Mpox

Multi-country external situation report no. 58 published 19 September 2025

KEY FIGURES			
Area	**Number of reported confirmed cases**	**Number of deaths among confirmed cases**	**Number of reporting countries**
Global (1 Jan – 31 August 2025)*	**38 671**	**163**	**92**
Key countries (1 Jan – 14 September 2025)			
Democratic Republic of the Congo	**16 879**	**43**	**-**
Uganda	**6689**	**37**	**-**
Sierra Leone	**5291**	**56**	**-**
Burundi	**1501**	**0**	**-**

** Most recent global surveillance data available.*

Highlights

- Following the convening of the Emergency Committee under the provisions of the International Health Regulations (2005) on 4 September 2025, the WHO Director-General determined that the mpox multi-country outbreak no longer constitutes a public health emergency of international concern (PHEIC).
- The lifting of the PHEIC does not mean the threat is over, and WHO's response continues. Mpox continues to circulate, especially in Africa where over 90% of cases are reported, and flare-ups remain possible everywhere. Vulnerable groups, particularly children, pregnant women and people living with HIV, continue to face higher risks for severe disease and death. Surveillance, diagnostics, community engagement, and response capacity must therefore be maintained.
- The rapid risk assessment of the overall public health risk posed by mpox was updated on 2 September 2025. The overall global public health risk was assessed as moderate.
- All clades of the monkeypox virus (MPXV) continue to circulate. When mpox outbreaks are not rapidly contained and human-to-human transmission is not interrupted, they pose a risk of sustained community transmission.
- Since the last edition of this report, one country, Kuwait, has reported mpox for the first time; genomic sequencing analysis identified clade IIb MPXV. Japan and Senegal have reported cases of mpox due to clade Ib MPXV for the first time.
- In August 2025, 59 countries across all WHO regions reported a total of 3780 confirmed cases, including 15 deaths (case fatality ratio [CFR] 0.4%). The Eastern Mediterranean and European regions reported an increase in cases in August compared to July 2025, while the African Region, Region of the Americas, South-East Asia Region and Western Pacific Region reported a decrease.
- Nineteen countries in Africa have reported active mpox transmission in the past six weeks. Clade IIb MPXV continues to be mostly reported in West Africa, Central African countries report both clade Ia and clade Ib MPXV, and East African countries report clade Ib MPXV.
- Australia and Thailand 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 only be reported in countries in central and eastern Africa.

