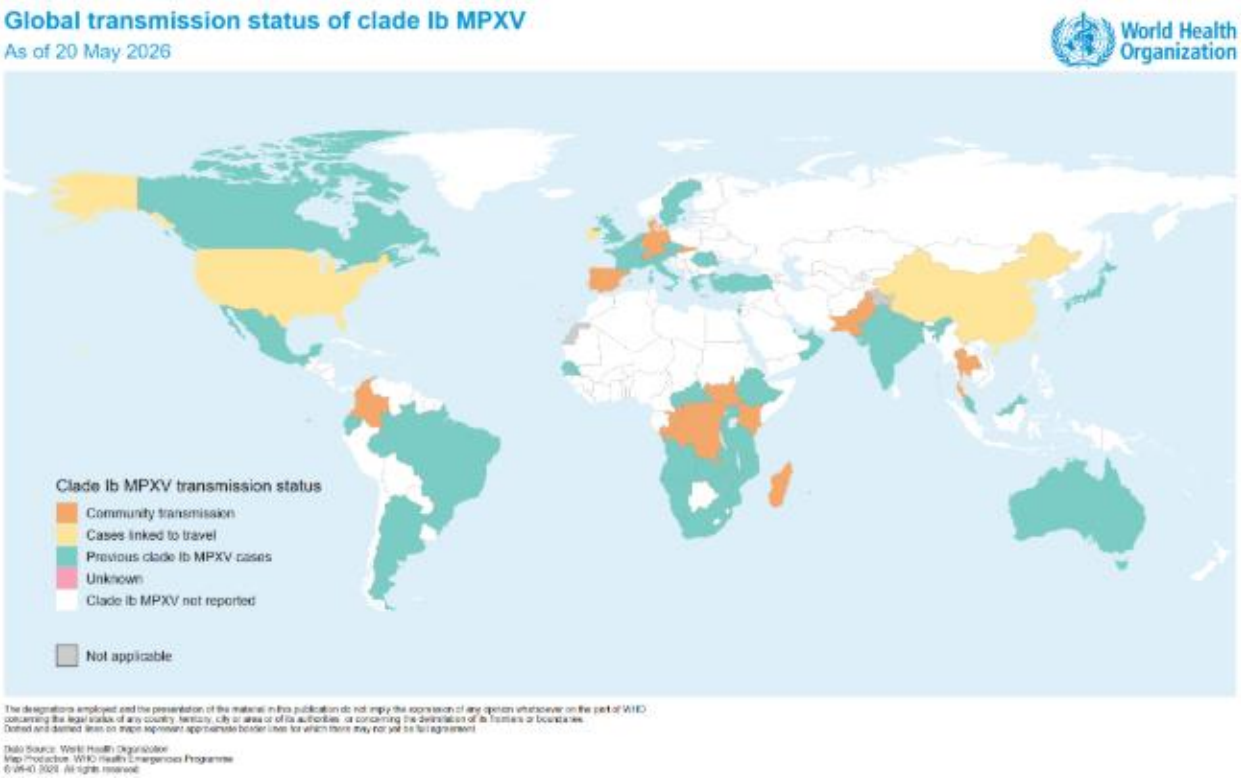
The situation is particularly concerning in Spain and Germany. Spain has reported a cumulative total of 109 cases of mpox due to clade Ib MPXV and 16 additional cases of mpox due to clade I MPXV (with clade sub-typing analysis pending). Germany has reported a total of 74 confirmed cases of mpox due to clade Ib MPXV, with 57 cases (77%) reported in 2026 alone.

[4] Figure 5 does not include three cases of a **clade Ib/IIb recombinant MPXV strain** in India, Qatar, and the United Kingdom, which involve three other countries from which the cases traveled (in South-East Asia and Eastern Mediterranean regions).

[5] The geographic distribution of MPXV clades shown is based on viral genome sequences from clinical samples of confirmed mpox cases. Sequences from wastewater and environmental samples are excluded from this analysis.

