

Mpox

Multi-country external situation report no. 69, published 14 September 2026

KEY FIGURES			
Area	Number of reported confirmed cases	Number of deaths among confirmed cases	Number of reporting countries
Global (1 Jan 2025 – 31 July 2026)*	65 784	264	105
Key countries globally (1 – 31 July 2026)**			
Madagascar	703	7	-
Angola	138	0	-
China	88	0	-
Democratic Republic of the Congo	85	0	-
Kenya	55	0	-
Key countries in Africa (last six weeks: 6 July – 16 August 2026)***			
Madagascar	785	7	-
Angola	184	0	-
Kenya	94	0	-
Democratic Republic of the Congo****	41	0	-
Cameroon	28	0	-

* Most recent global surveillance data available.

** Countries globally reporting the highest number of confirmed mpox cases in July 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 response to the Bundibugyo virus disease outbreak.

Highlights

- WHO conducted a global mpox rapid risk assessment in August 2026; the overall global public health risk associated with the mpox multi-country outbreak was again assessed as moderate.
- WHO continues to consider the ongoing multi-country mpox outbreak a graded emergency, with new outbreaks reported in multiple countries and over a thousand confirmed cases reported every month. All countries and partners are thus strongly encouraged to sustain surveillance and notification for mpox, along with coordinated preparedness and response activities in all technical areas in line with WHO guidance.
- The WHO Director-General's standing recommendations on mpox issued under the provisions of the International Health Regulations (2005) have, therefore, been extended until August 2027.
- A [global multi-partner initiative](#) to improve access to mpox vaccines was launched on 27 August 2026 in Addis Ababa, Ethiopia. The initiative creates a new long-term mechanism under the established International Coordinating Group (ICG) on Vaccine Provision for countries to request mpox vaccines for outbreak response.
- Transmission of mpox continues to affect key populations largely through sexual transmission, often followed by household spread and community outbreaks. All clades of monkeypox virus (MPXV) continue to circulate.
- In July 2026, 32 countries across four WHO regions reported 1370 confirmed mpox cases, including seven deaths (case fatality ratio [CFR] 0.5%). About three-quarters of these cases were reported in the WHO African Region.

- In July 2026, Madagascar, Angola, China, the Democratic Republic of the Congo and Kenya reported the most cases.
- In July 2026, the WHO African region reported more confirmed cases than in June, while the Region of the Americas, Western Pacific, European, and South-East Asia regions reported fewer cases. The Eastern Mediterranean Region reported no confirmed cases in July 2026, like in June.
- Eleven countries in Africa have reported active transmission of mpox in the last six weeks (6 July – 16 August 2026), with 1153 confirmed cases, including seven deaths (CFR 0.6%). Madagascar, Angola, Kenya, the Democratic Republic of the Congo and Cameroon reported the highest number of cases during this period.
- Two countries, Chile and Hungary, have reported mpox due to clade Ib MPXV for the first time.
- Czechia, France, Germany, Ireland, Italy, the Kingdom of the Netherlands, Portugal, Switzerland, and the United Kingdom of Great Britain and Northern Ireland (hereafter “the United Kingdom”) have reported community transmission of clade Ib MPXV, including among men who have sex with men.