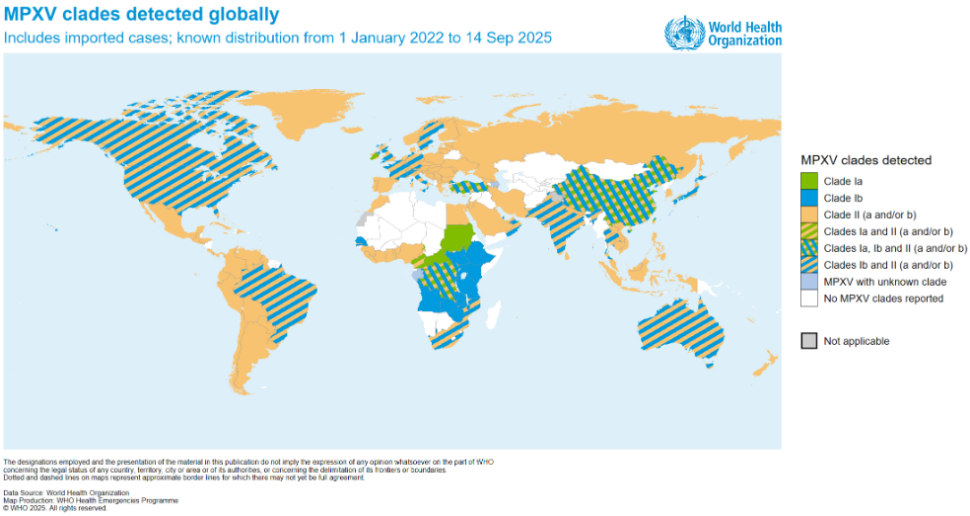
Epidemiological update

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

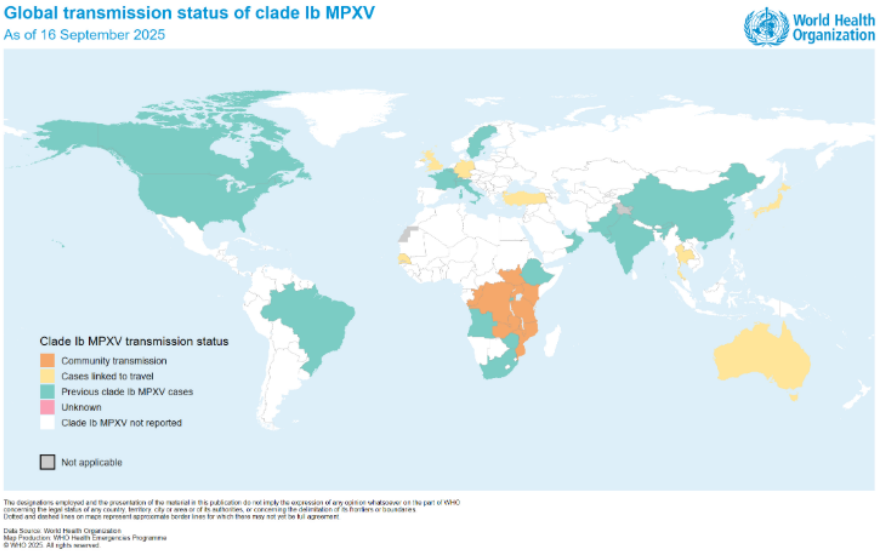
Since the last situation report, Japan and Senegal have reported the detection of clade Ib MPXV for the first time (Figure 1). Only one country, Kuwait, has reported mpox for the first time, with genomic sequencing analysis revealing clade IIb MPXV. Detailed information on clade-specific transmission 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 14 September 2025[1].



Community transmission of clade Ib MPXV remains limited to countries in Central and East Africa (Figure 2), while 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 16 September 2025.