[6] 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 6. Clade Ib MPXV transmission status within the last six weeks, by country, as of 20 May 2026[7]



Focus on selected countries

South Sudan

As of 17 May 2026, South Sudan has reported a total of 90 confirmed mpox cases, including two deaths (CFR 2.2%). While confirmed cases were sporadically detected in 2025 and early 2026, over the last three weeks, a jump in the number of cases reported, clustering in time and continuing geographic expansion outside of Juba have been observed (Figure 7). Viral genome sequencing has so far confirmed only clade Ib MPXV as the circulating strain.

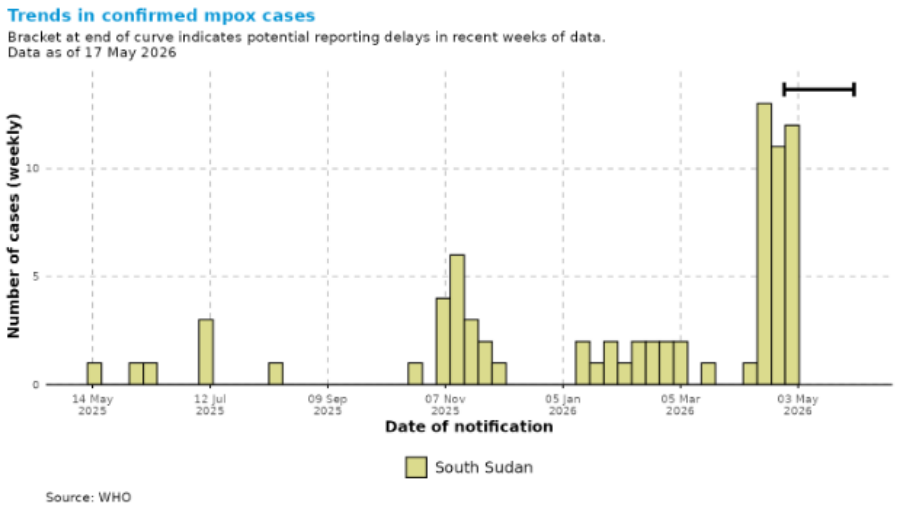
Seven of 80 counties in the country have reported confirmed cases. The most affected areas include the capital Juba (34 confirmed cases), Yambio (24 confirmed cases) and Ezo (23 confirmed cases), with the nine currently active cases reported in Yambio and Ezo.

Although detailed transmission chain investigations remain limited, the overall epidemic pattern appears consistent with other clade Ib MPXV outbreaks reported in East Africa, where sexual contact likely contributes to the sustained transmission currently observed.

Response interventions are ongoing, with intensification of active case search in areas experiencing ongoing transmission, planning for establishment of temporary isolation facilities, and submission of a request for mpox vaccines in line with the outbreak response vaccination plan.

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

Figure 7. Confirmed mpox cases reported in South Sudan. last 12 months, 14 May 2025 – 3 May 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, one country, Mauritius, has reported mpox due to clade Ib MPXV for the first time. In Slovakia, the clade I MPXV reported in the previous edition of this report was confirmed as subclade Ib.

Mauritius

On 22 April 2026, Mauritius reported two cases of mpox due to clade Ib MPXV in the country: two adult males who had reported recent travel to Madagascar. Public health response underway includes case investigation, contact tracing, and case monitoring.

Slovakia

From 19 March to 8 April 2026, Slovakia notified WHO of five cases of mpox due to clade I MPXV – later confirmed to be subclade Ib – among five adult males, three of whom were epidemiologically linked. Case investigation findings suggested that the probable exposures occurred within the country.

