

Mpox

Multi-country external situation report no. 67, published 26 June 2026

KEY FIGURES			
Area	Number of reported confirmed cases	Number of deaths among confirmed cases	Number of reporting countries
Global (1 Jan 2025 – 31 May 2026)*	61 061	244	103
Key countries globally (1 – 31 May June 2026)**			
Madagascar	649	3	-
China	89	0	-
France	63	0	-
Australia	50	0	-
Germany	45	0	-
Key countries in Africa (last six weeks: 4 May – 14 June 2026)***			
Madagascar	689	3	-
Kenya	28	0	-
Guinea	15	0	-
South Sudan	15	0	-
Cameroon	14	0	-
Democratic Republic of the Congo****	8	0	-

* Most recent global surveillance data available.

** Countries globally reporting the highest number of confirmed mpox cases in May 2026

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

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

Highlights

- All countries and partners are strongly encouraged to continue and sustain surveillance and notification for mpox, along with coordinated preparedness and response activities in all technical areas in line with WHO guidance.
- The global mpox outbreak remains a WHO graded emergency with over a thousand confirmed cases reported every month despite declining surveillance, together with emerging outbreaks. The WHO [Director-General's standing recommendations on mpox](#) issued under the International Health Regulations (2005) remain in effect.
- 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 are essential to avoid local transmission in any setting.
- In May 2026, 32 countries across all WHO regions reported a total of 1142 confirmed mpox cases, including three deaths (case fatality ratio [CFR] 0.3%). Two-thirds of these cases were in the WHO African Region.
- Madagascar, China, France, Australia, and Germany reported the most confirmed cases in May 2026.
- In May 2026, the WHO African and Western Pacific regions reported more confirmed cases than in April; the regions of the Americas, the Eastern Mediterranean, Europe, and South-East Asia reported fewer cases.

- Ten countries in Africa report active transmission of mpox in the last six weeks (4 May – 14 June 2026) with 790 confirmed cases, including three deaths (CFR 0.4%). Madagascar, Kenya, Guinea, South Sudan, Cameroon, and the Democratic Republic of the Congo reported the highest number of cases during this period.
- One country, Norway, has reported mpox due to clade Ib MPXV for the first time. Furthermore, the clade I MPXV reported in Poland in a previous edition of this report has been confirmed to be clade Ib.
- Spain and Thailand report local transmission of clade Ib MPXV, including in but not limited to men who have sex with men.

Epidemiological update

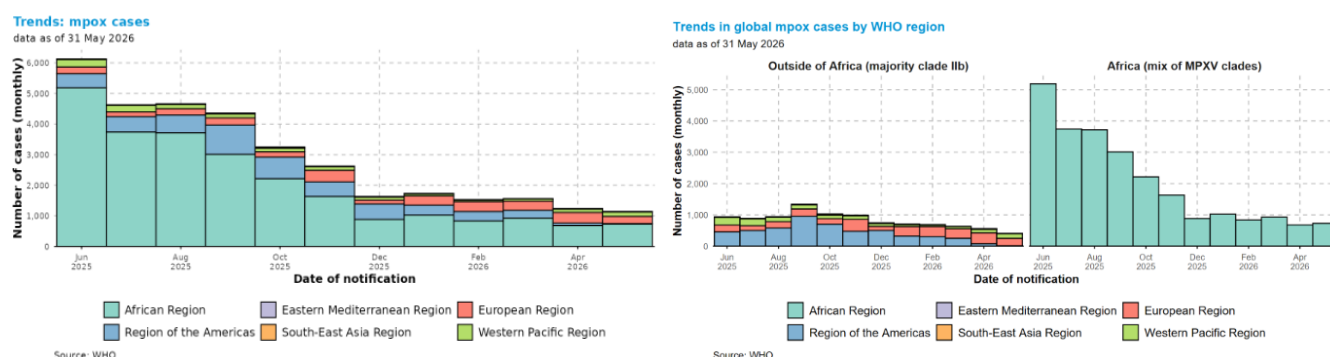
This situation report includes the most relevant new information on mpox outbreaks and response activities. Detailed epidemiological analyses and data are available in the [WHO mpox surveillance report](#).

Global situation

Global surveillance data are updated monthly; data presented here are to **31 May 2026**.

In May 2026, 32 countries reported 1142 confirmed cases, including three deaths (case fatality ratio [CFR] 0.3%) (Figure 1).¹ The countries that reported the most confirmed cases in May 2026 include Madagascar (649 confirmed cases), China (89), France (63), Australia (50), and Germany (45).

