Mpox

Multi-country external situation report no. 60 published 8 December 2025

KEY FIGURES			
Area	**Number of reported confirmed cases**	**Number of deaths among confirmed cases**	**Number of reporting countries**
Global (1 Jan – 31 Oct 2025)*	**47 980**	**201**	**94**
Key countries in Africa (19 Oct – 23 Nov 2025)**			
Democratic Republic of the Congo	**584**	**0**	**-**
Liberia	**332**	**2**	**-**
Ghana	**157**	**0**	**-**
Kenya	**153**	**3**	**-**
Uganda	**140**	**1**	**-**

** Most recent global surveillance data available.*

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

Highlights

- 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 October 2025, 44 countries, across all WHO regions, reported a total of 2501 new confirmed mpox cases, including 12 deaths (case fatality ratio [CFR] 0.5%). About 75% of these cases were reported in the African Region. All regions, apart from the South-East Asia Region observed a decline in confirmed cases in October, compared to September 2025.
- Twenty-one countries in Africa have reported active transmission of mpox in the last six weeks (12 October – 23 November 2025), with 1734 confirmed cases, including 10 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, Ghana, Kenya and Uganda; with all of them showing a downward trend in cases in recent weeks.
- One country, Mali, has reported mpox for the first time. The case reported a recent history of travel to Guinea. Genomic sequencing analysis is ongoing to determine the MPXV clade.
- Greece has reported detection of clade Ib MPXV for the first time.
- New imported cases of mpox due to clade Ib MPXV detected among travellers have been reported in Belgium, Germany, Greece, and the United Kingdom of Great Britain and Northern Ireland.
- Since the last report, at least 15 cases of mpox due to clade Ib MPXV have been detected among individuals who self-identify as men who have sex with men.
- Outside Africa, local transmission of clade Ib MPXV has been occurring in Italy, the Netherlands, Portugal and Spain, the United States of America and Malaysia.

