Mpox

Multi-country external situation report no. 59 published 30 October 2025

KEY FIGURES			
Area	**Number of reported confirmed cases**	**Number of deaths among confirmed cases**	**Number of reporting countries**
Global (1 Jan – 31 Sep 2025)*	**44 299**	**180**	**93**
Key countries in Africa (14 Sep – 19 Oct 2025)**			
Democratic Republic of the Congo	**1189**	**2**	**-**
Liberia	**425**	**4**	**-**
Kenya	**285**	**3**	**-**
Ghana	**215**	**2**	**-**

** Most recent global surveillance data available.*

*** Countries reporting the highest number of confirmed mpox cases in the last 6 weeks.*

Highlights

- This Situation report will now be published monthly.
- 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, there is a risk of sustained community transmission.
- In September 2025, 42 countries, across all WHO regions, reported a total of 3135 confirmed cases, including 12 deaths (case fatality ratio [CFR] 0.4%). More than 80% of these cases were reported in the African Region. Four regions (African Region, Eastern Mediterranean Region, Region of the Americas, and the Western Pacific) observed a declining trend in confirmed cases reported per month, while the European and South-East Asian regions observed an increase in cases in September 2025.
- Seventeen countries in Africa have experienced ongoing active transmission of mpox in the last six weeks (14 Sep – 19 Oct 2025), with 2862 confirmed cases, including 17 deaths (CFR 0.6%) reported during this period. Countries reporting the highest number of cases in this period are the Democratic Republic of the Congo, Liberia, Kenya and Ghana; with upward trends in Kenya and Liberia, sustained declining trends in the Democratic Republic of the Congo, and very early indications of a downward trend in Ghana.
- Since the last edition of this report, Malaysia, Namibia, the Netherlands, Portugal, and Spain have reported detection of clade Ib monkeypox virus (MPXV) for the first time.
- New imported cases of mpox due to clade Ib MPXV detected among travellers have been reported in Belgium, Canada, Germany, Italy, Qatar and Spain.
- Six countries outside Central and East Africa have reported clade Ib MPXV cases among individuals without travel links, indicating local circulation of the virus in Italy, Malaysia, the Netherlands, Portugal, Spain and the United States of America. In addition to countries in Africa, these countries are now also classified as experiencing community transmission of clade Ib MPXV.
- Since the last report, at least five cases of mpox due to clade Ib MPXV have been detected among individuals who self-identify as men who have sex with men. These cases provide the first evidence of previously undetected circulation, of this virus strain within this at-risk population, in which only clade IIb MPXV had been reported since 2022, and across different regions.
- In light of expanding community transmission of clade Ib MPXV and its detection among men who have sex with men, WHO currently assesses the public health risk as moderate for men who have sex with men and low for the general population in contexts outside historically endemic areas.

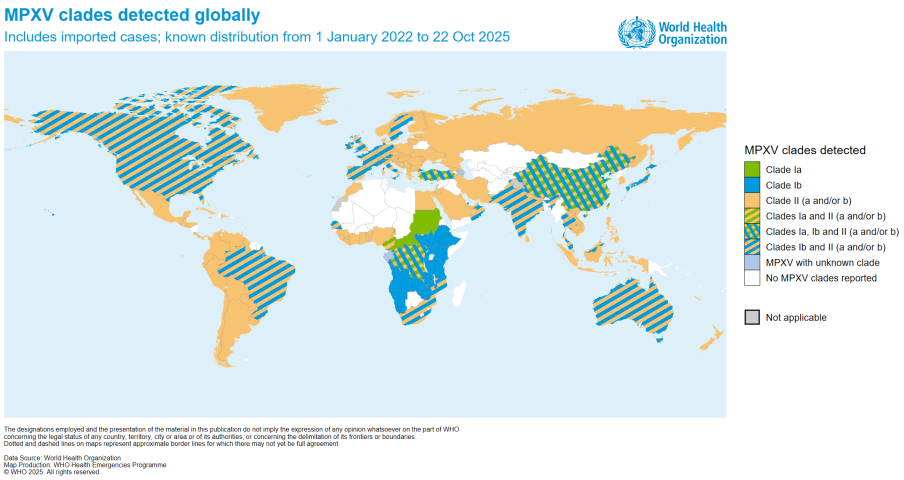
Epidemiological update

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 monkeypox virus (MPXV) distribution