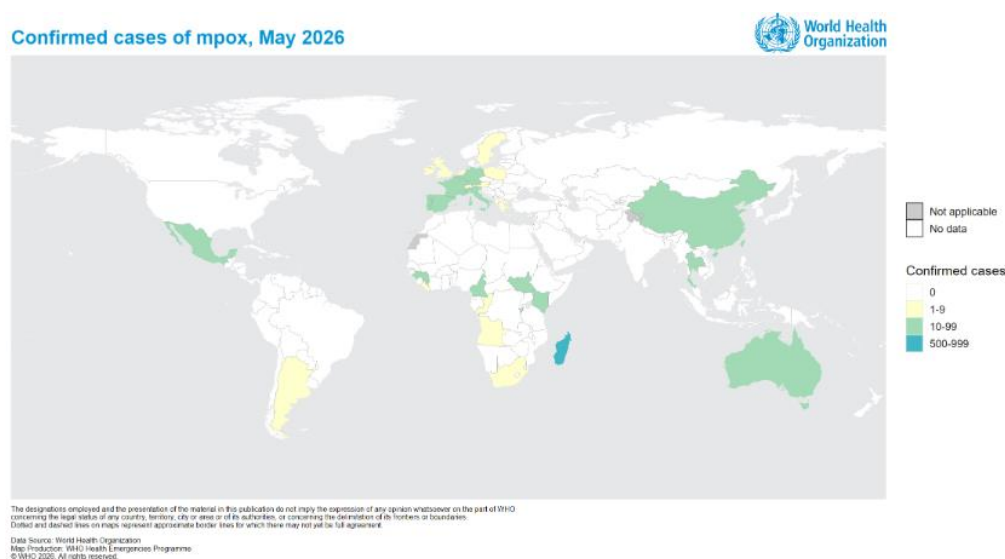
Figure 1. Reported confirmed mpox cases, by WHO region, by month, 1 June 2025 – 31 May 2026



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

The countries reporting the highest number of confirmed cases are in the WHO African Region (Figure 2), which reported 63.9% (730 of 1142) of confirmed cases in May 2026.

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



Two WHO regions reported more confirmed cases in May 2026 compared to April: the WHO Western Pacific (32% increase, from 108 to 143 confirmed cases) and the African regions (6% increase, 683 to 730 confirmed cases).

Four WHO regions reported fewer confirmed cases in May 2026 compared to April: the Americas (78% decrease, from 79 to 17 confirmed cases), Eastern Mediterranean (60% decrease, from five to two cases), European (33% decrease, from 350 to 235 cases), and South-East Asia regions (32%, from 19 to 15 cases).

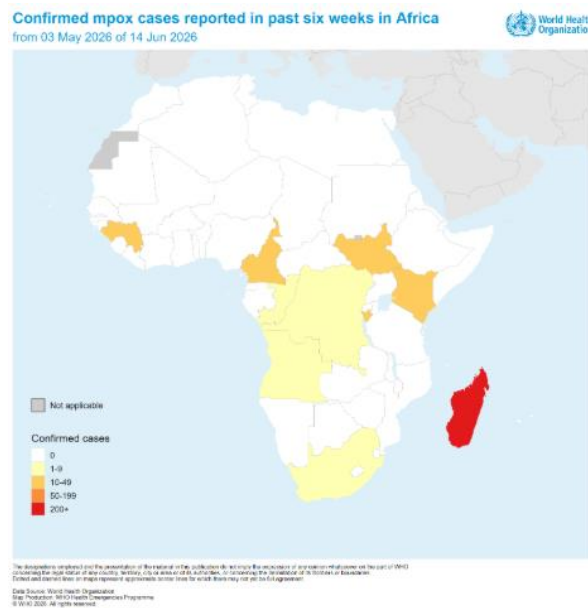
Data for recent weeks must be interpreted with caution, as reporting delays often lead to retrospective adjustments over time, and trends in all regions may be prone to surveillance and reporting biases.

Situation in Africa

This section reports data provided as of **14 June 2026**.