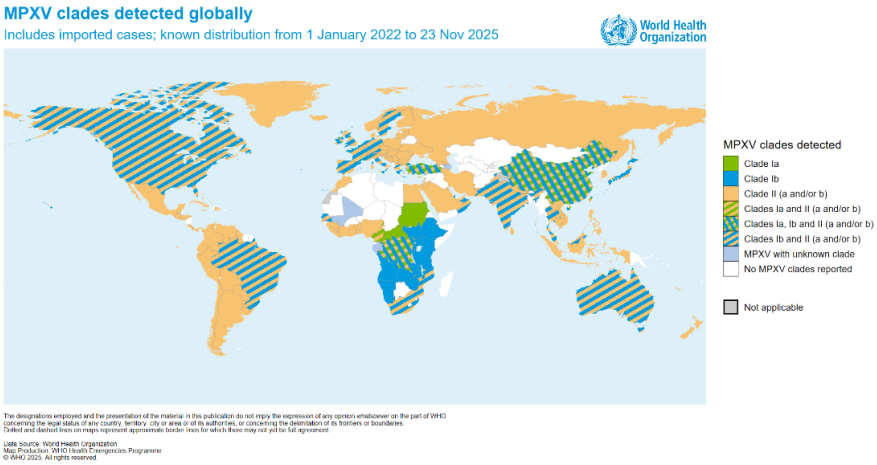
Epidemiological update

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

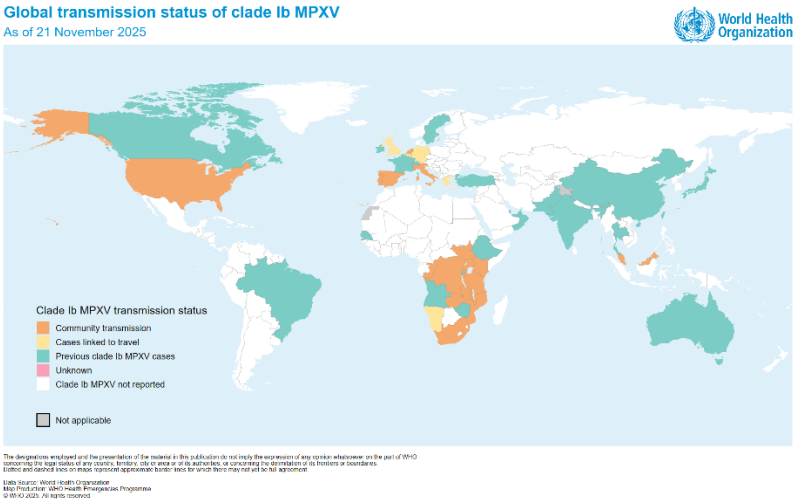
Since the last situation report, Mali has reported its first case of mpox, clade to be determined (detailed description below), and Greece has reported the detection of clade Ib MPXV for the first time (Figure 1). Detailed information on clade-specific transmission dynamics can be found in the situation report #53.

Figure 1. Geographic distribution of MPXV clades reported to WHO, by country, 1 January 2022 to 23 November 2025.[1]



Community transmission of clade Ib MPXV (Figure 2) continues to be reported 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). Although no additional countries have reported community transmission since the last edition of this report, additional cases without a recent history of travel have been reported in some of these countries in which community transmission has been reported for the first time: the Netherlands (eight cases) and Spain (five cases).

Figure 2. Clade Ib MPXV transmission status within the last six weeks, by country, as of 21 November 2025

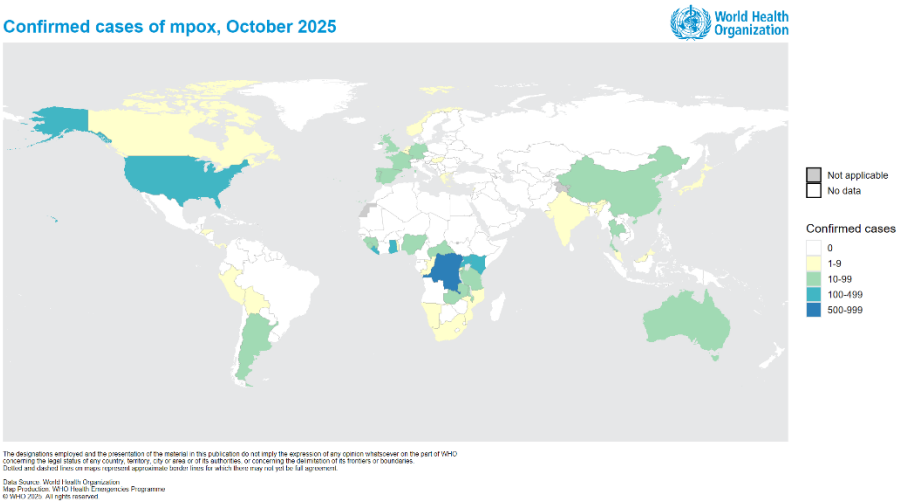


[1] The geographical distribution of MPXV clades shown is based on sequences from clinical samples of confirmed mpox cases. Sequences from wastewater and environmental samples are excluded from this analysis.

Global situation

Global surveillance data are updated monthly; the latest data available are as of 31 October 2025. In October 2025, 44 countries globally reported a total of 2501 new confirmed cases (Figure 3), including 12 deaths (case fatality ratio [CFR] 0.5%)[2].

Figure 3. Geographic distribution of mpox cases per country as reported to WHO, 1 – 31 October 2025

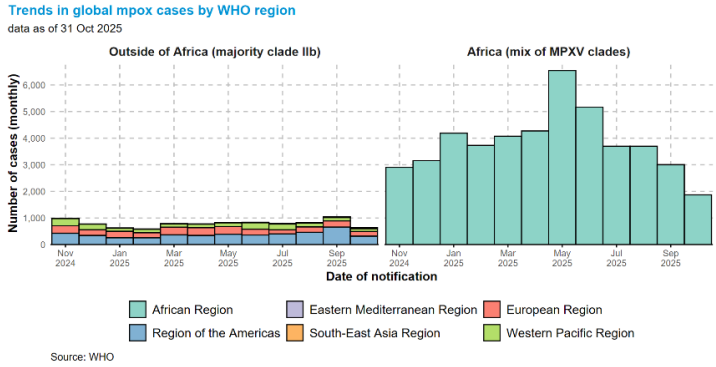


The countries with the highest number of cases in the last month are in the African Region (Figure 3) which reported 75% (1868 of 2501) of confirmed cases reported globally in October 2025. The regional trend of confirmed mpox cases continues to decrease following the peak in May 2025 (Figure 4). More details can be found in the Africa section.

