

# Mpox

Multi-country external situation report no. 57 published 28 August 2025

KEY FIGURES			
Area	Number of reported confirmed cases	Number of deaths among confirmed cases	Number of reporting countries
Global (1 Jan – 31 July 2025)*	34 386	138	84
Key countries (1 Jan – 17 August 2025)			
Democratic Republic of the Congo	15 377	30	-
Uganda	6522	35	-
Sierra Leone	5149	52	-
Burundi	1394	0	-

\* Most recent global surveillance data available.

## Highlights

- All clades of monkeypox virus (MPXV) continue to circulate in several countries. When mpox outbreaks are not rapidly contained and human-to-human transmission is not interrupted, they continue to pose a risk of sustained community transmission. Since the last edition of this report, one country, Senegal, has reported mpox for the first time. Efforts to identify the clade are underway.
- Furthermore, Türkiye has reported cases of mpox due to clade Ib MPXV for the first time and the Democratic Republic of Congo has reported its first cases of mpox due to clade IIb MPXV.
- In July 2025, 47 countries in five (out of six) WHO regions reported a total of 3924 confirmed cases, including 30 deaths (case fatality ratio [CFR] 0.8%). The South-East Asian and Western Pacific regions reported an increase in cases in July 2025, while the African Region, European Region and the Region of the Americas reported a decrease. The Eastern Mediterranean Region did not report any mpox case in July 2025.
- Twenty-one countries in Africa have reported ongoing mpox transmission in the past six weeks. Clade IIb MPXV continues to be reported in West Africa, while Central African countries report both clade Ia and clade Ib MPXV, and East African countries report clade Ib MPXV.
- The recent overall downward trend of confirmed cases across the continent is driven by the decline in cases in the Democratic Republic of the Congo, Sierra Leone and Uganda.
- Kenya continues to experience community transmission and has been observing a gradual upward trend in confirmed cases reported throughout 2025. Cases continue to be reported primarily among young adults, and all but one death have been reported among people living with HIV.
- China, Germany, Türkiye, and the United Kingdom have reported additional cases of mpox due to clade Ib MPXV since the last situation report. These cases have been linked to travel, and community transmission of clade Ib MPXV continues to be reported only in countries in central and eastern Africa.
- On 20 August 2025, the WHO Director-General extended standing recommendations for mpox issued to States Parties by 12 months, until 20 August 2026, to further prevent or reduce international spread of mpox, as well as its impact on health.