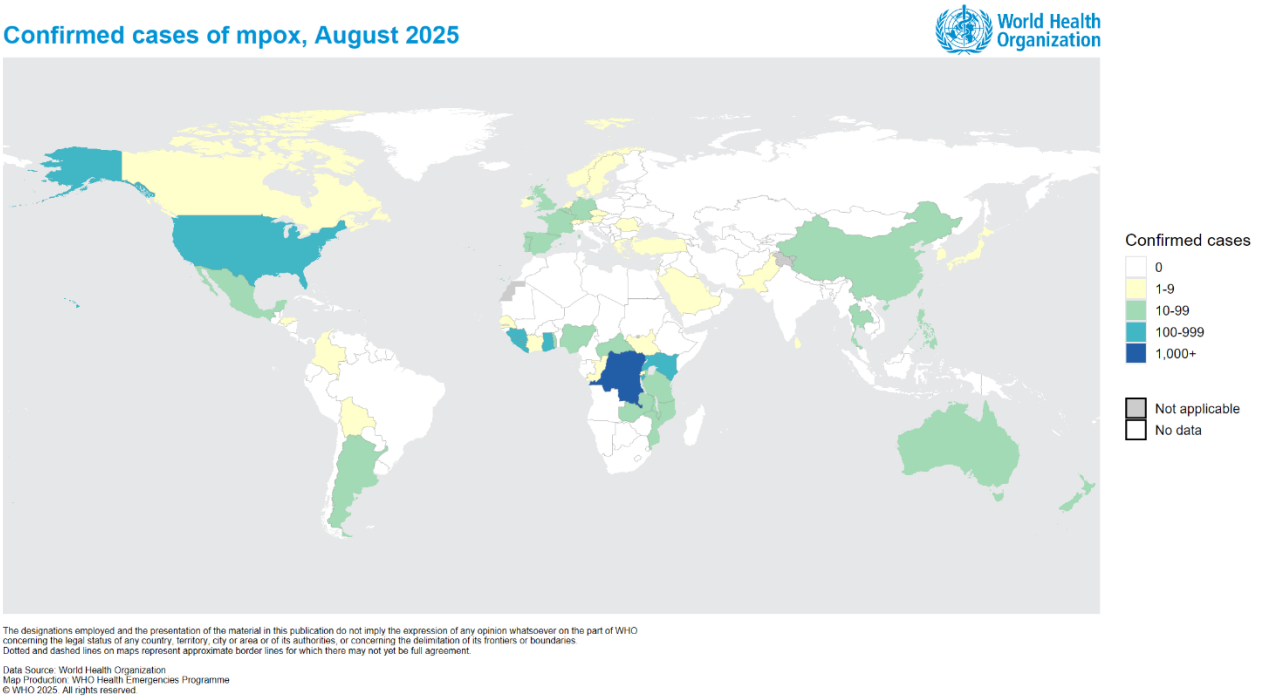


[1] The geographical distribution of MPXV clades shown is based on sequences from clinical samples of confirmed mpox cases. Sequences from wastewater and environmental samples are excluded from this analysis.

Global situation

Global surveillance is updated monthly, and the latest data available are as of 31 August 2025. In August 2025, 59 countries globally reported a total of 3780 confirmed cases (Figure 3), including 15 deaths (case fatality ratio [CFR] 0.4%)[2].

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



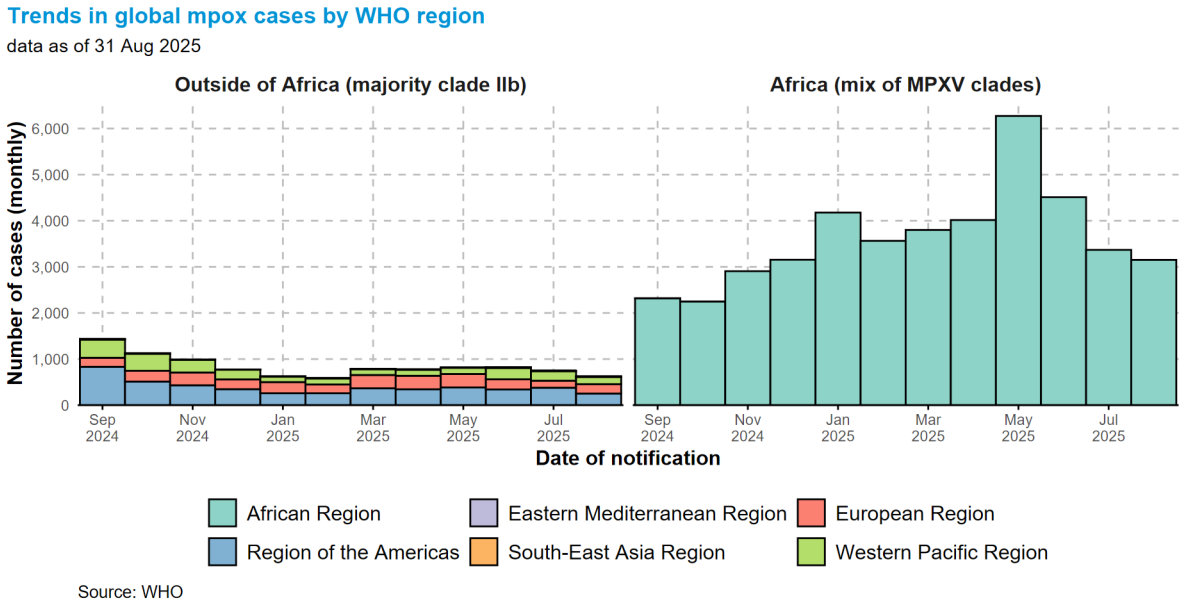
Most monthly cases continue to be reported in the African Region (Figure 4), where the downward trend of confirmed cases following the peak in May 2025 continues (more details in the Africa section).

The WHO Region of the Americas, despite reporting a 33% decrease in the number of confirmed cases in August compared to July 2025, recorded the second highest number of confirmed cases in August 2025 (253 cases), most of which were reported by the United States of America (165 cases). The regions which reported an increase in cases included the European Region, which observed the highest increase in cases (34%, 203 vs 152 cases) for August 2025 compared to July 2025, and the Eastern Mediterranean Region, which reported seven confirmed cases in August 2025, compared to no cases reported in July 2025. The countries which reported the highest number of cases in the European Region were Spain (76 cases), Germany (22 cases), France (20 cases), and the United Kingdom (18 cases).

The Western Pacific and the South-East Asia Regions reported a monthly decrease in cases for August 2025 compared to July 2025, with decreases of 25% and 24% respectively.

[2] 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 September 2024 – 31 August 2025.