The only region reporting an increase in confirmed cases in October 2025 compared to September 2025 was the South-East Asia Region (57%, 36 vs 23 confirmed cases).

The Region of the Americas, the Eastern Mediterranean, African, European, and Western Pacific regions reported a monthly decrease in cases for October 2025, compared to September 2025, of 52%, 50%, 38%, 25%, and 19% respectively.

Figure 4. Epidemic curve of the number of confirmed mpox cases reported to WHO, by month and by WHO region, 1 November 2024 – 31 October 2025



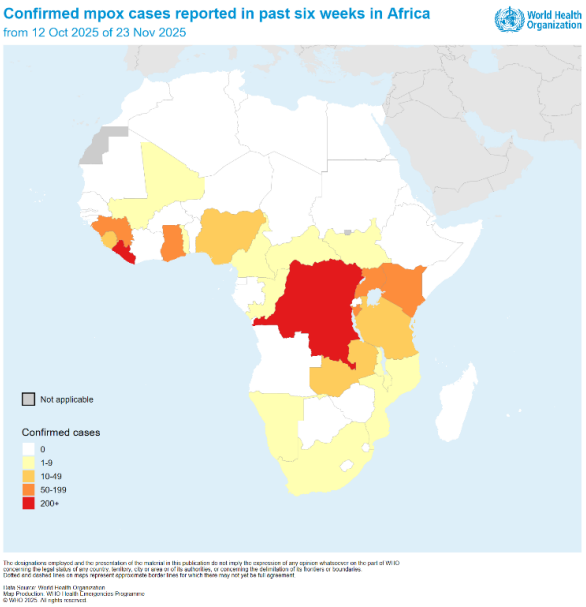
[2] The monthly reported data may be prone to delays and incompleteness and are therefore subject to retrospective adjustments over time as more data become available.

Situation in Africa

This section reports on data as of **23 November 2025**.

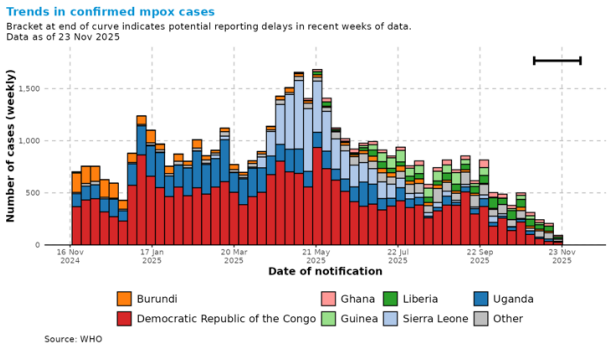
From 1 January to 23 November 2025, 28 countries in Africa reported 42 147 confirmed mpox cases, including 192 deaths (CFR 0.5%). Twenty-one countries on the continent have reported active transmission of mpox in the last six weeks (Figure 5), with 1734 confirmed cases, including 10 deaths (CFR 0.6%) reported during this period. Mali is the latest country to report mpox for the first time, in November 2025. Countries reporting the highest number of confirmed cases over the last six weeks are the Democratic Republic of the Congo, Liberia, Ghana, Kenya and Uganda; with all showing a downward trend in cases in recent weeks.