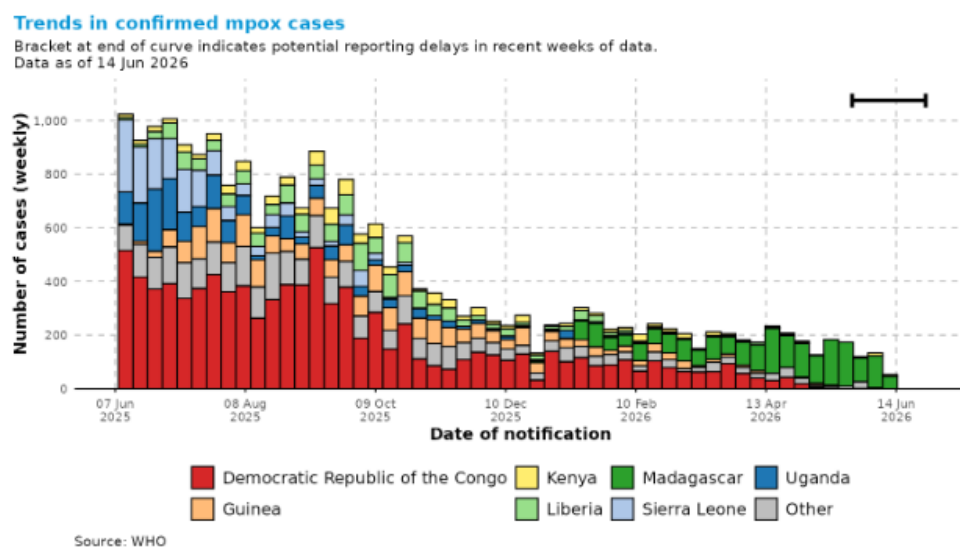
From 1 January 2025 to 14 June 2026, 31 countries in Africa reported 49 176 confirmed mpox cases, including 222 deaths (CFR 0.5%). In the last six weeks, 10 countries reported active transmission of mpox (Figure 3), with 790 confirmed cases, including three deaths (CFR 0.4%); the highest numbers of confirmed cases over the last six weeks were reported in Madagascar (689 confirmed cases), Kenya (28), Guinea (15), South Sudan (15), Cameroon (14), and the Democratic Republic of the Congo (8)².

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 response to the Bundibugyo virus disease outbreak.

Figure 3. Geographic distribution of confirmed mpox cases in the past six weeks, Africa, 4 May – 14 June 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 have been noted which will likely lead to retrospective 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 in reported cases is largely influenced by incomplete reporting in the Democratic Republic of the Congo and a decline in cases reported in Guinea. Details are available in the [WHO Global mpox trends](#).

Figure 4. Reported confirmed mpox cases in Africa, past 12 months, by country, 7 June 2025 – 14 June 2026³

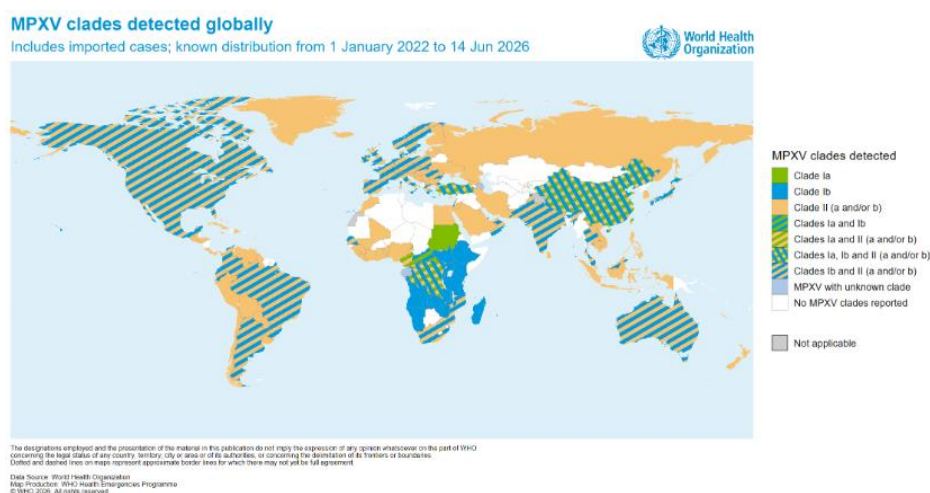
³ The Figure 4 legend assigns a distinct colour to the top seven countries reporting the highest cumulative case count for the period in the figure. Other reporting countries are aggregated under the group "Other".

Global monkeypox virus (MPXV) distribution

Since the last [situation report](#), and as of 14 June 2026, one country, Norway, has reported mpox due to clade Ib MPXV for the first time in a retrospectively identified case (Figure 5). Furthermore, the clade I MPXV reported in Poland in a [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](#).