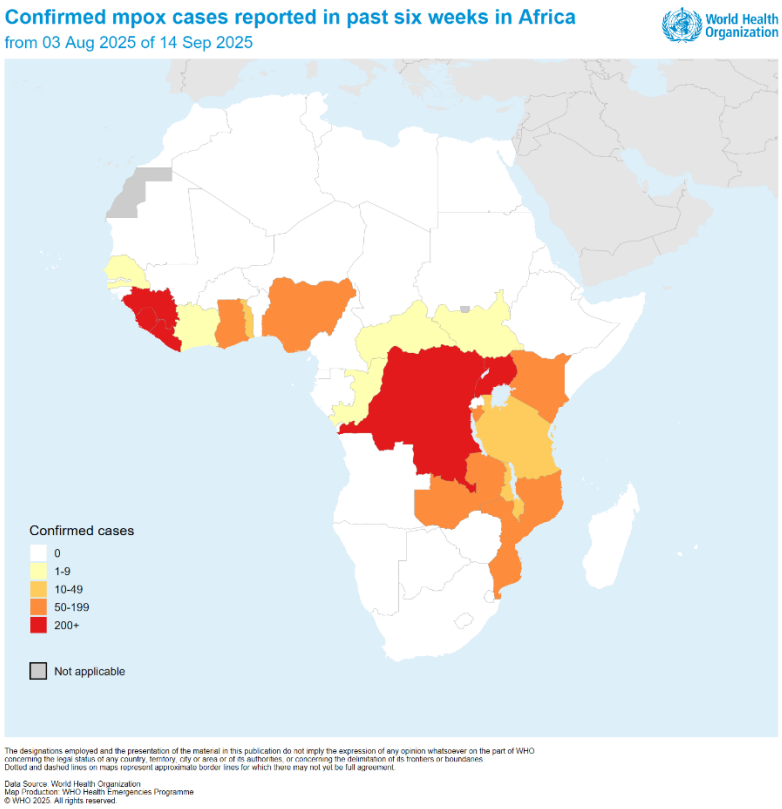


Source: WHO

Situation in Africa

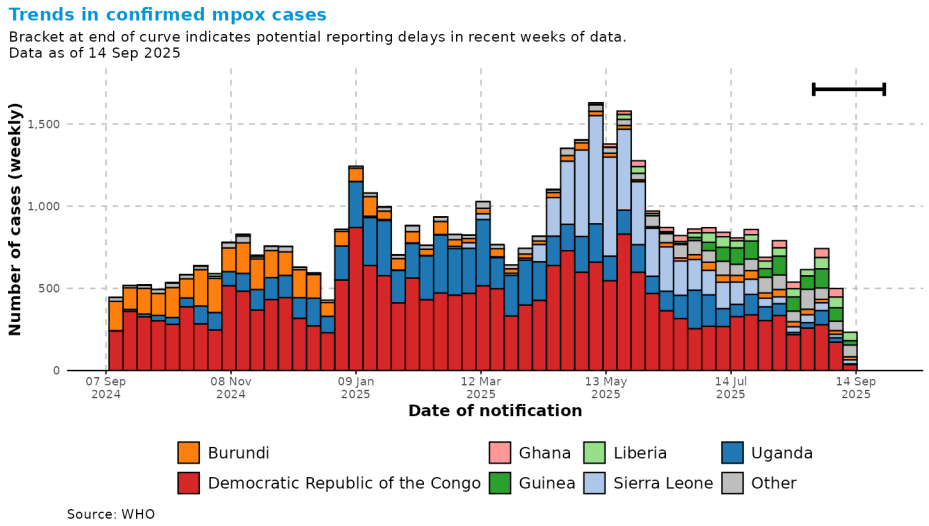
From 1 January to 14 September 2025, 25 countries in Africa have reported 34 273 confirmed mpox cases, including 158 deaths (CFR 0.5%). Nineteen countries on the continent have reported ongoing active transmission of mpox in the last six weeks (Figure 5).

Figure 5. Geographic distribution of confirmed mpox cases in the past six weeks, Africa, 3 August – 14 September 2025.



