Mpox

Multi-country external situation report no. 62, published 23 January 2026

KEY FIGURES			
Area	**Number of reported confirmed cases**	**Number of deaths among confirmed cases**	**Number of reporting countries**
Global (1 Jan – 31 Dec 2025)*	**52 845**	**215**	**98**
Key countries in Africa (8 Dec 2025 – 18 Jan 2026)**			
Democratic Republic of the Congo	**318**	**0**	**-**
Guinea	**216**	**0**	**-**
Madagascar	**94**	**0**	**-**
Liberia	**86**	**2**	**-**
Ghana	**55**	**3**	**-**

** Most recent global surveillance data available.*

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

Highlights

- All clades of monkeypox virus (MPXV) continue to circulate. Unless mpox outbreaks are rapidly contained and human-to-human transmission is interrupted, there is a risk of sustained community transmission.
- At the time of reporting, data from the WHO European Region for December 2025 had not yet been submitted; therefore, the information presented below does not include the European Region.
- In December 2025, 31 countries across five WHO regions (European Region excluded) reported a total of 1040 new confirmed mpox cases, including six deaths (case fatality ratio [CFR] 0.6%). Of these cases, 78% were reported in the African Region. Four regions observed a decline in confirmed cases in December, compared to November 2025, while the Eastern Mediterranean Region reported more cases than the previous month.
- Fifteen countries in Africa reported active transmission of mpox in the last six weeks (7 December 2025 – 18 January 2026), with 871 confirmed cases, including five deaths (CFR 0.6%). Countries reporting the highest number of cases in this period are the Democratic Republic of the Congo, Guinea, Madagascar, Liberia and Ghana.
- Four countries, Czechia, Israel, Madagascar and Nepal, and the territory of Mayotte, France, have reported mpox due to clade Ib MPXV for the first time.
- Outside Africa, community transmission of clade Ib MPXV continues to be reported in France, Italy and Spain. Investigations are ongoing for the case reported in Czechia.
- Madagascar is reporting an active mpox outbreak, which began in early December 2025 among individuals without recent travel and quickly expanded across the country, which currently is experiencing community transmission of clade Ib MPXV.
- WHO published ‘Analytical considerations for genomic surveillance of mpox virus’, outlining key considerations for implementing MPXV genomic surveillance, bringing together available evidence and expert input to support the use of pathogen genomics in public health surveillance and response.
- The report also includes a phylogenetic analysis of MPXV sequences shared on open-source platforms, highlighting the main genetically distinct strains detected in each country since 2022.
- WHO published the mpox global donor report on 21 January 2026, summarizing donor contributions and funding allocations during the PHEIC period of the mpox response (August 2024– September 2025) across key response priorities
- On 22 January 2026, the Africa Centres for Disease Control and Prevention lifted the declaration of a Public Health Emergency of Continental Security for mpox.