Figure 5. Geographic distribution of confirmed mpox cases in the past six weeks, Africa, 12 October – 23 November 2025



Overall, weekly 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 the last four weeks. This continental trend has mostly been influenced by the decrease in case counts reported in the Democratic Republic of the Congo, Liberia, and Ghana. Other countries showing consistent downward trends and a low level of transmission are Burundi, and Uganda. Sierra Leone has not reported any confirmed case in the last four weeks of data available, indicating early signs of outbreak containment. 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, 16 November 2024 – 23 November 2025



Focus on selected countries

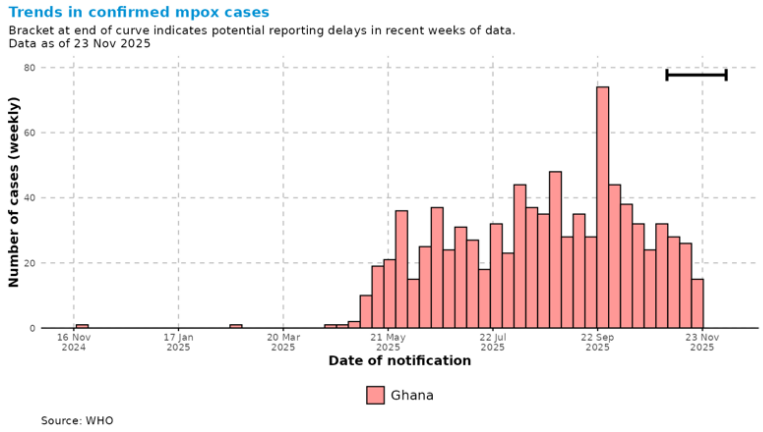
Ghana

In 2025, as of 23 November 2025, Ghana has reported a total of 891 confirmed mpox cases, including three deaths (CFR 0.3%). While sporadic confirmed cases were detected in late 2024 and early 2025, a large outbreak began in May 2025, with persistent weekly case reporting throughout the subsequent months (Figure 7). Although weekly incidence has fluctuated, Ghana continues to report several dozen confirmed cases per week, with a recent peak of nearly 80 weekly cases observed in late September 2025. Genomic sequencing has so far confirmed only clade IIb MPXV as the circulating strain.

The most affected areas include Western, Greater Accra, Ashanti, Bono East, and Volta regions. Cases have been confirmed in all 16 regions, with at least 112 districts affected, reflecting widespread geographic transmission. Newly affected districts include Adansi–Asokwa and Agotime–Ziope.

Although detailed transmission-chain investigations remain limited, the overall epidemic pattern appears consistent with other clade IIb MPXV outbreaks reported in the West African region, where sexual contact likely contributes to the sustained transmission currently observed. Vaccination activities are ongoing, with more than 17 000 doses administered in Western Region, including targeted rollout in key populations.

Figure 7. Confirmed mpox cases reported in Ghana, 16 November 2024 – 23 November 2025



Guinea

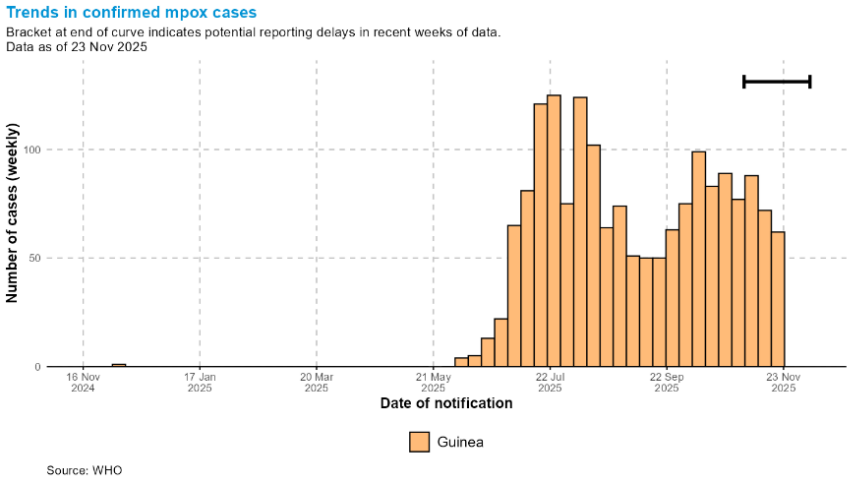
In 2025, as of 23 November 2025, Guinea has reported 1736 confirmed mpox cases, including six deaths (CFR 0.3%). While only sporadic confirmed cases were detected in late 2024, a marked increase and sustained transmission began in June 2025, followed by a rapid acceleration in July. Weekly confirmed cases peaked at over 110 cases per week between August and September, before declining in October and remaining at lower levels in recent weeks (Figure 8). Genomic sequencing has confirmed only clade IIb MPXV as the circulating strain to date.