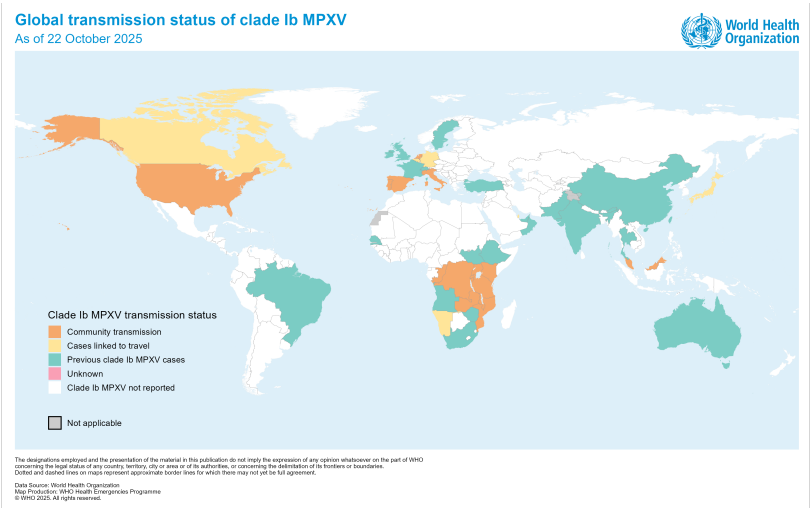
Since the last situation report, Malaysia, Namibia, the Netherlands, Portugal, and Spain have reported the detection of clade Ib MPXV for the first time (Figure 1). Detailed information on clade-specific transmission dynamics can be found in the situation report #53.

Figure 1. Geographic distribution of MPXV clades reported to WHO, by country, 1 January 2022 to 22 October 2025.[1]



Community transmission of clade Ib MPXV (Figure 2) has expanded to countries across three other WHO regions outside Central and East Africa: the European Region (Italy, the Netherlands, Portugal and Spain), the Region of the Americas (the United States of America), and the Western Pacific Region (Malaysia). More details on the expanded community transmission of clade Ib MPXV are in the section on local circulation of clade Ib MPXV outside Africa.

Figure 2. Clade Ib MPXV transmission status within the last six weeks, by country, as of 22 October 2025

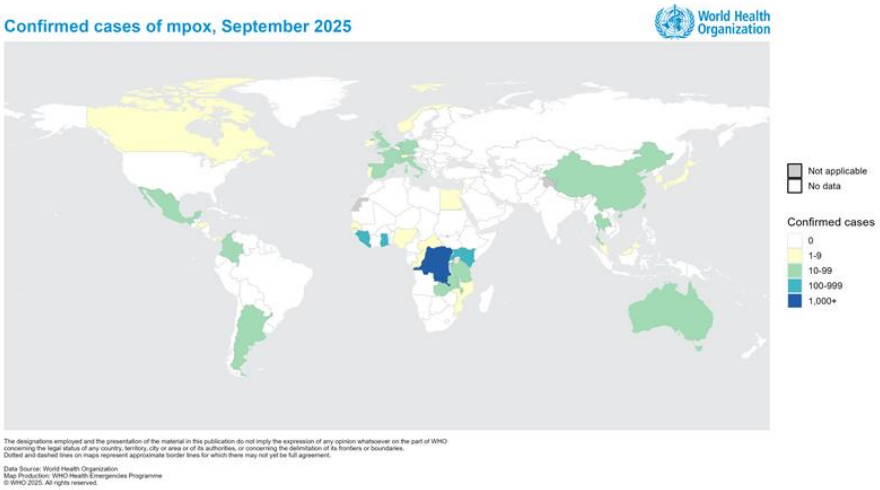


[1] The geographical distribution of MPXV clades shown is based on sequences from clinical samples of confirmed mpox cases. Sequences from wastewater and environmental samples are excluded from this analysis.

Global situation

Global surveillance data are updated monthly; the latest data available are as of 30 September 2025. In September 2025, 42 countries globally reported a total of 3135 confirmed cases (Figure 3), including 12 deaths (case fatality ratio [CFR] 0.4%)[2].