Countries reporting new importations of clade Ib MPXV

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

- **Colombia:** From 1 – 7 April 2026, Colombia notified WHO of two new cases of mpox due to clade Ib MPXV, two unlinked cases in men both of whom reported a history of recent travel to multiple countries. The most likely countries of exposure for these cases were Belgium and Spain, respectively. Cumulatively, the country has reported three cases of mpox due to clade Ib MPXV.
- **Ireland:** On 30 April 2026, Ireland notified WHO of one new case of mpox due to clade Ib MPXV, an adult male who reported recent travel to Germany. Cumulatively, the country has reported seven cases of mpox due to clade Ib MPXV.
- **Mauritius:** See above.
- **United States of America:** On 5 May 2026, the United States of America reported three new cases of mpox due to clade Ib MPXV who all reported recent travel. Cumulatively, the country has reported 20 cases of mpox due to clade Ib MPXV.

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. The global mpox outbreak remains a graded health emergency and the WHO Director-General's standing recommendations remain in effect under the provisions of the International Health Regulations (2005).

Countries are increasingly turning their attention to strategies for mpox prevention, control, elimination and integration with other health services, including sexual health services and primary health care.

This section provides updates on the WHO global mpox response **as of 20 May 2026.**

1. Emergency coordination

- WHO, working with national, provincial and local health authorities, conducted a mission in Sindh Province**,** Pakistan, to support outbreak investigation and response relating to a cluster of cases and deaths involving neonates and infants, reported in April 2026.
- WHO and the Africa Centres for Disease Control and Prevention (Africa CDC) continue to coordinate response efforts in Africa with all partners.
- Through the WHO-coordinated Global Outbreak Alert and Response Network (GOARN), from 1 January 2025 to 20 May 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 continues to provide support in implementation of transmission studies, vaccine safety and effectiveness research, development of use cases for mpox vaccines, coordination of the Collaborative Open Research Consortium for poxviruses, and other areas.
- Information on global partner deployments for the mpox response, including through other mechanisms like the Standby Partners and bilateral agreement, can be found here.

2. Collaborative surveillance

- Updates to epidemiological data on mpox in Africa continue biweekly, updates to global epidemiological data continue monthly, and both can be accessed through the online WHO dashboard.
- WHO is providing technical, financial, and operational support for the implementation of an mpox transmission study in the Democratic Republic of the Congo and in Liberia.
- 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 are Belgium, the Democratic Republic of the Congo, Ghana, and Madagascar,

3. Community protection

- The community protection cluster supports risk communication and community engagement (RCCE), infodemic management, community-based infection prevention and control (IPC), water, sanitation, and hygiene, and roll-out of mpox vaccines and immunization. Other key areas of work include border health, 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, such as Pakistan, to support rapid community consultations with affected communities, and Madagascar, to strengthen community engagement in priority districts to improve rapid referral, care-seeking, and vaccine uptake.

- 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

- As of May 2026, 18 African countries have deployed mpox vaccines since 2024 as part of the outbreak response.
- WHO supports countries in the development of mpox vaccination strategies for outbreak response for people at risk, based on local epidemiology, as well as in the documentation of lessons learned.
- Whenever possible, a full course of vaccination should be administered. However, to optimize use of vaccine during outbreaks, countries can deploy dose-sparing options (single-dose or intradermal fractional dosing) for MVA-BN vaccine, where relevant and appropriate, and follow up with the second dose at a later time.
- All MVA-BN vaccine doses allocated through nine allocation rounds have been delivered to 19 countries.
- Around 135 000 doses of MVA-BN remain available through the Access and Allocation Mechanism (AAM).
- WHO and partners continue their work on the establishment of an emergency mpox vaccine stockpile under the International Coordinating Group on vaccine provision (ICG),[8] to be operational by August 2026.

Diagnostics

- As of 30 April 2026, 73 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 44 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.

[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

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
- 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

- Guidance on evidence for community protection in public health emergencies. https://iris.who.int/items/ba72ac56-fe70-4e5b-89fb-4533a6d3d098
- Rapid assessment for community protection in health emergencies. https://iris.who.int/items/72a013b2-c4f9-4138-8aad-cc511a8db9ee
- 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

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