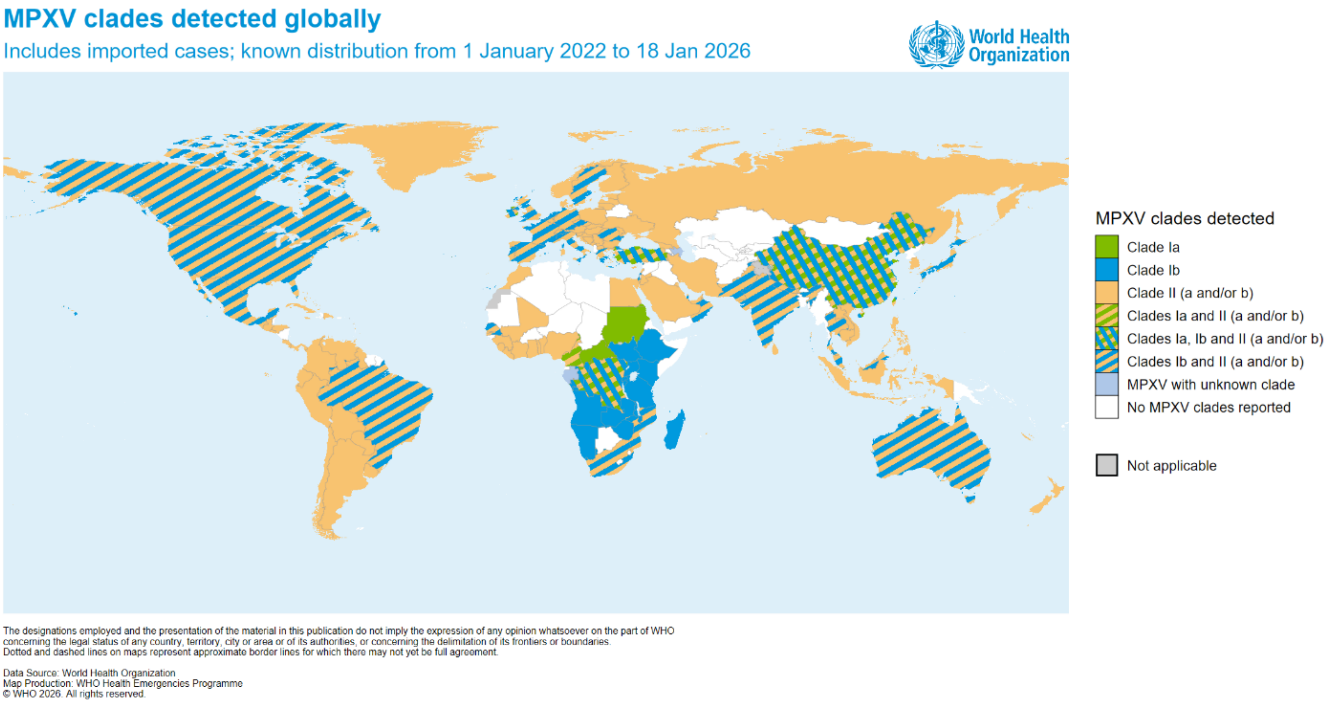
Epidemiological update

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 and as of 18 January 2026, four countries, Czechia, Israel, Madagascar and Nepal, and one territory, Mayotte (overseas Department of France), have reported mpox due to clade Ib MPXV for the first time (Figure 1). For Madagascar and Czechia, this is the first time they have reported mpox cases. 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 18 January 2026.[1]

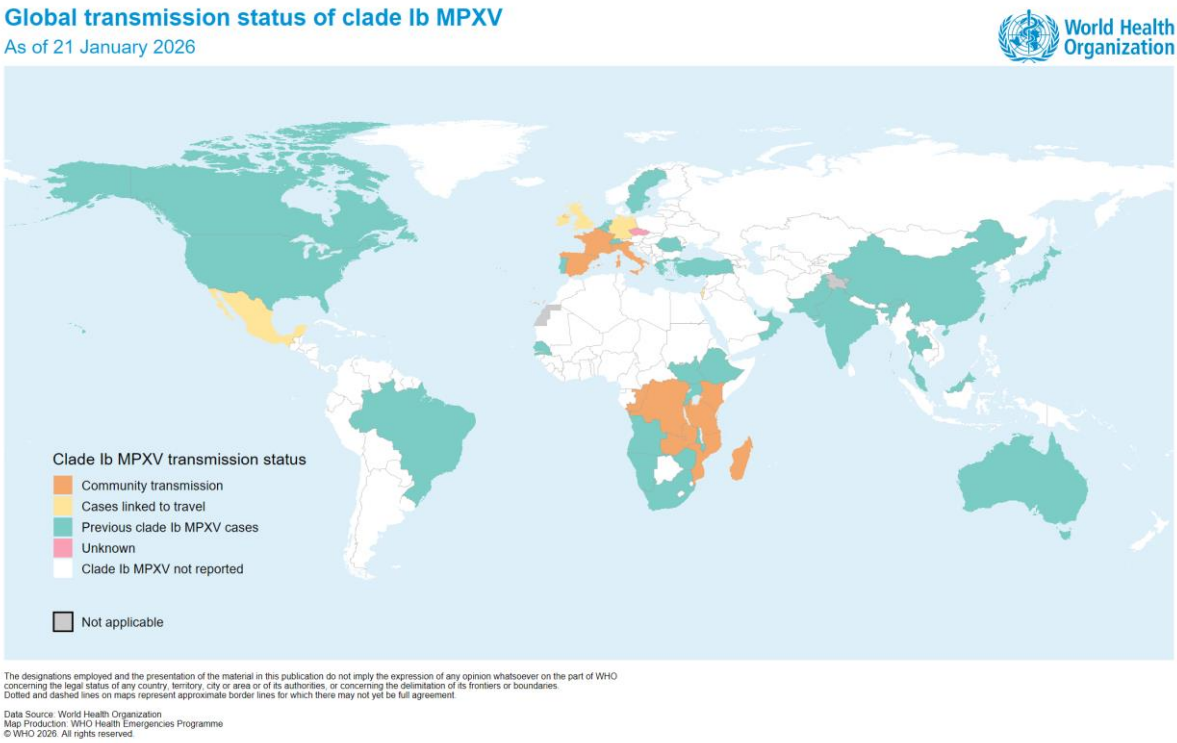


**one case of mpox due to recombinant clade Ib/IIb MPXV has been reported in the United Kingdom, and currently, this strain is not presented in the map.*

Reporting of community transmission of clade Ib MPXV outside Central and East Africa (Figure 2) continues in the WHO European Region, in France, Italy and Spain, while investigations are ongoing to better understand the source of infection for the case reported in Czechia. Since the last edition of this report, two additional countries, France and Madagascar, have reported community transmission of clade Ib MPXV. France has reported one case of mpox due to clade Ib MPXV in an individual without recent travel history. More details about the outbreak in Madagascar are provided in the dedicated section below. Case investigations are still underway to identify the source of infection for the case reported in Czechia.