Figure 3. Distribution of mpox cases per country as reported to WHO, 1 – 30 September 2025

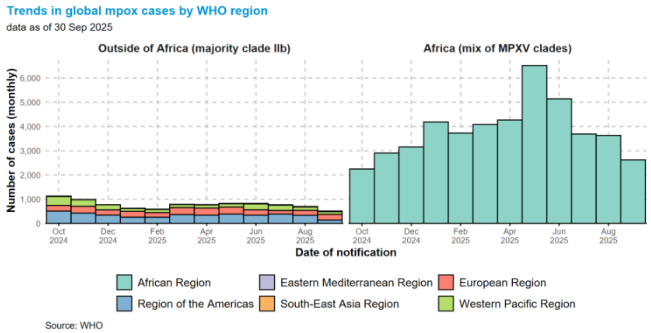


The countries with the highest number of cases in the last month are in the African Region (Figure 3) which reported 84% (2622 of 3135) of confirmed cases reported globally in September 2025. The regional trend of confirmed mpox cases continues to decrease following the peak in May 2025 (Figure 4). More details in the Africa section.

The regions reporting an increase in confirmed cases in September 2025 compared to August 2025 were the South-East Asian Region, (77%, 23 vs 13 confirmed cases), and the European Region (14%, 232 vs 203 confirmed cases).

The Region of the Americas and the Eastern Mediterranean, African, and Western Pacific regions reported a monthly decrease in cases for September 2025, compared to August 2025, of 58%, 43%, 28%, and 20% respectively.

Figure 4. Epidemic curve of the number of confirmed mpox cases reported to WHO, by month and by WHO region, 1 October 2024 – 30 September 2025



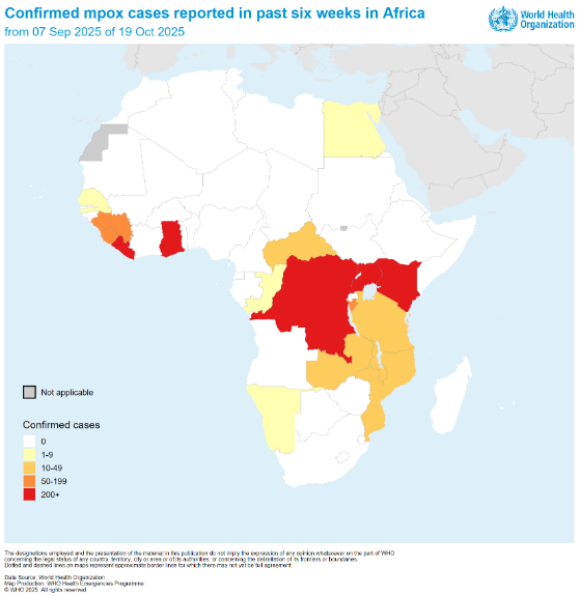
[2] The monthly reported data may be prone to delays and incompleteness and are therefore subject to retrospective adjustments over time as more data become available.

Situation in Africa

This section reports on data as of **19 October 2025**.

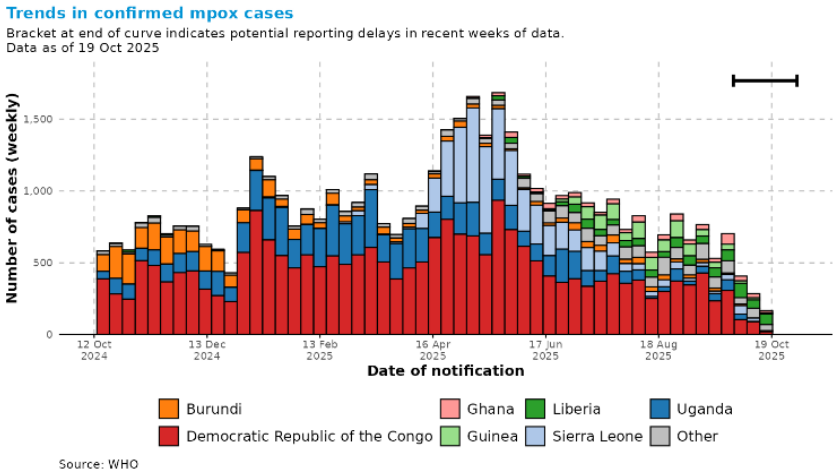
From 1 January to 19 October 2025, 27 countries in Africa reported 39 799 confirmed mpox cases, including 178 deaths (CFR 0.4%). Seventeen countries on the continent have reported ongoing active transmission of mpox in the last six weeks (Figure 5). Namibia is the latest country to report mpox for the first time, in October 2025.