Epidemiological update

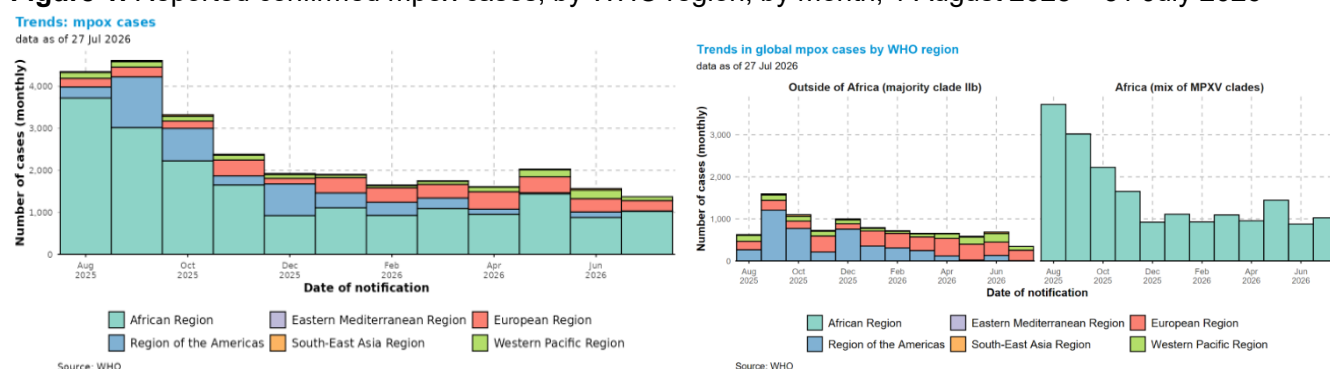
This situation report includes the most relevant new information on mpox outbreaks and response activities. Detailed epidemiological analyses and data are available in the [WHO mpox surveillance report](#).

Global situation

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

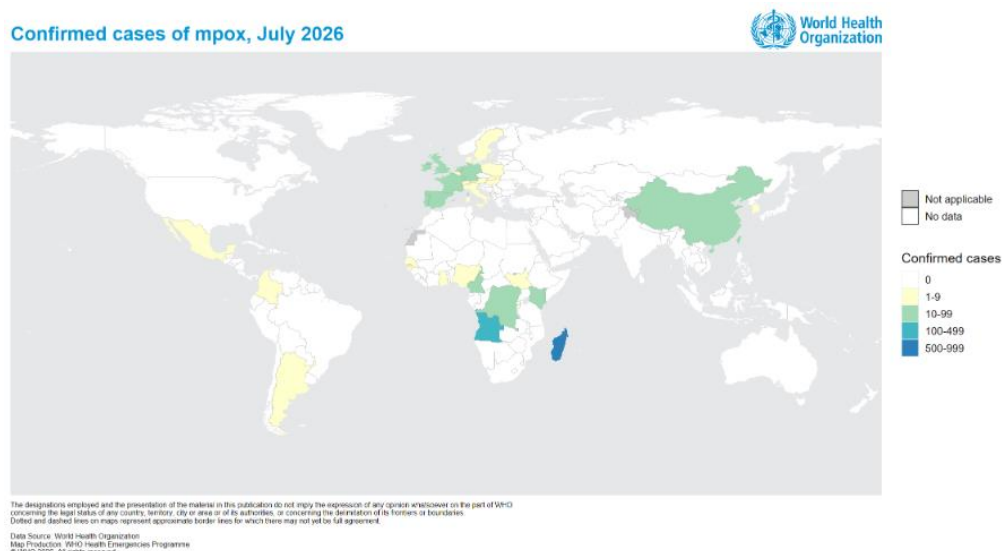
In July 2026, 32 countries reported 1370 confirmed cases, including seven deaths (case fatality ratio [CFR] 0.5%) (Figure 1).¹ The countries that reported the most confirmed cases in July 2026 are Madagascar (703 confirmed cases), Angola (138), China (88), the Democratic Republic of the Congo (85), and Kenya (55).

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



The countries reporting the highest number of confirmed cases are in the WHO African Region (Figure 2), which reported 74.8% (1025 of 1370) of confirmed cases in July 2026.

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



One WHO region reported more confirmed cases in July 2026 compared to June: the WHO African Region (17%

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

increase, from 877 to 1025 confirmed cases).

Four WHO regions reported fewer confirmed cases in July 2026 compared to June: the Region of the Americas (94% decrease, from 133 to eight confirmed cases) and the Western Pacific (56% decrease, from 204 to 90 confirmed cases), European (22% decrease, from 315 to 247 cases), and South-East Asia regions (from 36 confirmed cases to no cases).

The Eastern Mediterranean region reported no cases in July 2026, like in June.