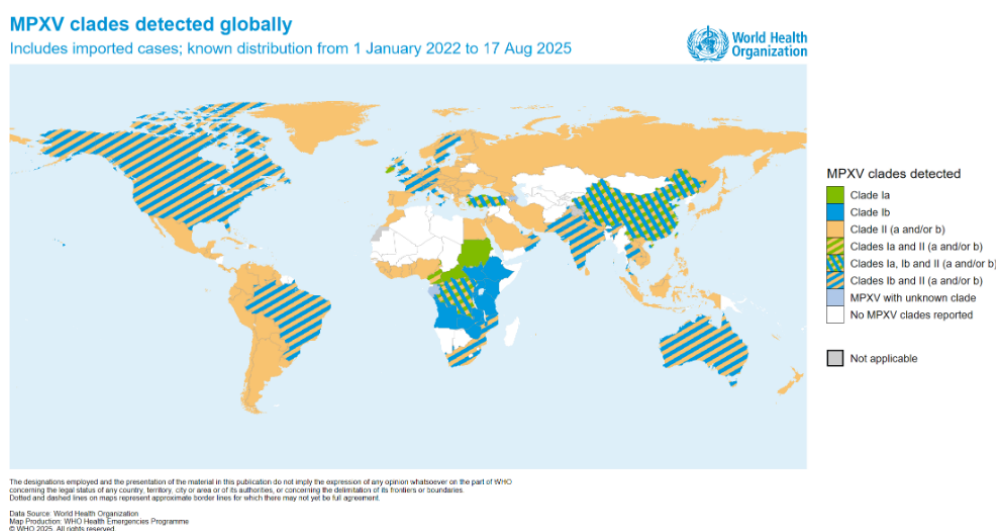
## Epidemiological update

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

### Global monkeypox virus (MPXV) distribution

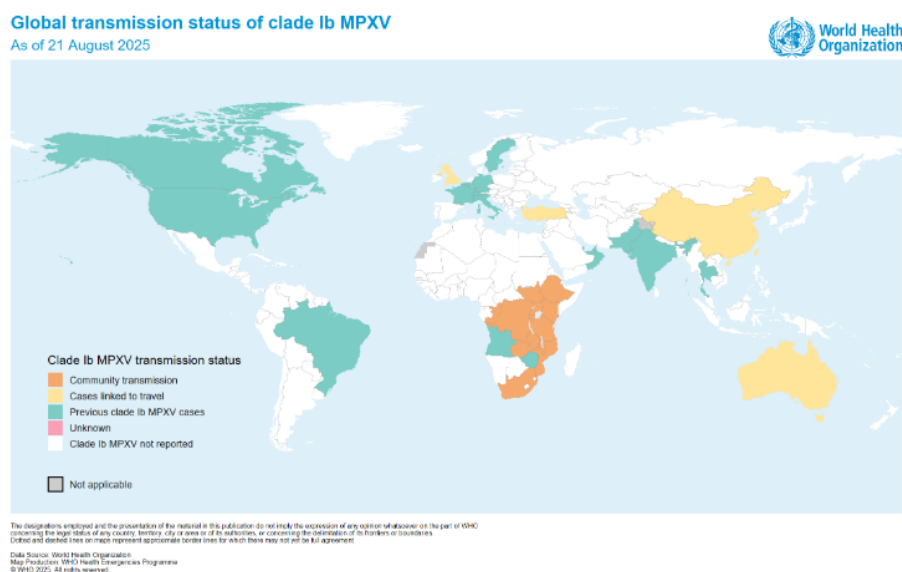
Since the [last situation report](#), only Türkiye has reported the detection of clade Ib MPXV for the first time (Figure 1). One country, Senegal, has reported mpox for the first time. Efforts to identify the clade are underway. Detailed information on clade-specific transmission dynamics can be found in the [situation report #53](#).

**Figure 1.** Geographic distribution of MPXV clades reported to WHO, by country, 1 January 2022 to 17 August 2025<sup>1</sup>.



[Community transmission of clade Ib MPXV](#) remains limited to countries in Africa (Figure 2). Most countries with previous sporadic importations are not reporting active transmission of clade Ib MPXV.