Figure 5. Geographic distribution of confirmed mpox cases in the past six weeks, Africa, 7 September – 19 October 2025



Overall, confirmed cases reported continue 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, fewer than 500 new confirmed cases per week have been reported in recent weeks. This continental trend has largely been influenced by case counts reported in the Democratic Republic of the Congo and Liberia. In contrast, countries such as Sierra Leone, Burundi, and Uganda, previously accounting for a significant share of reported cases, continue to report 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, 12 October 2024 – 19 October 2025



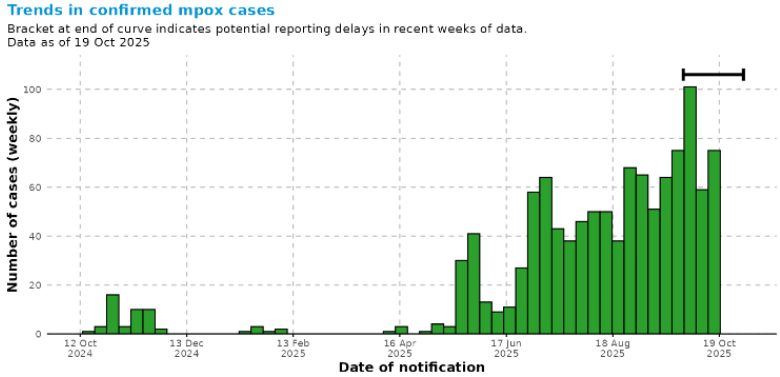
Focus on selected countries

Liberia

In 2025, a total of 1095 confirmed mpox cases, including six deaths (CFR – 0.5%) have been reported as of 19 October 2025. A smaller outbreak was reported in late 2024 and sporadic cases were reported in early 2025. In May 2025, there was a sharp increase in reported weekly confirmed cases, with over 70 confirmed cases still reported in the most recent week (Figure 7). 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 neighbouring Sierra Leone, with initial cases reported to have had high-risk exposure during a short stay in Sierra Leone before returning to Liberia and developing symptoms. 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, concentrated in and around the capital, Monrovia. Although limited information is available on transmission patterns and characteristics of the most affected groups, preliminary information suggests that epidemic dynamics are similar to other clade IIb MPXV outbreaks in the region, where sexual contact has been implicated as a major driver of spread.

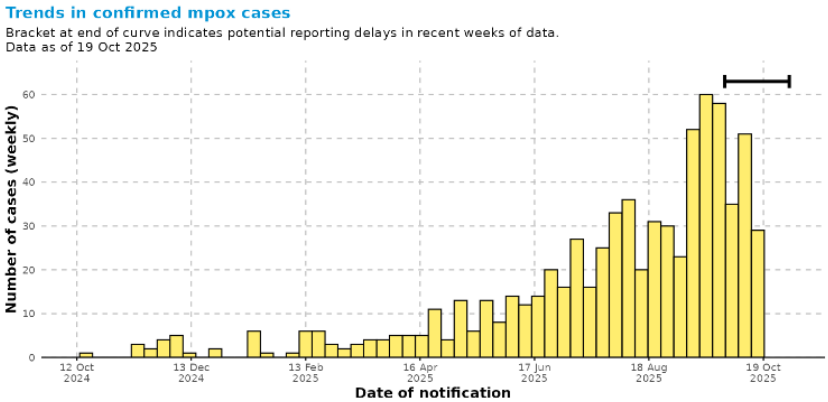
Figure 7. Confirmed mpox cases reported in Liberia, 12 October 2024 – 19 October 2025



Kenya

In 2025, Kenya has reported 708 confirmed cases, including nine deaths (CFR – 1.3%), as of 19 October 2025. To date, only clade Ib MPXV has been detected in the country. Kenya continues to experience community transmission and has been observing a gradual upward trend in confirmed cases reported throughout 2025, with a notable spike in weekly confirmed cases in early September (Figure 8).

Figure 8. Confirmed mpox cases reported in Kenya, 12 October 2024 – 19 October 2025



Cumulatively, cases have been reported in 66% (31 of 47) of counties in the country, up from the 12 counties along the major A104 transport corridor first reporting at the beginning of 2025. Most cases have been reported in Mombasa county, which accounts for 41% of all confirmed cases reported since the outbreak began, and most have been reported among young adults, with individuals aged 25 – 44 years old being the most affected. Although at this stage in the outbreak, information on transmission patterns and affected groups is somewhat limited, available information suggests that epidemic dynamics are similar to other clade Ib MPXV outbreaks in the region where sexual contact has been implicated as a major driver of spread.