Overall, the epidemic trend in confirmed cases continues to decline (Figure 6). However, data for the most recent weeks should be interpreted with caution, as reporting delays often lead to retrospective adjustments. Overall, around 500 new confirmed cases per week have been reported in recent weeks. The continental trend in recent weeks is largely influenced by cases reported in the Democratic Republic of the Congo, Guinea, Liberia, and Ghana. In contrast, countries such as Sierra Leone, Burundi, and Uganda, previously accounting for a significant share of reported cases, have recently maintained consistently low levels of transmission. 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 – 14 September 2025.



Focus on selected countries

Several countries in West Africa have experienced an increase in mpox cases in 2025, largely unrelated to the emergence of clade Ib MPXV in the Democratic Republic of the Congo.

Most of these countries report circulation of clade IIb MPXV, either linked to strains detected previously in Nigeria, or to independent zoonotic introductions. At present, most of these countries are experiencing sustained human-to-human transmission. Often these outbreaks have started in the urban areas where they have rapidly spread through sexual contact, before extending to other regions and involving all age groups.

The following are some of the countries showing the highest number of mpox cases in West Africa in recent weeks.

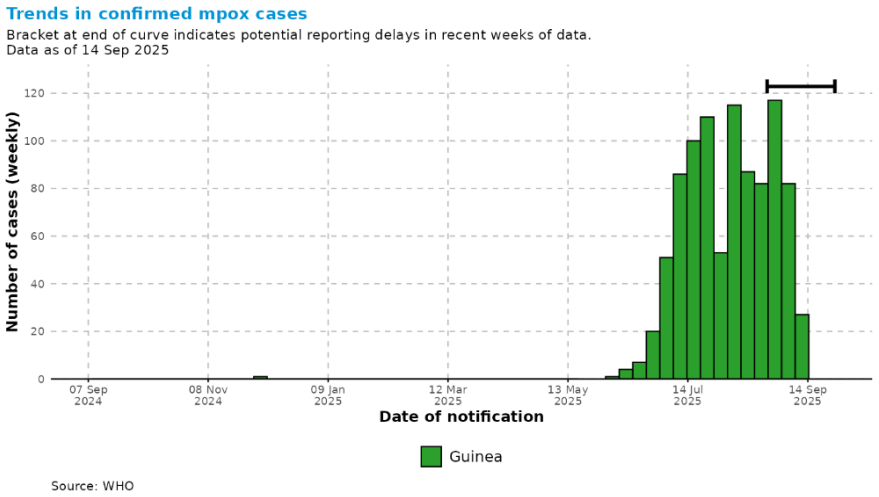
Guinea

Since the start of the recent outbreak in Guinea in June 2025, the country has reported a total of 942 confirmed mpox cases, including one death (CFR 0.1%). Genomic sequencing analysis has revealed that the predominant circulating strain is clade IIb MPXV, lineage A.2.2, similar to mpox outbreaks in other West African countries.

The country has been observing a continuous upward trend in confirmed cases, highlighting sustained community transmission, although it appears to have plateaued in the most recent weeks (Figure 7). Initially, the outbreak was concentrated in and around Conakry, the capital, and while Conakry remains the epicenter, the outbreak quickly expanded to other parts of the country, with cases reported in at least 45% (17 out of 38) of districts in the country. Most confirmed cases in the country have been reported among young adults, with individuals aged 20 – 29 years old the most affected, followed by those aged 30 – 39 years, with males reported to be more affected than females.

Guinea has recently developed their mpox vaccination deployment plan, and 20 000 doses of the MVA-BN vaccine have been allocated to the country for vaccination of people at high risk of infection, such as contacts of mpox cases, frontline health and care workers, and sex workers.

Figure 7. Confirmed mpox cases reported in Guinea, 7 September 2024 – 14 September 2025.