**Figure 2.** Clade Ib MPXV transmission status within the last six weeks, by country, as of 17 August 2025.

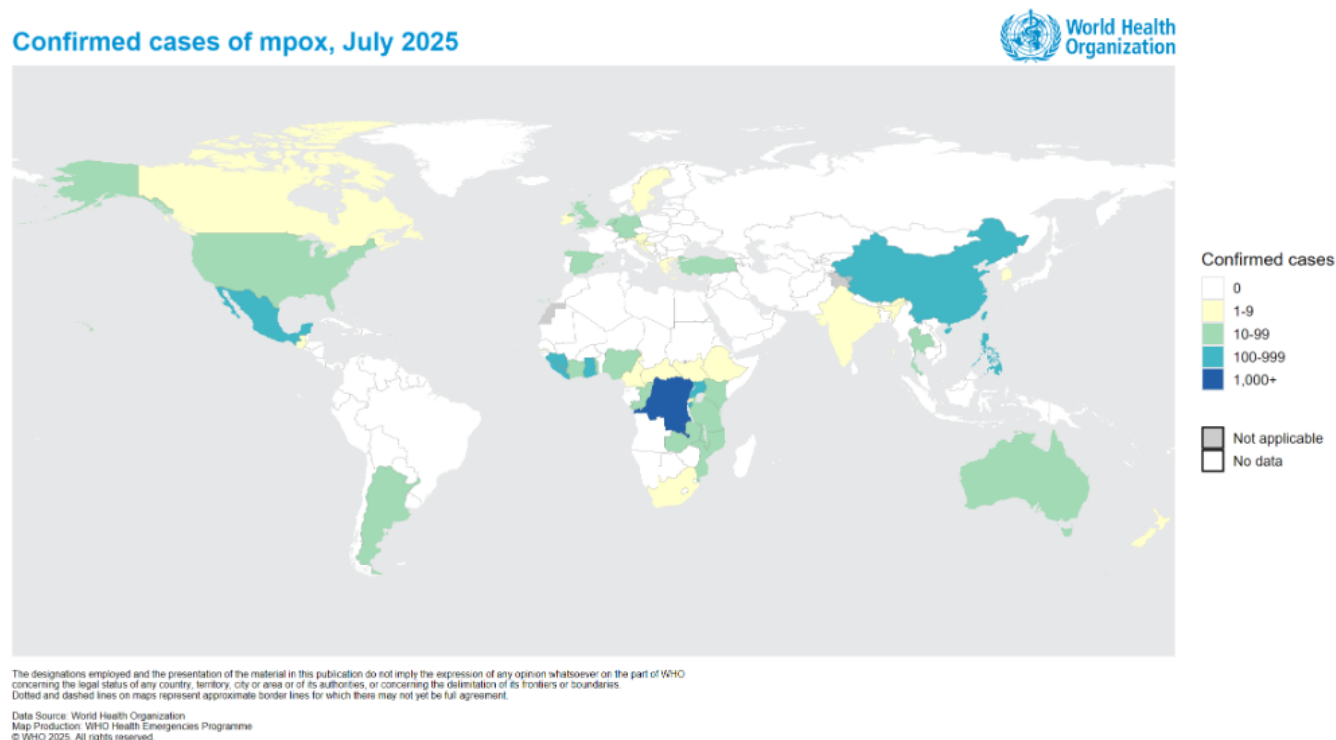


<sup>1</sup> The geographical distribution of MPXV clades shown is based on sequences from clinical samples of confirmed mpox cases. Sequences from wastewater and environmental samples are excluded from this analysis.

## Global situation

Global surveillance is updated monthly and the latest data is available as of 31 July 2025. In July 2025, 47 countries in five (out of six) WHO regions reported a total of 3924 confirmed cases (Figure 3), including 30 deaths (case fatality ratio [CFR] 0.8%).

**Figure 3.** Distribution of mpox cases per country as reported to WHO, 1 - 31 July 2025.



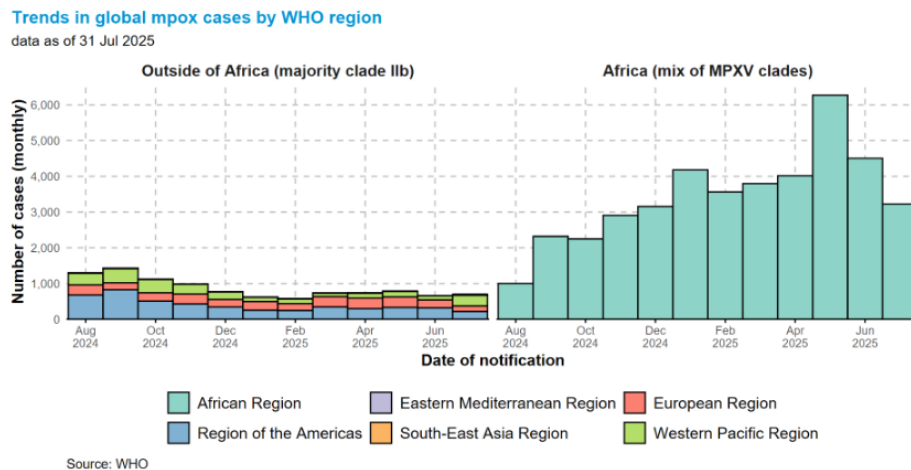
Most cases are still reported in the African Region (Figure 4), where the downward trend in cases following the peak in May 2025 continues (more details below).