In 2025, the country has reported nine deaths among confirmed mpox cases as of 19 October 2025. All these deaths have 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

One country, Namibia, has reported mpox for the first time since Edition 58 of the situation report. From 19 - 22 October 2025, the country announced confirmation of two mpox cases. The first confirmed case is an individual with links to a probable case who had a recent history of travel to the United Republic of Tanzania, and the second confirmed case is linked to the first confirmed case. Both patients have been reported to be in hospital isolation receiving treatment and were in stable condition at the time of reporting. Genomic sequencing analysis has revealed clade Ib MPXV. The country has activated the Incident Management System at national and subnational levels under the National Health Emergency Management Committee to coordinate preparedness and response efforts.

Countries reporting new importations of clade Ib MPXV

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

- **Belgium:** On 21 October 2025, Belgium notified WHO of a case of mpox due to clade Ib MPXV in an adult male traveler with a recent history of travel to Malaysia. This is the seventh case of mpox due to clade Ib MPXV reported in the country.
- **Canada:** On 23 September 2025, Canada notified WHO of a case of mpox due to clade Ib MPXV in an adult male traveler with a recent history of travel to Lebanon. This is the second case of mpox due to clade Ib MPXV reported in the country.
- **Germany:** From 29 September to 1 October 2025, Germany notified WHO of two cases of mpox due to clade Ib MPXV: an adult female traveler arriving from Uganda and an adult male traveler arriving from Angola. These detections brought the total number of cases of mpox due to clade Ib MPXV reported in the country to 14 cases.
- **Italy:** From 7 - 19 October 2025, Italy notified WHO of one case in an adult male traveler arriving from Kenya. The country has cumulatively reported four cases of mpox due to clade Ib MPXV.
- **Qatar:** On 21 October 2025, Qatar notified WHO of a case of mpox due to clade Ib MPXV in an adult male traveler with a recent history of travel to another country in the Middle East. This is the seventh case of mpox due to clade Ib MPXV reported in the country.
- **Spain:** From 23 September to 12 October 2025, Spain notified WHO of one case in an adult male traveler arriving from the United Republic of Tanzania. The country has cumulatively reported two cases of mpox due to clade Ib MPXV.

Local circulation of clade Ib MPXV outside Africa, including in networks of men who have sex with men

Since the lifting of the Public health emergency of international concern (PHEIC) for mpox on 5 September 2025, and as of 22 October 2025, 21 new confirmed cases of clade Ib MPXV have been reported across five WHO regions outside Africa. Of these, nine cases had no recent history of international travel or any epidemiological link to travelers, and at least five cases were confirmed among men who have sex with men. WHO classifies a country as having community transmission if at least one case reported during the last six weeks has no epidemiological link to travel or contact with a traveler from a country with known mpox transmission. Based on this classification, countries outside Africa now classified as experiencing community transmission of clade Ib MPXV include Italy, Malaysia, the Netherlands, Portugal, Spain, and the United States of America. This suggests an expansion in the epidemiology of clade Ib MPXV.

The recent detection of clade Ib MPXV in people without travel links in several countries and WHO regions suggests that undetected transmission of this strain has been ongoing independently in these settings. This transmission is likely linked to undetected and/or unreported mpox in travelers from affected areas, as well as asymptomatic or paucisymptomatic cases, leading to onward transmission, most likely through sexual contact. This hypothesis is further corroborated by the increasing number of cases of mpox due to clade Ib MPXV among men who have sex with men. This might suggest epidemic dynamics similar to the first phase of the global outbreak in 2022, when part of this population was rapidly affected.

It is likely that clade Ib MPXV will continue to spread and that community transmission will be established in more countries, primarily mediated by sexual contact in extended and linked sexual networks. In all settings and contexts, men who have sex with men who have multiple sexual partners are at risk of exposure to clade Ib MPXV and subsequent infection. Vaccination efforts in this population since 2022 have raised the level of immunity to mpox, in addition to immunity conferred by prior infection during the ongoing global clade IIb MPXV outbreak. However, since the peak of vaccination activities in late 2022, new cohorts of young individuals have entered the sexually active population, and are more likely to be immunologically naïve, since they are less likely to have had mpox previously or to have been reached during vaccination efforts. Furthermore, emerging evidence of waning humoral immunity in vaccinated individuals, and uncertainty around correlates of protection against infection, constrain confidence that those vaccinated in 2022 and 2023 continue to enjoy the full benefit of immune protection conferred by vaccination.