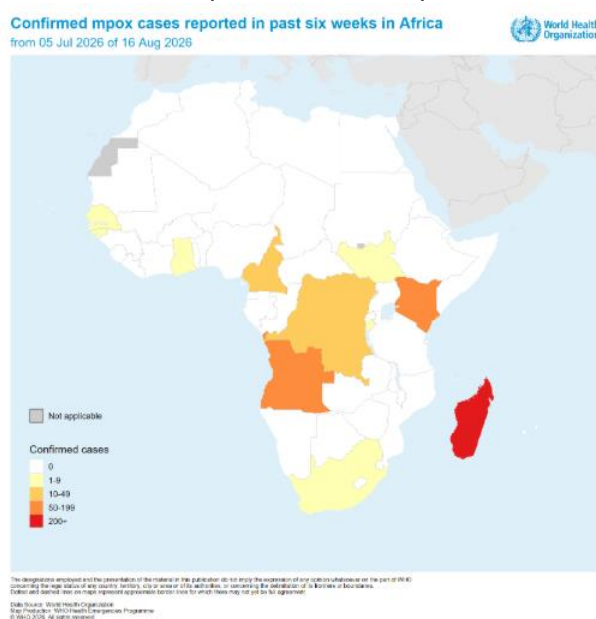
Data for recent weeks must be interpreted with caution since reporting delays often lead to retrospective adjustments over time, and trends in all regions may be prone to surveillance and reporting biases.

Situation in Africa

This section reports data provided as of **16 August 2026**.

From 1 January 2025 to 16 August 2026, 35 countries in Africa² reported 52 424 confirmed mpox cases, including 238 deaths (CFR 0.5%). In the last six weeks, 11 countries reported active transmission of mpox (Figure 3), with 1153 confirmed cases, including seven deaths (CFR 0.6%); the highest numbers of confirmed cases over the last six weeks were reported in Madagascar (785 confirmed cases), Angola (184), Kenya (94), the Democratic Republic of the Congo (41)³, and Cameroon (28).

Figure 3. Geographic distribution of confirmed mpox cases in the past six weeks, Africa, 6 July – 16 August 2026

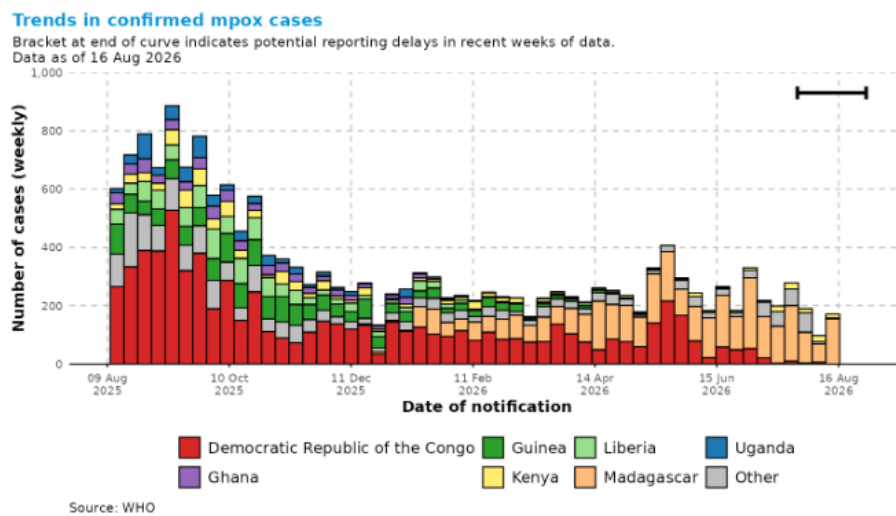


Overall, reported weekly confirmed cases have remained somewhat stable on the continent, with about 200 cases per week in recent weeks (Figure 4). Data for recent weeks should be interpreted with caution, as reporting delays have been noted which will likely lead to retrospective adjustments. Furthermore, with a reduction in surveillance activities, notably in the presence of competing activities, the number of cases may be underestimated.

Most recent cases have been reported by Madagascar, as outlined [below](#). Further details are available in the [WHO Global mpox trends](#).

² Africa includes the WHO African region and part of the Eastern Mediterranean region, although the latter reported no cases.