The Western Pacific and South-East Asian regions reported a monthly increase in cases for July 2025, compared to June 2025, with increases of 160% (from 116 to 297 confirmed cases) and 5.9% (from 17 to 18 confirmed cases) respectively. The monthly increase in confirmed cases in the Western Pacific was driven by the increase in cases in Philippines (from no confirmed cases in June to 126 confirmed cases in July) and China (from 108 to 152 confirmed cases).

The Region of the Americas, European Region and African Region reported a monthly decrease in cases for July 2025, compared to June 2025, with decreases of 31%, 31% and 28% respectively. The Eastern Mediterranean Region did not report any mpox case in July 2025<sup>2</sup>.

<sup>2</sup> The monthly reported data may be prone to delays and incompleteness and are therefore subject to retrospective adjustments over time as more data become available.

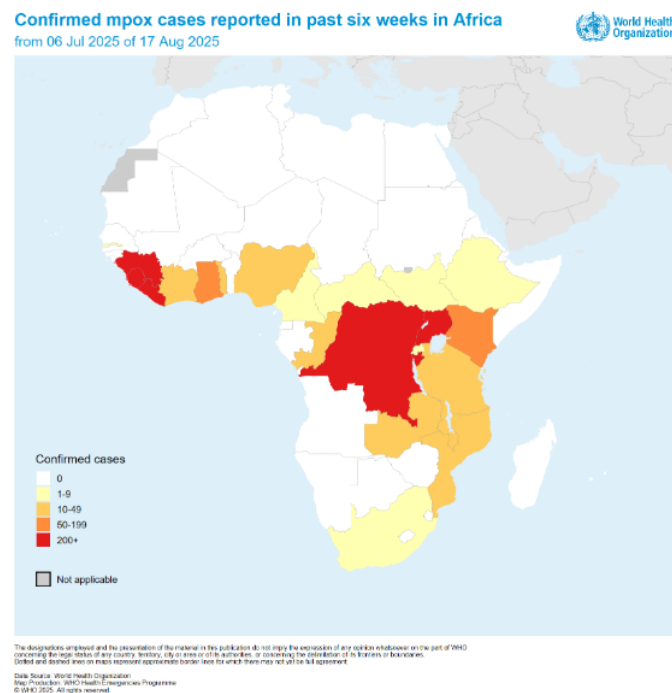
**Figure 4.** Epidemic curve of monthly number of confirmed mpox cases reported to WHO, by WHO region, 1 August 2024 – 31 July 2025.



### Situation in Africa

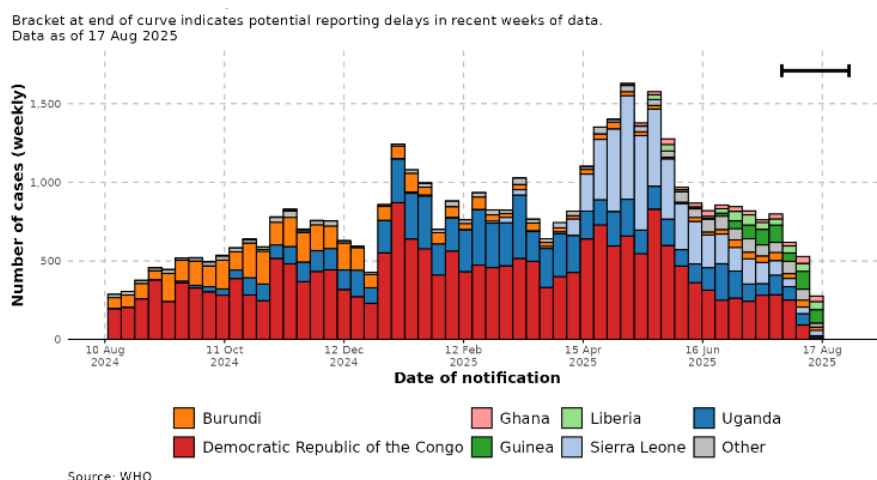
From 1 January to 17 August 2025, 23 countries in Africa have reported 31 316 confirmed mpox cases, including 136 deaths (CFR 0.4%). Twenty-one countries on the continent have reported ongoing active transmission of mpox in the last six weeks (Figure 5).