When timely and good quality care is available, mpox generally causes mild disease characterized by systemic symptoms and topical skin and/or mucosal lesions. Morbidity may increase due to secondary bacterial infections, both local and systemic. In most settings, the mpox case fatality ratio is below 1%. Risk factors for severe disease and death include immunosuppression due to different reasons, such as untreated or uncontrolled HIV infection, younger age (under five years old) and pregnancy. In recent years, people living with uncontrolled HIV have experienced the highest burden of mpox-related mortality. In African countries, deaths have also occurred among young children, pregnant women and their unborn or newborn infants, and individuals with other immunocompromising conditions. All cases reported here are reported to be clinically stable, in isolation, and their identified contacts are under monitoring. The clinical risk for them and their contacts is low if they are not immunocompromised. Moreover, acquired immunity among men who have sex with men, either through natural infection and/or pre-exposure vaccination where it was or is still available, reduces the risk of severe disease and death due to mpox.

The evidence from the global outbreak, as well as the multiple importations of clade Ib MPXV in the last year, suggest that independent of clade, transmission of mpox outside sexual networks is more limited. Evidence of sustained community transmission of the virus in absence of sexual contact is currently lacking. While overall surveillance data indicate sufficient capacities in most of the currently affected countries to detect and respond effectively to mpox outbreaks, thorough epidemiological investigation and contact tracing remain important yet challenging. Confirmed cases may be reluctant to disclose their exposure history and/or their close contacts, particularly sexual contacts who might have been exposed, increasing the risk of undetected onward transmission. The prompt isolation of identified cases, the identification and monitoring of reported contacts, as well as the administration of postexposure vaccination to at-risk contacts reduce the immediate risk of widespread transmission. However, if not all contacts since symptom onset were reported, identified, traced and

followed up, there remains a risk that clade Ib MPXV will continue to spread in the affected countries, as well as spread to other countries around the world. In low-income settings, most notably in Africa, there are new vulnerabilities arising due to cuts in funding of HIV programmes and services - particularly with respect to testing and prevention. Thus, undiagnosed/untreated HIV infections are likely to increase and as many sexually transmitted infections (STI) services, including those linked to pre-exposure prevention (PrEP) programmes, have been deprioritized, the incidence of other STI is likely to increase as well. WHO addresses this issue in new guidance on sustaining priority services for HIV, viral hepatitis and sexually transmitted infections in a changing funding landscape.

In light of these recent developments, WHO assesses the public health risk posed by clade Ib MPXV to the general population as low, and to men who have sex with men as moderate. The latter is justified by the higher risk of exposure and infection in this population, and the higher prevalence of uncontrolled HIV infection compared to the general population. The higher risk of infection is likely in part mitigated by the residual protective benefit of previous natural infection and/or vaccination, albeit with emerging risks associated with younger cohorts of immunologically naïve individuals and possibly waning immunity in vaccinated individuals.

Every mpox outbreak or new case in a previously unaffected setting should be assessed within the local context to understand the epidemiology, transmission patterns, risk factors for severe disease, viral reservoir and evolution, and relevance of strategic approaches and countermeasures for prevention and control. Regardless of geographic area, epidemiological context, gender identity or sexual behaviour, an individual's risk largely depends on factors such as exposure risk and immune status. Experience gained during the ongoing global clade IIb MPXV outbreak since 2022 and in response to the upsurge of cases in Africa since 2023 shows the critical role of engaging with communities at risk, ensuring robust risk communication, and identifying alternative strategies to slow transmission. These include confidential or anonymous partner notification and working with venues and event organizers to raise awareness of the risk posed by community transmission of clade Ib MPXV in their settings. Continuing integration of HIV/STI and mpox health care services is essential in all settings, including offering vaccination to those at risk.

WHO continues to work closely with Member States and partners to strengthen preparedness and response efforts, including enhancing emergency coordination, collaborative surveillance, community protection, safe and scalable care, access to confirmatory testing and availability of vaccines for affected communities.