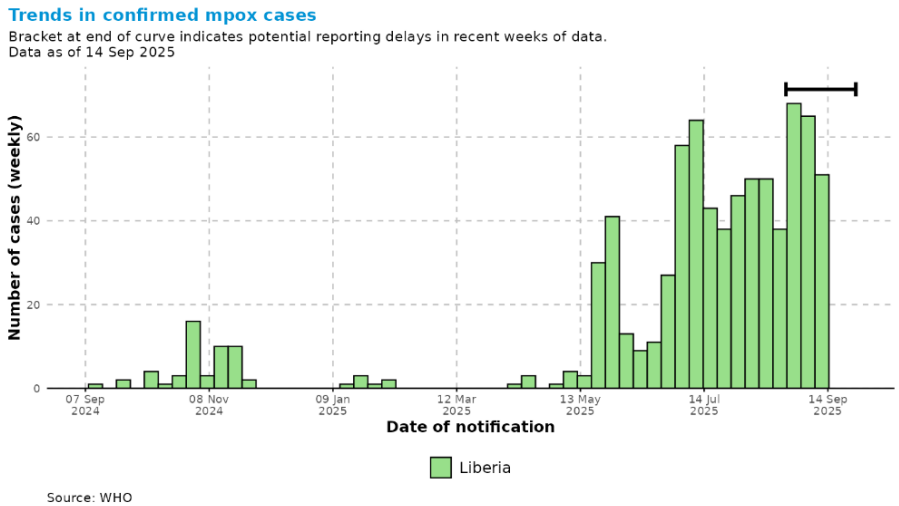


Liberia

In 2025, a total of 721 confirmed mpox cases and no deaths have been reported to date. A smaller outbreak was reported in late 2024 and sporadic cases were reported in early 2025, but in May 2025, there was a sharp increase in reported weekly confirmed cases, with about 50 confirmed cases per week reported in recent weeks (Figure 8). Genomic sequencing analysis has revealed that the predominant circulating strain is clade IIb MPXV, similar to mpox outbreaks in other West African countries.

Early in this surge, initial cases were linked to cross-border spread from neighboring Sierra Leone, with initial cases reported to have had high-risk exposure during a short stay in Sierra Leone before returning to Liberia and becoming symptomatic. Since then, however, most cases have been reported among individuals with no travel history, signaling sustained local transmission. Most cases have been reported in Montserrado county, which hosts the capital Monrovia. Although limited information is available on transmission patterns and most affected groups, epidemic dynamics are thought to be similar to other clade IIb MPXV outbreaks in the region where sexual contact has been implicated as a major driver of spread.

Figure 8. Confirmed mpox cases reported in Liberia, 07 September 2024 – 14 September 2025.

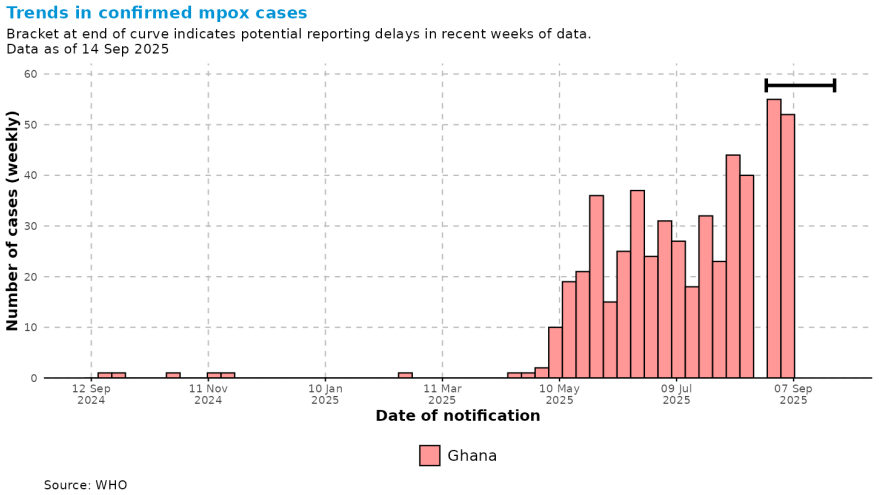


Ghana

After the upsurge in cases reported in the country during the 2022 global outbreak, Ghana only reported sporadic mpox cases in 2023 and 2024. Since April 2025, however, an expanding outbreak has been reported, resulting in a total of 514 cases, including one death (CFR (0.2%), in 2025 (Figure 9) to date. In the most recent weeks, about 50 new confirmed cases have been reported per week, and genomic sequencing analysis has revealed that the predominant circulating strain is clade IIb MPXV, similar to mpox outbreaks in other West African countries.

Confirmed cases have been reported in at least 94% (15 out of 16) of regions in the country, with the Western and Greater Accra Regions most affected. Most confirmed cases in the country have been reported among young adults, with individuals aged 20 – 29 years old the most affected, followed by those aged 30 – 39 years; males have been reported to be more affected than females.