[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.

Figure 2. Clade Ib MPXV transmission status within the last six weeks, by country, as of 21 January 2026[2]



Global situation

Global surveillance data are updated monthly; data presented here are as of **31 December 2025**.

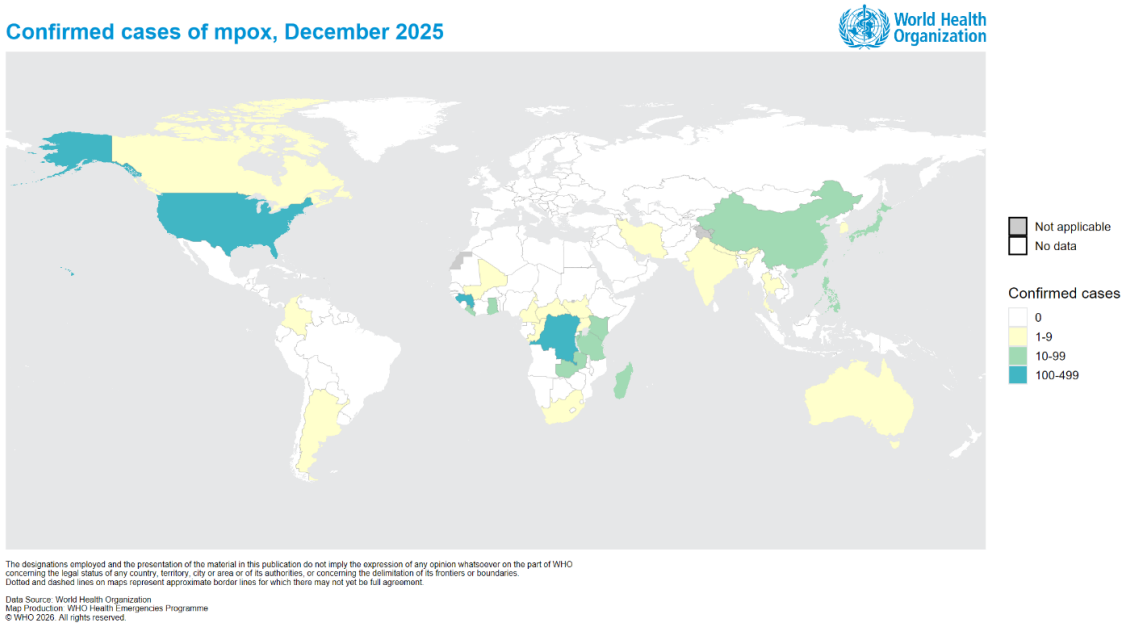
As of the time of reporting, the WHO European Region had not yet submitted data for December 2025; therefore, the information presented below does not include the European Region.

In December 2025, 31 countries reported 1040 confirmed cases (Figure 3), including six deaths (case fatality ratio [CFR] 0.6%)[3].

The countries with the highest number of confirmed cases in the last month are in the African Region (Figure 3), which reported 78% (809 of 1040) of confirmed cases in December 2025. The downward trend in confirmed mpox cases in the WHO African Region continues, following the peak in May 2025 (Figure 4). More details can be found in the Africa section.

[2] Date when the latest case of mpox due to clade Ib MPXV, prior to the publication of this report, was reported to WHO.
[3] 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.