Transmission remains geographically widespread, with 18 of the country's 38 health districts (46%) reporting at least one confirmed case. A newly affected district, Boffa, began reporting cases in mid-November. The most affected districts continue to be the urban communes of Ratoma and Matoto in Conakry. Cases predominantly affect young adults, particularly those aged 20–39 years, with more cases among males than females.

Although detailed analyses of transmission routes are limited, the epidemiological profile and rapid growth observed in mid-2025 are consistent with patterns documented in other clade IIb MPXV outbreaks in West Africa.

Guinea has recently validated its national mpox vaccination plan, and vaccination of high-risk groups is expected to begin soon.

Figure 8. Confirmed mpox cases reported in Guinea, 16 November 2024 – 23 November 2025



Countries reporting mpox for the first time

One country, Mali, has reported mpox for the first time since Edition 59 of the situation report. On 22 November 2025, the Minister of Health of Mali reported a confirmed mpox case from Koulikoro region. The case is an adult male, who reported travel history to Guinea, where he was most likely exposed. Genomic sequencing analysis to determine the clade is underway. Public health authorities are conducting case investigations and contact tracing and have initiated public health measures.

Countries reporting clade Ib MPXV for the first time

One country, Greece, has reported mpox due to clade Ib MPXV for the first time since the last situation report. On 29 October 2025, the country notified WHO of the detection of its first case of mpox due to clade Ib MPXV, an adult male who reported a recent history of travel to the Middle East. Case investigation, contact tracing, and other public health response measures are underway.

Countries reporting new importations of clade Ib MPXV

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

- **Belgium:** On 21 November 2025, Belgium notified WHO of a case of mpox due to clade Ib MPXV in an adult male with a history of recent travel to the Netherlands. This is the eighth case of mpox due to clade Ib MPXV reported in the country.
- **Germany:** On 5 November 2025, Germany notified WHO of one case of mpox due to clade Ib MPXV in an adult male with recent travel to Viet Nam. This brought the total number of cases of mpox due to clade Ib MPXV to 15 cases.
- **Greece:** On 29 October 2025, Greece notified WHO of one case of mpox due to clade Ib MPXV in an adult male who reported recent travel to the WHO Eastern Mediterranean Region. This is the first case of mpox due to clade Ib MPXV that the country has reported to WHO.
- **United Kingdom of Great Britain and Northern Ireland:** Since the last situation report, the United Kingdom has notified WHO of three cases of mpox due to clade Ib MPXV, all in adult males, with recent history of travel to countries within the WHO European, African and South-East Asia Regions.

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

Since the lifting of the second public health emergency of international concern (PHEIC) for mpox on 5 September 2025, and as of 24 November 2025, 43 new confirmed cases of mpox due to clade Ib MPXV have been reported across six WHO regions outside areas where sustained community transmission of this virus strain has been occurring (Table 1). In four of these regions (Region of the Americas, South-East Asia Region, European Region and the Western Pacific Region), 24 cases had reported no recent international travel, suggesting local transmission. Based on this, Italy, Malaysia, the Netherlands, Portugal, Spain, and the United States of America are now considered to be experiencing community transmission of clade Ib MPXV. In addition, travel-related cases continue to be reported in many countries (Figure 2).

Among the 43 cases, half (22) were documented among men who have sex with men (Table 1), while other cases were linked to travel to countries with known community transmission of clade Ib MPXV, or secondary to travel-related cases (household contacts and/or sexual partners).