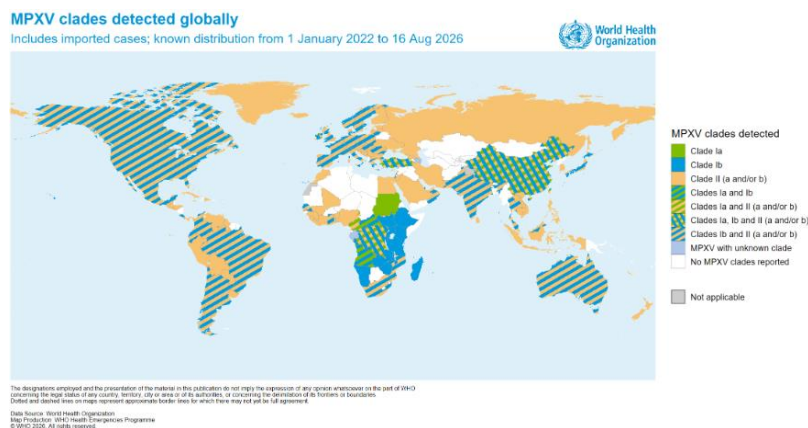
³ Interpretation of data from the Democratic Republic of the Congo should take into account delays in reporting of mpox data owing to the country's current focus on the response to the Bundibugyo virus disease outbreak.

Figure 4. Reported confirmed mpox cases in Africa, past 12 months, by country, 9 August 2025 – 16 August 2026⁴

Global monkeypox virus (MPXV) distribution

Since the last [situation report](#), and as of 26 August 2026, two countries, Chile and Hungary, have reported mpox due to clade Ib MPXV for the first time (Figure 5).

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

Figure 5. Geographic distribution of MPXV clades⁵ reported to WHO, by country, 1 January 2022 to 26 August 2026⁶

⁴ 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".

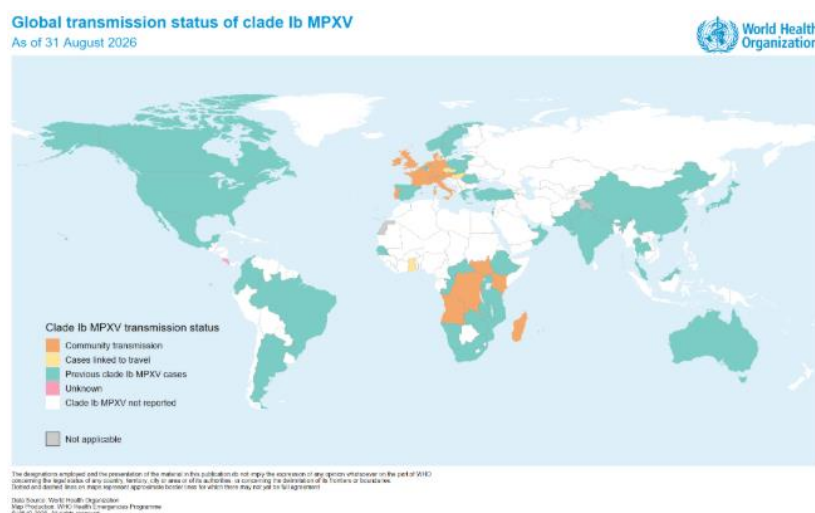
⁵ Figure 5 does not include three cases of a **clade Ib / IIb recombinant MPXV strain** in India, Qatar, and the United Kingdom, which involve three other countries from which the cases traveled (in the South-East Asia and Eastern Mediterranean regions).

⁶ 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.

[Community transmission of clade Ib MPXV⁷](#) outside Central and East Africa (Figure 6) has been reported in Czechia, France, Germany, Ireland, Italy, Netherlands (Kingdom of the), Portugal, Switzerland, and the United Kingdom, including in sexual networks of men who have sex with men and/or of sex workers.

In this context, the countries reporting the most cumulative cases of mpox due to clade Ib MPXV are Spain (241 cases), France (173), Portugal (162), Germany (140), and the United Kingdom. In the last six weeks, Portugal (66 cases), Germany (24), France (20), the United Kingdom (18), and Ireland (12) have reported the most cases.