Figure 9. Confirmed mpox cases reported in Ghana, 12 September 2024 – 07 September 2025.



Countries reporting mpox for the first time

One country, Kuwait, has reported mpox for the first time since the last situation report. On 10 August 2025, the country notified WHO of the detection of its first cases of mpox (now at three confirmed cases). Links to international travel to China were reported, and genomic sequencing analysis has identified clade IIb MPXV. Health authorities have carried out case investigations and implemented case isolation, contact tracing, provision of appropriate public health advice to contacts, and other response measures.

Countries reporting new importations of clade Ib MPXV

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

- Australia: On 9 September 2025, Australia notified WHO of a case of mpox due to clade Ib MPXV in an adult male traveler with a recent history of travel to China and the Philippines. This is the third case of mpox due to clade Ib MPXV reported in the country since January 2024. The patient has been in home isolation since diagnosis and is recovering. Health authorities in the country have carried out case investigations, contact tracing, post-exposure vaccination of contacts, and other response measures.
- Japan: On 16 September 2025, health authorities in Japan announced the detection of the first case of mpox due to clade Ib MPXV in an adult female traveler with a recent history of travel to Africa. Health authorities in the country carried out case investigations and implemented case isolation and other response measures.
- Thailand: On 9 September 2025, Thailand notified WHO of a case of mpox due to clade Ib MPXV in an adult male traveler with a recent history of travel to Oman. This is the sixth case of mpox due to clade Ib MPXV reported in the country since January 2024. The patient is clinically stable and receiving treatment. Health authorities in the country have carried out case investigations, contact tracing, and other response measures.

Termination of the mpox public health emergency of international concern (PHEIC)

On 4 September 2025, the WHO Director-General, under relevant provisions of the International Health Regulations (2005) (IHR), convened the fifth meeting of the Emergency Committee regarding the upsurge of mpox to provide advice on whether the event continued to constitute a public health emergency of international concern (PHEIC).

Key aspects of the meeting proceedings included:

- An update, by the WHO Secretariat, on the global mpox epidemiological situation and how the risk assessment has evolved since the event was determined to constitute a PHEIC on 14 August 2024.
- Presentations by invited Member States on their mpox epidemiological situations and related response efforts, needs and challenges.

Following deliberations, the Committee expressed the view that the ongoing upsurge of mpox no longer meets the criteria for a PHEIC and advised the WHO Director-General accordingly. The Director-General concurred with the advice of the Committee and announced his decision to terminate the PHEIC on 5 September 2025. This decision was based on the sustained decline in cases and deaths in the Democratic Republic of the Congo and other countries experiencing large upsurges of mpox cases, including Burundi, Sierra Leone, and Uganda. Countries have also strengthened their response capacity, and knowledge of transmission dynamics and risk factors has improved.

The termination of the PHEIC does not mean that mpox no longer constitutes a public health risk. Monkeypox virus continues to circulate, especially in Africa where over 90% of cases are reported, and flare-ups remain possible. Vulnerable groups, particularly children and people living with HIV, continue to face higher risks. Surveillance, diagnostics, community engagement, and response capacity must therefore be maintained.

According to the WHO **Risk Assessment** presented at the fifth meeting of the Committee, the **overall global risk** was assessed as **Moderate**, while the risk for each specific clade was assessed as follows:

- **Clade Ib MPXV – Moderate**
- **Clade Ia MPXV – Low**
- **Clade II MPXV (historically endemic areas) – Moderate**
- **Clade IIb MPXV (global outbreak) – Low**

WHO, Africa CDC, and partners will continue to coordinate efforts, including access to testing, treatment, and vaccination. Nearly six million vaccines have been pledged. So far, more than 1.5 million doses of the MVA-BN vaccine have been delivered to 12 countries and over three million of LC16m8 have been delivered to the Democratic Republic of the Congo through a bilateral agreement. More than 1.1 million doses have been administered in 11 countries. Standing recommendations issued by the WHO Director-General, in accordance with IHR provisions, have been extended until August 2026, alongside Emergency Use Listings for vaccines and diagnostics.

While progress is clear, challenges remain: multiple clades of mpox continue to circulate, surveillance gaps persist, funding is limited, and community engagement requires sustained investment. WHO is urging Member States and partners to preserve political will, continue to mobilize resources, and integrate mpox response into routine health systems to safeguard against future outbreaks.