Table 1. Summary of mpox due to clade Ib MPXV, by country, 5 September to 24 November 2025.

WHO Region	Country	Confirmed Clade Ib MPXV cases	Cases among men who have sex with men	Transmission status
Africa	Namibia	2*	0	Cases linked to household transmission
Americas	Canada	1	0	Case linked to travel
	United States	3	3	Community transmission
South-East Asia	Thailand	5	3	Cases linked to travel
Eastern Mediterranean	Qatar	2	0	Case linked to travel
European	Belgium	1	1	Cases linked to travel
	France	1	0	Case linked to travel
	Germany	3	0	Cases linked to travel
	Greece	1	0	Case linked to travel
	Ireland	2	0	Cases linked to household transmission and healthcare
	Italy	2	0	Community transmission
	Netherlands	9	8	Community transmission
	Portugal	1	0	Community transmission
	Spain	6**	6	Community transmission
	United Kingdom	1	0	Cases linked to travel
Western Pacific	Australia	1	0	Case linked to travel
	Japan	1	0	Case linked to travel
	Malaysia	1	1	Community transmission
Total		43	22	-

One additional case is not yet confirmed; therefore, it is not included in the table.
****Two additional cases of mpox due to clade I MPXV among MSM, with no recent travel, did not have subclade information available***

WHO assesses the public health risk posed by clade Ib MPXV as moderate for men who have sex with men with new and/or multiple partners, and the risk to the general population as low.

For a detailed report on recent epidemiological developments, response activities, and the associated global public health risk, please refer to the Disease Outbreak News: Broader transmission of mpox due to clade Ib MPXV – Global situation.

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 November 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 November 2025, 17 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, including evaluation of emerging data on the performance of rapid antigen tests for mpox.
- WHO is constituting a Guideline Development Group for mpox diagnostics and testing strategies, and has published a public notice open for comments until 3 December 2025.

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 generated critical data and analytics regarding community perceptions, needs, concerns, assets and solutions to inform response actions. Recommendations co-developed with communities and the response are now moving into implementation to support a community-centered, integrated public health response.
- Rapid assessments for community protection being conducted in Liberia have concluded field work. This work provides data and evidence to strengthen mpox public health interventions tailored to communities' perceptions, needs, lived experiences and solutions. Preliminary findings will be shared with the response for validation, followed by structured community feedback sessions to co-develop recommendations.
- WHO held the fourth and final community of practice call, engaging Member States, operational partners, civil society organizations and academia to discuss the application of social and behavioral evidence in the mpox response.

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.

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 allocated in the first six allocation rounds have been delivered. From an additional 150 000 doses allocated in the seventh round, 110 000 have been delivered to Uganda, with doses allocated to Kenya and Liberia scheduled for delivery (9 December and 10 December 2025).
- Mpox vaccination activities have started in 14 countries with MVA-BN vaccine (Angola, Côte d'Ivoire, the Central African Republic, Democratic Republic of the Congo, Ghana, Kenya, Liberia, Malawi, Mozambique, Nigeria, Rwanda, Sierra Leone, South Africa and Uganda). Most of them are implementing a single-dose strategy of MVA-BN targeting population groups at high risk of exposure. More than 1.2 million MVA-BN vaccine doses have been administered in these countries.
- More than 1 462 000 doses (687 016 of MVA-BN and 775 862 doses of LC16) have been administered in the Democratic Republic of the Congo, accounting for more than 73% 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

- On 30 October 2025, another MPXV nucleic acid test was granted Emergency Use Listing (EUL) by WHO: Cowingene Monkeypox Virus Typing Detection Kit by Taizhou Cowingene Biotech Co.
- As of 26 November 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, eleven products are listed for EUL, two products are being assessed, three products are going through EUL renewals and public reports for eight 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
- ADD recent risk assessments here
- WHO Rapid Risk Assessment - Mpox, Global v.5. 13 October 2025. Available at: https://www.who.int/publications/m/item/who-rapid-risk-assessment---mpox--global-v.5

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

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, French: 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.