Figure 6. Clade Ib MPXV transmission status within the last six weeks, by country, as of 26 August 2026⁸



Focus on selected countries

Madagascar

Since December 2025, Madagascar has been experiencing the largest mpox outbreak in the WHO African Region and globally, with ongoing sustained community transmission and high weekly case counts. Genomic sequencing analysis identified clade Ib MPXV as the circulating strain.

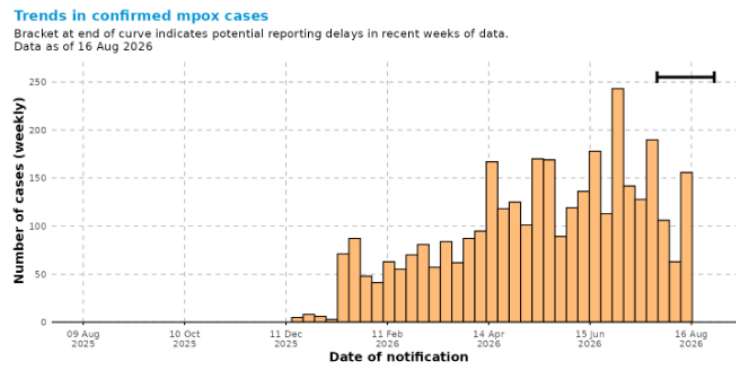
As of 16 August 2026, Madagascar has reported a total of 3436 confirmed cases, including 22 deaths (CFR 0.6%) (Figure 7). In the last week, Madagascar reported 156 confirmed cases, with a test positivity of 67%, indicating ongoing transmission and insufficiently sensitive surveillance.

With 65% of districts (75 of 115 districts) affected to date, widespread geographic dissemination continues. Cases have been reported amongst males and females of all age groups, with individuals aged 15-49 years most affected.

Response activities have been scaled up, including vaccination, with 111 508 individuals having received at least one dose of MVA-BN vaccine. 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, health-care capacity, vaccine stockouts and cold chain disruption, and further needs for ongoing risk communication and community engagement for populations at risk.

⁷ 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.

⁸ Date when the latest case of mpox due to clade Ib MPXV, prior to the publication of this report, was reported to WHO.

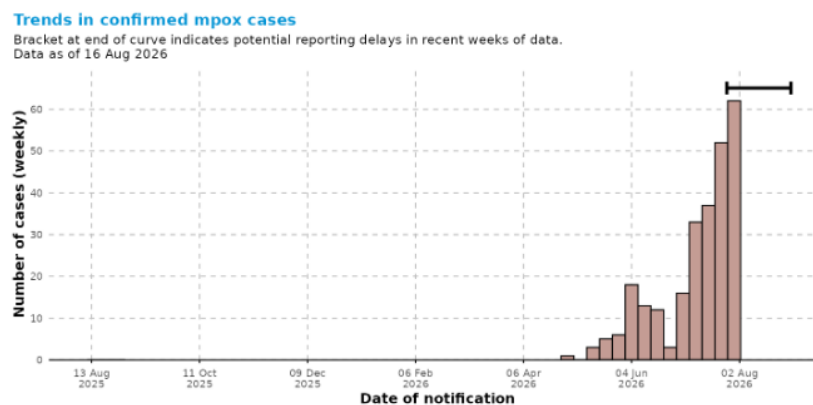
Figure 7. Confirmed mpox cases reported in Madagascar in the last 12 months, 11 August 2025 – 16 August 2026

Angola

As of 16 August 2026, Angola has reported 274 confirmed mpox cases, with one death (CFR 0.4%). While sporadic confirmed cases were detected in late 2024 and in 2025, there has been a surge in the number of cases reported since mid-May 2026 (Figure 8). Genomic sequencing analysis confirmed clades Ia and Ib MPXV as the circulating strains in 2024 and 2025; efforts to establish the strain(s) circulating in 2026 are underway.