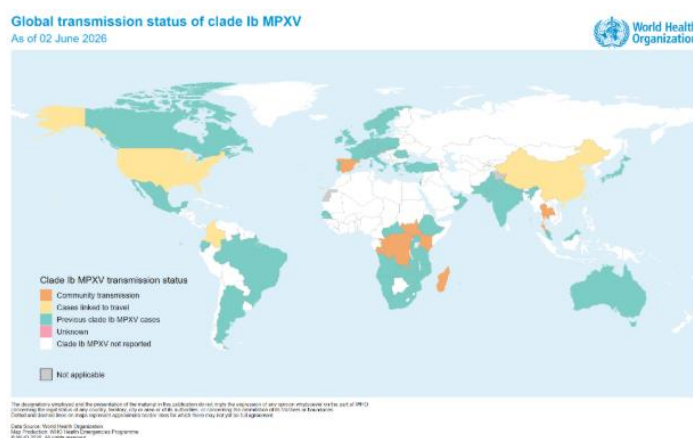
Figure 5. Geographic distribution of MPXV clades⁴ reported to WHO, by country, 1 January 2022 to 14 June 2026⁵



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

The situation is particularly concerning in Spain. Spain has reported a cumulative total of 129 cases of mpox due to clade Ib MPXV and 20 additional cases of mpox due to clade I MPXV (with clade sub-typing analysis pending).

Figure 6. Clade Ib MPXV transmission status within the last six weeks, by country, as of 2 June 2026⁷



⁴ Figure 5 does not include three cases of a **clade Ib/Ib 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.

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

Focus on selected countries

Madagascar

Since December 2025, Madagascar has been experiencing the largest mpox outbreak, due to clade 1b MPXV, in the African Region and globally, with ongoing sustained community transmission and high weekly case counts.

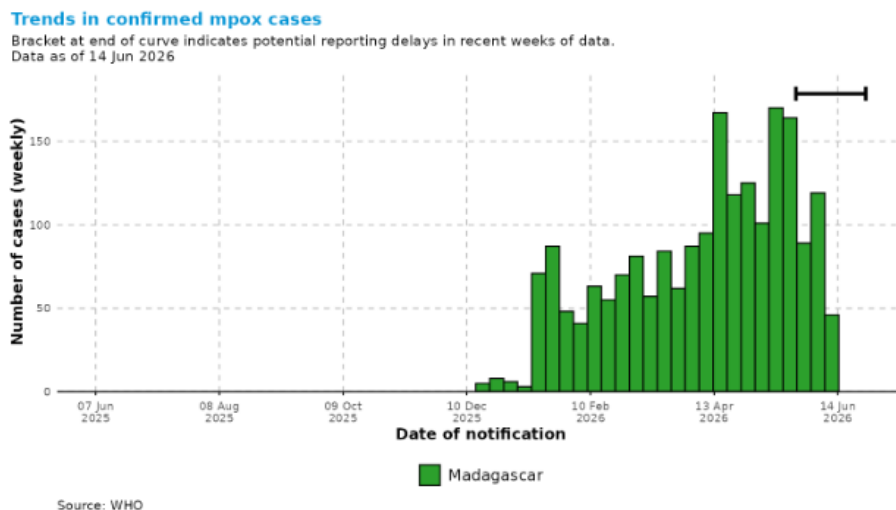
In the last week, Madagascar reported 136 confirmed cases, with a test positivity of 65%, indicating ongoing transmission and inadequate surveillance. As of 14 June 2026, Madagascar has reported a total of 2117 confirmed cases and seven deaths (CFR 0.3%) (Figure 7). Most deaths reported were in immunosuppressed individuals.

Of 23 regions, the most affected in recent weeks include Diana, followed by Atsinanana, Analamanga, Sava, and Atsimo Andrefana. With 60% of districts (69 of 115 districts) affected to date, widespread geographic dissemination continues. Cases have been reported across all age groups and both sexes, with young adults aged 15–49 years most affected.

Response activities have been scaled up, including vaccination, with 79 125 individuals having received one dose of MVA-BN vaccine, including 18 169 health workers, 4546 contacts, 1589 sex workers, and 1111 people living with HIV, with the rest administered to other individuals. Case management has been strengthened, with 91% of confirmed cases receiving either home-based care or care in dedicated treatment centres.

The outbreak is not yet under control and the situation remains concerning due to continuing high case counts, high test positivity, operational challenges and gaps related to logistics, healthcare capacity, vaccine stockouts and cold chain challenges, and further needs for ongoing risk communication and community engagement for populations at risk. Madagascar has received a second allocation of MVA-BN vaccine and is expanding deployment through use of intradermal administration.