**Figure 5.** Geographic distribution of confirmed mpox cases in the past six weeks, Africa, 13 July – 17 August 2025.



Overall, there is a declining epidemic trend in confirmed cases in recent weeks (Figure 6), largely driven by a decrease in the Democratic Republic of the Congo, Sierra Leone and Uganda. Notably, Guinea has contributed a growing share of cases in the continental epidemic over the past two months. The number of cases in most recent weeks needs to be interpreted with caution due to delays in reporting. More details on national case trends are available in the [WHO Global mpox trends](#).

**Figure 6.** Reported confirmed mpox cases in Africa in the past 12 months, by country, 10 August 2024 – 17 August 2025.

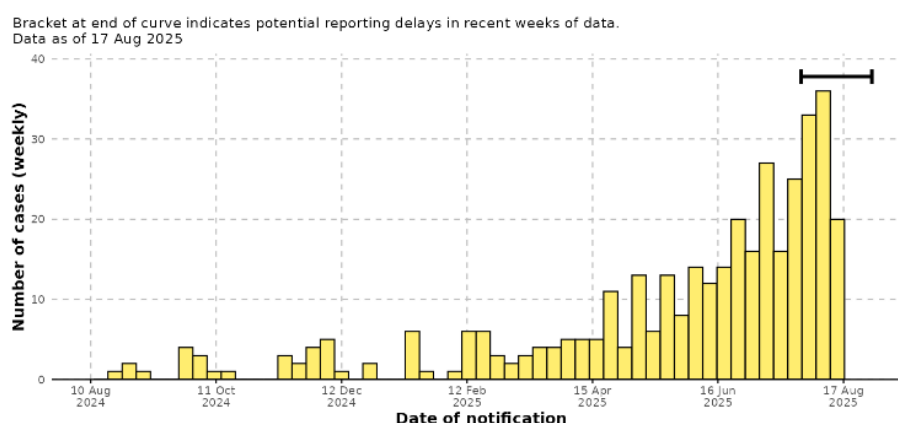


## Focus on selected countries

### Kenya

Since the start of the outbreak in July 2024, and as of 17 August 2025, Kenya has reported 370 confirmed cases, including six deaths (CFR – 1.6%). To date, only clade Ib MPXV has been detected in the country. Despite the relatively small number of total cases, Kenya continues to experience community transmission and has been observing a gradual upward trend in confirmed cases reported throughout 2025 (Figure 7).

**Figure 7.** Confirmed mpox cases reported in Kenya over the past 12 months, 10 August 2024 – 17 August 2025.



Cumulatively, cases have been reported in 45% (21 out of 47) of counties in the country, up from just the 12 counties along the major A104 transport corridor at the beginning of 2025. Most cases have been reported in Mombasa county, which has accounted for over half of confirmed cases in the past six weeks. Most confirmed cases in the country have been reported among young adults, with individuals aged 30 – 40 years old the most affected (28.7%), followed by those aged 20 – 30 years (26.8%). Sexual contact transmission continues to be implicated as a major amplifier of disease spread, especially at the nexus of truck drivers, sex workers and traders along the major East African transnational highway.

As of 10 August 2025, the country had reported six deaths among confirmed mpox cases. All but one of these deaths has been reported among persons living with HIV, highlighting the risk of poor health outcomes in this key population.

## Countries reporting mpox for the first time

Since the [last edition](#) of this report, Senegal has reported mpox for the first time. The case, a foreign national who entered the country on 19 August 2025, presented with symptoms suggestive of the disease and was confirmed to have mpox on 21 August 2025. Efforts to determine the MPXV clade are underway. The patient is reported to be in a stable condition and is in hospital isolation, receiving care. The country has publicly announced the detection of the case and health authorities in the country have reported that several response activities to contain spread are underway.