Eight of 21 provinces (38%) have reported confirmed cases since 2024, two of which (Cabinda and Moxico Leste) have reported all confirmed cases since the current outbreak began in April 2026. The most affected province is Cabinda, which has reported 70% (193 of 274) of the confirmed cases. Cabinda province is an exclave of Angola, separated from the mainland by a short strip of land belonging to the DRC along the Congo River, presenting a notable risk of cross-border spread. Young adults aged 20 – 29 years have been the most affected, with 53% (146 of 274) of cases reported, and 56% (153 of 274) of confirmed cases have been reported among women and girls.

Response interventions are ongoing, with review and activation of the national response plan, mobilization of national and provincial rapid response teams, intensification of active case search in areas experiencing transmission, contact tracing and monitoring, community sensitization, and vaccination of contacts and health workers in municipalities with the highest risk of spread.

Figure 8. Confirmed mpox cases reported in Angola in the last 12 months, 11 August 2025 – 16 August 2026

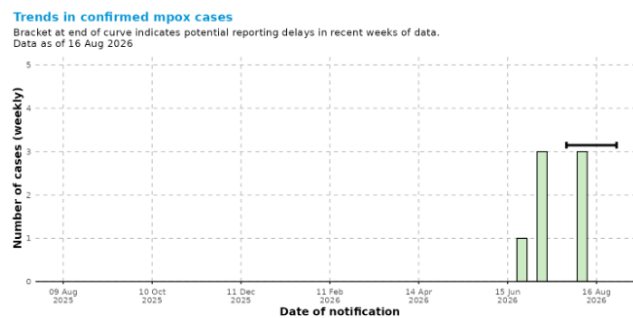
Guinea-Bissau

As of 16 August 2026, Guinea-Bissau has reported seven confirmed cases and no deaths. The country confirmed its first mpox case on 26 June 2026, and has since investigated 47 suspected cases, amongst which six additional cases have been confirmed. Genomic sequencing analysis has confirmed clade IIb MPXV as the circulating subclade, with both the A.1 and G.1 strains detected so far.

All cases have been reported in and around the capital, Bissau. Individuals aged 30 – 34 years old have been the most affected (43%, three of seven confirmed cases), and a slight majority of the cases are male (57%, four of seven confirmed cases).

Response interventions are underway, including activation of the Incident Management System, case investigation, contact tracing, case management, and risk communication and community engagement.

Figure 9. Confirmed mpox cases reported in Guinea-Bissau in the last 12 months, 11 August 2025 – 16 August 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

Two countries, Chile and Hungary, have reported mpox due to clade Ib MPXV for the first time.

Chile

On 31 July 2026, Chile notified WHO of its first case of mpox due to clade Ib MPXV in an adult male who reported recent travel to Italy and Spain.

Hungary

In August July 2026, Hungary notified WHO of its first case of mpox due to clade Ib MPXV in a man who reported recent travel to Estonia and Spain.

Updated global rapid risk assessment

WHO conducted a new [global mpox rapid risk assessment](#) in August 2026. The public health risk assessed for three population groups, remains unchanged (Figure 10): global risk for individuals with multiple sexual partners (**moderate**), local risk for children in historically endemic areas (**moderate**), and global risk for all other individuals (**low**).

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

Figure 10. Overall public health risk posed by the multi-country mpox outbreak, at the global level and by risk group, as assessed by WHO.

Overall Public Health risk
Global
Moderate

Confidence in available information
Global
Moderate

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

Confidence in available information
Moderate
Moderate

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

Confidence in available information
Low

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

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 to improve 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 global mpox response **as of 19 August 2026**.