WHO Director-General's opening remarks at the media briefing – 5 September 2025

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.

This section provides updates on the WHO global mpox response **as of 19 September 2025.**

1. **Emergency coordination**

- Irrespective of the termination of the PHEIC, 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 through the Global Outbreak Alert and Response Network (GOARN). As of 18 September 2025, 16 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, and risk communication and community engagement. More information on global partner deployments for the Mpox response can be found here.

2. **Collaborative surveillance**

- Updates to epidemiological data on mpox in Africa continue weekly, updates to global epidemiological data continue monthly, and both can be accessed through the online WHO dashboard.
- WHO continues to work with partners through a global mpox diagnostics consortium to coordinate laboratory diagnostics support for affected countries.

3. **Community protection**

- Coordination is ongoing across multiple technical areas including risk communication and community engagement, infodemic management, and community-based infection prevention and control. 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 other key areas of work.
- Operational research is ongoing in Tshopo province, the Democratic Republic of the Congo, based on the generic protocol for rapid assessments for community protection. This work aims to generate data and analytics regarding community perceptions, needs, concerns, assets and solutions to inform response actions. Planning is underway in Liberia to implement this work there as well.

4. **Safe and scalable care**

- WHO continues to promote the uptake of data collection tools to facilitate mpox clinical characterization using the WHO Global Clinical Platform. The platform includes openly available tools developed in Research Electronic Data Capture (REDCap) and Open Data Kit (ODK) data platforms. These tools are being used to understand the clinical characteristics of the epidemic in Africa, particularly in the Democratic Republic of the Congo, Sierra Leone, Uganda and Zambia.
- WHO provided support to an intra-action review of the mpox response in Sierra Leone, which drew lessons from the ongoing outbreak, reflected on experiences with the recently developed practical clinical guidance on severe disease, and reviewed the effects of MPXV-HIV co-infection.

5. Access to and delivery of countermeasures

Access and Allocation Mechanism (AAM)

Vaccines

- WHO continues to provide guidance and technical support to countries on targeted vaccination strategies, with a focus on geographic areas with the highest number of new cases, and in those, people at high risk of exposure based on local epidemiology. In addition, with the aim of optimizing the limited vaccine supply due to funding constraints, WHO is supporting countries on planning for the use of dose-sparing options (single dose or intradermal fractional dosing) of MVA-BN vaccine.
- All MVA-BN vaccine doses allocated in the first four rounds of allocation have been delivered, and the doses (more than 276 000) allocated during the fifth and sixth rounds are being shipped to countries.
- Mpox vaccination activities have started in 11 countries with MVA-BN vaccine (Angola, Côte d'Ivoire, the Central African Republic, Democratic Republic of the Congo, Kenya, 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 1.1 million MVA-BN vaccine doses have been administered in these 11 countries. More than 650 000 doses of MVA-BN and 40 000 doses of LC16 have been administered in the Democratic Republic of the Congo, which accounts for more than 62% of people vaccinated in African countries. Other countries that recently reported mpox are developing their national mpox vaccination plans and are encouraged to consider adopting fractional dosing of the MVA-BN vaccine. Additional doses have been donated or procured; however, funding is still needed to secure additional vaccine supply from manufacturers.
- The AAM partners continue to work together to support access to mpox vaccines and secure operational funds for implementation of national mpox vaccination plans.

Diagnostics

- Two additional monkeypox virus nucleic acid tests have been granted Emergency Use Listing (EUL): Monkeypox Virus Lyo-PCR Kit, manufactured by Shanghai ZJ Bio-Tech Co., Ltd; and VIASURE Monkeypox virus Real Time PCR Detection Kit, manufactured by CerTest Biotec, S.L.
- As of 18 September 2025, 71 diagnostics manufacturers have contacted WHO for information on Emergency Use Listing (EUL) of MPXV nucleic acid tests (NAT) and WHO has held pre-submission calls with 43 manufacturers. Among the 16 NAT assay dossiers submitted by the 14 manufacturers, eight products are listed for EUL, seven products are being assessed, and public reports of six products are made available.

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

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
- 8 monkeypox virus nucleic acid tests listed for Emergency Use Listing, 18 September 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. 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

- 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.