## Countries reporting new importations of clade Ib MPXV

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

- China: On 1 August 2025, China notified WHO of one case of mpox due to clade Ib MPXV in an adult male traveler who arrived in the country in mid-July 2025 and reported experiencing symptom onset prior to entry. Health authorities in the country carried out case investigations and implemented case isolation and other response measures.
- Germany: On 19 August 2025, Germany notified WHO of a case of mpox due to clade Ib MPXV in an adult male traveler with a recent history of travel to the United Arab Emirates. Health authorities in the country have implemented contact tracing and other response measures and continue to monitor the situation closely.
- Türkiye: The country has notified WHO of three cases of mpox due to clade Ib MPXV in 2025. One case was detected recently, diagnosed in late July 2025, while the other two cases were detected earlier in 2025 and retrospectively reported. All cases were among adult male travelers, with the most recent case reporting a history of travel to the United Arab Emirates and Egypt, and the other two retrospectively reported cases reporting a history of travel to Uganda. Health authorities in the country carried out case investigations and implemented case isolation and other response measures.
- The United Kingdom: On 21 August 2025, the United Kingdom notified WHO of one case of mpox due to clade Ib MPXV in an adult male traveler with a recent history of travel to the United Republic of Tanzania. Health authorities in the country have undertaken contact tracing, given contacts the appropriate public health advice, offered vaccination to those eligible, and are monitoring the contacts for mpox symptoms.

## Clade IIb MPXV in the Democratic Republic of the Congo

The Democratic Republic of the Congo has notified WHO of two cases of mpox due to clade IIb MPXV in the capital, Kinshasa. These cases represent the first confirmed detection of clade IIb MPXV in the Democratic Republic of the Congo. The index case involved an adult male who had recently travelled from Côte d'Ivoire, where exposure to mpox most likely occurred. Phylogenetic analysis corroborates this, indicating that the viral strain is closely related to sequences from mpox cases in Côte d'Ivoire and Nigeria. This index case was followed by a secondary, locally acquired infection in one of his contacts.

Epidemiological investigations identified a total of 25 contacts linked to these two cases. Post-exposure vaccination with the MVA-BN vaccine has been administered to 23 contacts and all contacts were placed under active follow-up for symptoms monitoring. No additional cases were reported.



## 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 mpox outbreak focusing on strengthening five core components—the **5Cs**: Emergency coordination, Collaborative surveillance, Community protection, Safe and scalable care, Access to and delivery of countermeasures.

This section provides updates on the WHO global mpox response **as of 20 August 2025**.

### 1. Emergency coordination

- On 20 August 2025, the WHO Director-General extended the [standing recommendations](#) for mpox issued to States Parties by 12 months, until 20 August 2026, to further prevent or reduce international spread of mpox, as well as its impact on health.
- WHO and Africa CDC coordination for mpox response in Africa continues through the Continental Incident Management Support Team.
- WHO is actively coordinating response efforts with partners, including the Global Outbreak Alert and Response Network (GOARN). As of 20 August 2025, 15 experts are deployed to the Democratic Republic of Congo and Kenya through GOARN, to support the response in areas such as data management and analytics, epidemiology and surveillance, laboratory, case management, infection prevention and control, risk communication and community engagement. More information on deployments can be found [here](#).

### 2. Collaborative surveillance

- Updates to [epidemiological data on mpox in Africa](#) continue weekly, updates to [global epidemiological data](#) continue monthly, and both can be accessed in the [online WHO dashboard](#).
- Coordination for laboratory diagnostics continues, with all partners supporting countries and across the three levels of the WHO, through the laboratory response pillar of the Africa continental Incident Management Support Team and monthly diagnostic consortium meetings.

### 3. Community protection

- Coordination across multiple technical areas including risk communication and community engagement, infodemic management, community-based infection prevention and control is ongoing. Community service delivery, public health and social measures, border health and mass gatherings, investigation of the animal-human interface and multisectoral action for social and economic protection are key areas of work.
- WHO convened an expert technical working group on 29 July 2025 to advance normative guidance for evidence for community protection in mpox public health responses and other health emergencies.
- A comprehensive training package for Community Health Workers (CHWs), designed to support an integrated community response to mpox including early detection and reporting, risk communication and community engagement, infodemic management, care pathway support, infection prevention and control (IPC), water, sanitation and hygiene (WASH), mental health and psychosocial support (MHPSS), and community coordination was provided to Zambia and Uganda. WHO country offices in both countries implement the CHWs trainings in collaboration with implementing partners.