1. Emergency coordination

- WHO considers the ongoing multi-country mpox outbreak a graded emergency, with new outbreaks reported in multiple countries and over a thousand confirmed cases reported every month.
- All countries and partners are strongly encouraged to sustain surveillance and notification for mpox, along with coordinated preparedness and response activities in all technical areas in line with WHO guidance.
- The WHO [Director-General's standing recommendations on mpox](#) issued under the provisions of the International Health Regulations (2005) have, therefore, been extended until August 2027.
- WHO continues to lead the global mpox response and, together with the Africa Centres for Disease Control and Prevention (Africa CDC), to coordinate response in Africa. This includes support for outbreak investigation and response, surveillance, transmission studies, immunization policy development and technical guidance, vaccine safety and effectiveness research, integration of mpox detection, prevention and care with sexual health, STI and HIV services, and coordination of the Collaborative Open Research Consortium for poxviruses.
- The International Coordinating Group (ICG) for mpox vaccine provision was launched on 27 August 2026 at the 76th session of the WHO Regional Committee for Africa, in Addis Ababa, Ethiopia. The multi-partner initiative is coordinated by the International Coordinating Group (ICG) on Vaccine Provision established in 1997, and the new vaccine stockpile is funded by Gavi, the Vaccine Alliance (Gavi). <https://www.who.int/news/item/02-09-2026-global-initiative-launched-to-improve-access-to-mpox-vaccines>.
- The ICG makes available a new global emergency mpox vaccine stockpile, to ensure that countries have equitable and timely access to vaccines for outbreak response. The initiative builds on the ad hoc mpox vaccine Access and Allocation Mechanism established in 2024 and complements the existing four pillars of the ICG for meningitis, yellow fever, cholera and Ebola virus disease.⁹
- The ICG partners are the International Federation of Red Cross and Red Crescent Societies (IFRC), Médecins Sans Frontières (MSF), the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO). Vaccines to be procured by UNICEF for the stockpile are funded by Gavi. Gavi will also provide financial support to countries, through WHO, for implementation of vaccination activities with vaccines drawn from the new stockpile. WHO hosts the secretariat of the ICG.

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](#). Efforts are underway to transition regular reporting on the global mpox response from the [global situation report](#) to the [WHO Weekly Epidemiological Record](#). The the updated global rapid risk assessment can be found [here](#).
- WHO is providing technical, financial, and operational support for the implementation of an mpox transmission study in the Democratic Republic of the Congo.

⁹ For more information, please check here: <https://www.who.int/groups/icg>

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 on MPXV diagnostics. As part of this work, WHO is coordinating a multi-country study 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 mass 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 the 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

- The [living guidelines on clinical management and IPC for mpox](#) are available here.

5. Access to and delivery of countermeasures

Vaccines

- From August 2024 to June 2026, 19 African countries deployed mpox vaccines in their outbreak response.
- WHO strongly advises mpox vaccination strategies to reach people at risk based on the local epidemiology of the outbreak, and documentation of lessons learned on mpox vaccination.
- All MVA-BN vaccine doses allocated through ten allocation rounds have been delivered to 19 countries, and on 31 July, 50 000 additional doses were allocated to Angola through an eleventh allocation round.
- When a two-dose vaccine is used (MVA-BN), every effort should be made to complete the course of vaccination as soon as possible. To stretch vaccine supply, countries can use intradermal administration of one fifth of a standard dose (fractional dosing).
- The Democratic Republic of the Congo also continues to implement vaccination activities with the single-dose LC16m8 vaccine and the ongoing LC16m8 vaccine safety and effectiveness study.
- Countries can request mpox vaccines for outbreak response through the ICG from September 2026. Countries are invited to submit requests through the icgsecretariat@who.int, with cc to mpox@who.int.

Diagnostics

- As of 19 August 2026, 73 diagnostics manufacturers have contacted WHO for information on Emergency Use Listing (EUL) of MPXV nucleic acid amplification tests (NAAT); WHO has held pre-submission calls with 44 manufacturers. Among 16 NAAT dossiers submitted by 14 manufacturers, [12 products are listed for EUL, one product](#) is under assessment, and public reports for 12 products have been made available [here](#).

Mpox main resources

News

- The [International Coordinating Group on mpox vaccine provision \(ICG\)](#), launched in August 2026.

Rapid risk assessment

- WHO Rapid Risk Assessment - Mpox, Global v.7. 24 August 2026.
<https://www.who.int/publications/m/item/who-rapid-risk-assessment-mpox--global-v.7>

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, 23 June 2026

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

- The [International Coordinating Group on mpox vaccine provision \(ICG\)](#), launched in August 2026. See poster available here: <https://mpoxsymposium.com/visuals-and-presentations>.
- 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)

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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