Global operational updates

In line with the health emergency prevention, preparedness, response and resilience (HEPR) framework, the Strategic Framework for enhancing prevention and control of mpox (2024-2027) and the WHO Global Strategic Preparedness and Response Plan (SPRP), WHO is responding to the global mpox outbreak by focusing on strengthening five core components—the **5Cs**: emergency **C**oordination, **C**ollaborative surveillance, **C**ommunity protection, safe and scalable **C**are, and access to and delivery of **C**ountermeasures —underpinned by ongoing research collaborations to generate data and inform development of and effectiveness of interventions.

This section provides updates on the WHO global mpox response **as of 24 October 2025.**

1. **Emergency coordination**

- 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 24 October 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**

- Community protection coordinates across multiple technical areas including risk communication and community engagement (RCCE), infodemic management, and community-based infection prevention and control (IPC) and Water, Sanitation, and Hygiene (WASH). 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.
- Rapid assessments for community protection being conducted in Tshopo province, the Democratic Republic of the Congo, have concluded field work and preliminary findings have been shared with local communities who participated. This work aimed to generate data and analytics regarding community perceptions, needs, concerns, assets and solutions to inform response actions. Co-developed recommendations are being finalized for implementation.
- Rapid assessments for community protection are being conducted in Liberia. Field teams have received training and data collection has begun.
- Guidance on safe and supportive care in community care centers for individuals with mild mpox in camps for internally displaced persons or refugees has been published. This guidance outlines practical approaches for providing safe and supportive care to individuals with mild and uncomplicated mpox in community care centers established within camps for internally displaced persons (IDPs) and refugees, as well as other overcrowded or resource-limited settings where home-based care is not feasible. It consolidates IPC, WASH and RCCE principles to ensure care is delivered safely, equitably and with dignity.

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 can be used to understand the clinical characteristics of the epidemic in Africa, particularly in the Democratic Republic of the Congo, Sierra Leone, Uganda and Zambia.
- Three new clinical mpox posters published;
    - Supplementary information for Mpox clinical management poster series: fluid management
    - Supplementary information for Mpox clinical management poster series: eye involvement
    - Supplementary information for Mpox clinical management poster series: pain management

5. Access to and delivery of countermeasures

Access and Allocation Mechanism (AAM) and mpox vaccine delivery

Vaccines

- WHO continues to provide guidance and technical support to countries on mpox vaccination strategies, with a focus on geographic areas with new cases, and in those, people at 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 six allocation rounds have been delivered, and an additional 150 000 doses have been allocated in a seventh round, to Kenya, Liberia and Uganda.
- Mpox vaccination activities have started in 13 countries with MVA-BN vaccine (Angola, Côte d'Ivoire, the Central African Republic, Democratic Republic of the Congo, Ghana, Kenya, Liberia, Malawi, 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 1.16 million MVA-BN vaccine doses have been administered in these 13 countries.
- More than 684 000 doses of MVA-BN and 118 000 doses of LC16 have been administered in the Democratic Republic of the Congo, which accounts for more than 61% of people vaccinated in African countries. Other countries that recently reported mpox are developing national mpox vaccination plans and are encouraged to consider dose-sparing options of the MVA-BN vaccine. Additional doses have been donated and procured; 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

- One additional MPXV nucleic acid test has been granted Emergency Use Listing (EUL): Monkeypox Virus Real-Time PCR Diagnostic Kit manufactured by HA TECH PTY LTD. As of 24 October 2025, 72 diagnostics manufacturers have contacted WHO for information on Emergency Use Listing (EUL) of MPXV nucleic acid amplification tests (NAAT) and WHO has held pre-submission calls with 43 manufacturers. Among the 16 NAAT assay dossiers submitted by the 14 manufacturers, nine products are listed for EUL, four products are being assessed and public reports for seven 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
- WHO Rapid Risk Assessment - Mpox, Global v.5, 13 October 2025. https://www.who.int/publications/m/item/who-rapid-risk-assessment---mpox--global-v.5

Laboratory and diagnostics

- Diagnostic testing and testing strategies for mpox: interim guidance, 12 November 2024 https://www.who.int/publications/i/item/B09166
- 9 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, including WHO Position paper on mpox vaccines and WHO interim guidance, among other resources to support countries 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
- 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
  http://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/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.