### 4. Safe and scalable care

- WHO continues to support for the uptake of data collection tools to facilitate mpox clinical characterization using the [WHO Global Clinical Platform](#). These include openly available tools developed in Research Electronic Data Capture (REDCap) and Open Data Kit (ODK) data platforms. These are in use to understand the epidemic in Africa, particularly in the Democratic Republic of the Congo, Sierra Leone, Uganda and Zambia.

## 5. Access to and delivery of countermeasures

### Access and Allocation Mechanism (AAM)

#### Vaccines

- WHO continues to provide guidance and technical support to countries on mpox targeted vaccination strategies with focus on geographic areas with the highest number of new cases and in those, people at high risk of exposure based on local epidemiology.
- All doses allocated in the first four rounds of allocation have been delivered and the doses (more than 250 000) allocated during the fifth round are being shipped to countries.
- Mpox vaccination activities have started in eight countries with MVA-BN vaccine (the Central African Republic, Democratic Republic of the Congo, Liberia, Nigeria, Rwanda, Sierra Leone, South Africa and Uganda), most of them are implementing a single-dose strategy targeting population groups at high risk of exposure. More than 986 000 MVA-BN vaccine doses and more than 28 000 doses of LC16 have been administered in the Democratic Republic of the Congo, which accounts more than 69% of people vaccinated. Other countries that recently reported mpox are developing their national mpox vaccination plans and are encouraged to consider adopting fractional dosing/intradermal administration of the MVA-BN vaccine. Funding is urgently needed to secure additional vaccine supply from manufacturers.
- WHO AFRO and Africa CDC co-organized an mpox vaccination stock-taking meeting in Addis Ababa, Ethiopia from 16 - 17 July 2025 as well as a mpox research virtual stock-taking meeting 20 - 21 August 2025.
- The AAM partners continue to work together to ensure countries receive guidance as well as support to secure operational funds for implementation of national mpox vaccination plans.



## Mpox main resources

### Mpox outbreak toolkit

- 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

- 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/>
- Strategic framework for enhancing prevention and control of mpox (2024-2027). May 2024. Available at: <https://www.who.int/publications/i/item/9789240092907>

### International Health Regulations Emergency Committee, Review Committee and recommendations of the Director-General

- Fourth meeting of the International Health Regulations (2005) Emergency Committee regarding the upsurge of mpox 2024 – Temporary recommendations [https://www.who.int/news/item/09-06-2025-fourth-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-upsurge-of-mpox-2024-temporary-recommendations](https://www.who.int/news/item/09-06-2025-fourth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-upsurge-of-mpox-2024-temporary-recommendations)

### Surveillance

- Surveillance, case investigation and contact tracing for mpox: Interim guidance, 6 December 2024. <https://www.who.int/publications/i/item/B09169>

### Laboratory and diagnostics

- Diagnostic testing and testing strategies for mpox: interim guidance, 12 November 2024 <https://www.who.int/publications/i/item/B09166>

### 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> .

### Vaccination

- 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)
- WHO Smallpox and mpox vaccines. <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>

### **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>

### **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/infectiousdiseases/503162/Mpox>
- OpenWHO. Online training module. Monkeypox: Introduction (2020) in English and French: <https://openwho.org/infectiousdiseases/503162/Mpox>
- OpenWHO. Extended training. Monkeypox epidemiology, preparedness and response (2021) in English and French: <https://openwho.org/infectiousdiseases/503162/Mpox>
- OpenWHO. Mpox and the 2022-2023 global outbreak (2023)
  - English: <https://openwho.org/infectiousdiseases/503162/Mpox>

**A more exhaustive list of mpox resources can be found [here](#).**

**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.