Figure 7. Confirmed mpox cases reported in Madagascar In the last 12 months, 7 June 2025 – 14 June 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

One country, Norway, has reported mpox due to clade Ib MPXV for the first time.

In Poland, the clade I MPXV reported in a [previous edition](#) of this report was confirmed as subclade Ib.

Norway

On 28 May 2026, Norway notified WHO of one case of mpox due to clade Ib MPXV in a man diagnosed earlier in 2026 following travel to France. During viral genome sequencing in late May 2026, clade Ib MPXV was identified. The case had been hospitalized at the time of diagnosis and has since recovered. Public health response actions had included case investigation, contact tracing, clinical management, and offer of post-exposure vaccination for contacts. No further cases have been reported.

Poland

On 13 April 2026, Poland had notified WHO of one case of mpox due to clade I MPXV – now confirmed to be clade Ib – in a man who reported recent travel to Slovakia, where exposure is considered to have occurred.

Countries reporting new importations of clade Ib MPXV

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

- **Colombia:** On 13 May 2026, Colombia notified WHO of one new case of mpox due to clade Ib MPXV in a man who had reported recent travel to Spain where exposure is considered to have occurred. Cumulatively, the country has reported four cases of mpox due to clade Ib MPXV.
- **United States of America:** On 27 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 at least 23 cases of mpox due to clade Ib MPXV.

Global operational updates

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).

In line with the WHO [Strategic Framework for enhancing prevention and control of mpox \(2024-2027\)](#) and the Health emergency prevention, preparedness, response and resilience (HEPR) framework, WHO continues to emphasize 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.

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 17 June 2026**.

1. Emergency coordination

- WHO has published the Health Emergencies Programme annual report for 2025, [Protecting lives everywhere: The World Health Organization's work in health emergencies](#). The report highlights that WHO led a comprehensive response to stop the upsurge of mpox in Africa, declaring a second Public Health Emergency of International Concern (PHEIC) on mpox. The emergency appeal mobilized USD 58.2 million for a globally coordinated and Africa-focused response to strengthen surveillance, risk assessment, clinical guidance, risk communication, and access to vaccines and diagnostics, while supporting preparedness and response to resurgent outbreaks and evolving transmission.
- WHO continues to lead global mpox response and, along with the Africa Centres for Disease Control and Prevention (Africa CDC), to work with all partners to coordinate response in Africa to prevent and control mpox. <https://mpox-who-goarn-deployment-dashboard-who.hub.arcgis.com/> WHO continues to provide support in implementation of outbreak investigation and response, transmission studies, vaccine safety and effectiveness research, documenting field experience with mpox vaccines, integration of mpox detection, prevention and care with sexual health, STI and HIV services, coordination of the Collaborative Open Research Consortium for poxviruses, and other areas.
- The WHO Regional Office for the Eastern Mediterranean completed an mpox outbreak investigation in health facilities in Sindh Province, Pakistan in May 2026 and debriefed the provincial and national health authorities.

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.
- 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 in 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.
- WHO continues to provide technical and operational support to 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

- From August 2024 to June 2026, 18 African countries have deployed mpox vaccines in their outbreak response.
- WHO continues supporting 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 on mpox vaccination.
- To reach more people at risk during an outbreak in the context of vaccine supply constraints, countries can deploy dose-sparing options (single-dose or intradermal fractional dosing) for the MVA-BN vaccine during the outbreak. Every effort should be made to complete the course of vaccination for people at risk as soon as possible.
- All MVA-BN vaccine doses allocated through nine allocation rounds were delivered to 19 countries, and 30 000 additional doses were allocated to Madagascar through a tenth allocation round.
- A total of 104 230 doses of MVA-BN remain available through the Access and Allocation Mechanism (AAM).
- WHO and partners continue work to establish an emergency mpox vaccine stockpile for outbreak response under the International Coordinating Group on vaccine provision (ICG)⁸ to be operational by September 2026.

Diagnostics

- As of 16 June 2026, 73 diagnostics manufacturers contacted WHO for information on Emergency Use Listing (EUL) of MPXV nucleic acid amplification tests (NAAT); WHO held pre-submission calls with 44 manufacturers. Among 16 NAAT dossiers submitted by 14 manufacturers, [12 products are listed for EUL](#), [one product](#) is being assessed for EUL renewal, and public reports for 11 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](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 Mpox vaccines & vaccination: <https://www.who.int/teams/immunization-vaccines-and-biologicals/diseases/smallpox-and-mpox>
- 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

- 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>

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.