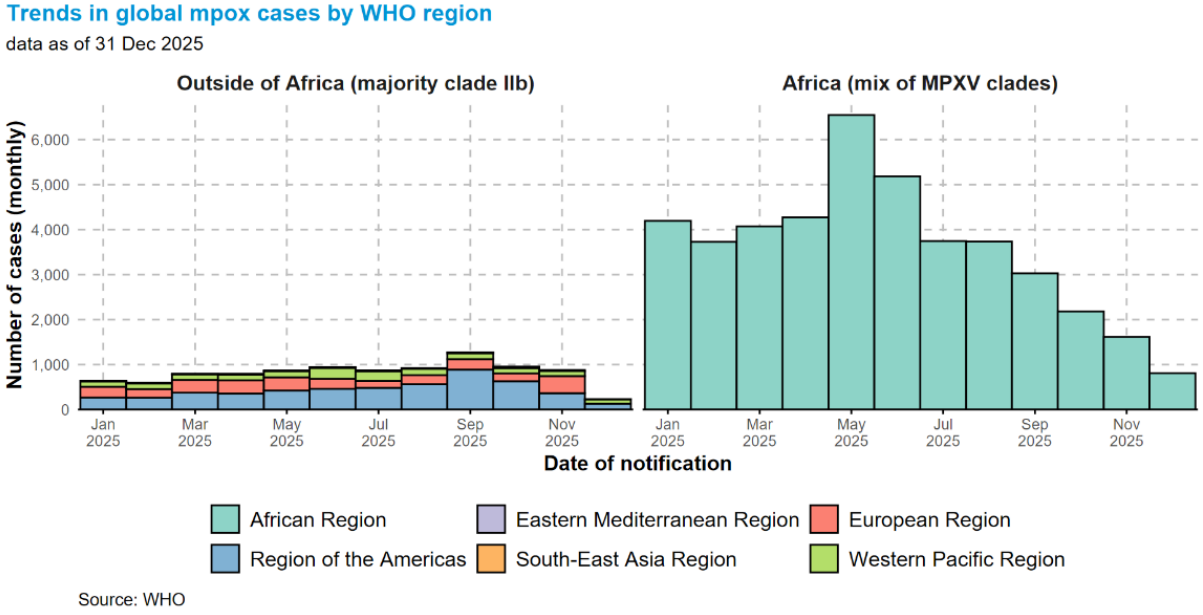
Figure 3. Geographic distribution of mpox cases reported to WHO, by country, 1 – 31 December 2025



Three other WHO regions observed a decrease in confirmed cases in December 2025 compared to November 2025: the South-East Asia Region (70%, 7 vs 23 confirmed cases), the Region of the Americas (64%, 130 vs 363 confirmed cases) and the Western Pacific Region, (20%, 90 vs 112 confirmed cases).

The Eastern Mediterranean Region reported an increase in confirmed cases from zero cases in November 2025 to four cases in December 2025.

Figure 4. Reported confirmed mpox cases, by WHO region, by month, 1 January – 31 December 2025

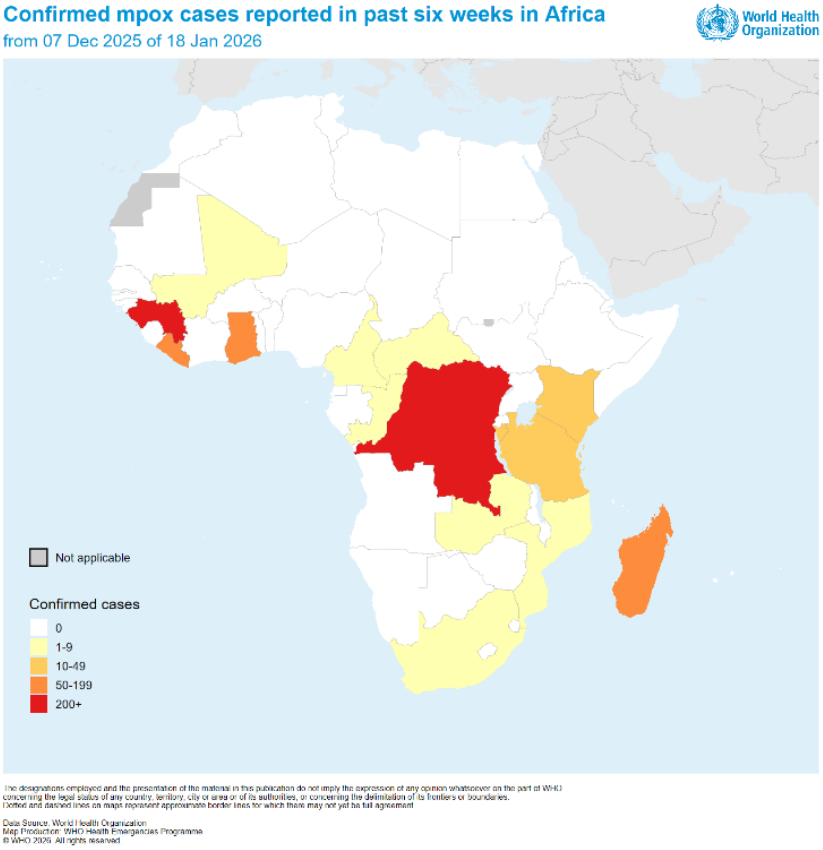


Situation in Africa

This section reports on data as of **18 January 2026**.

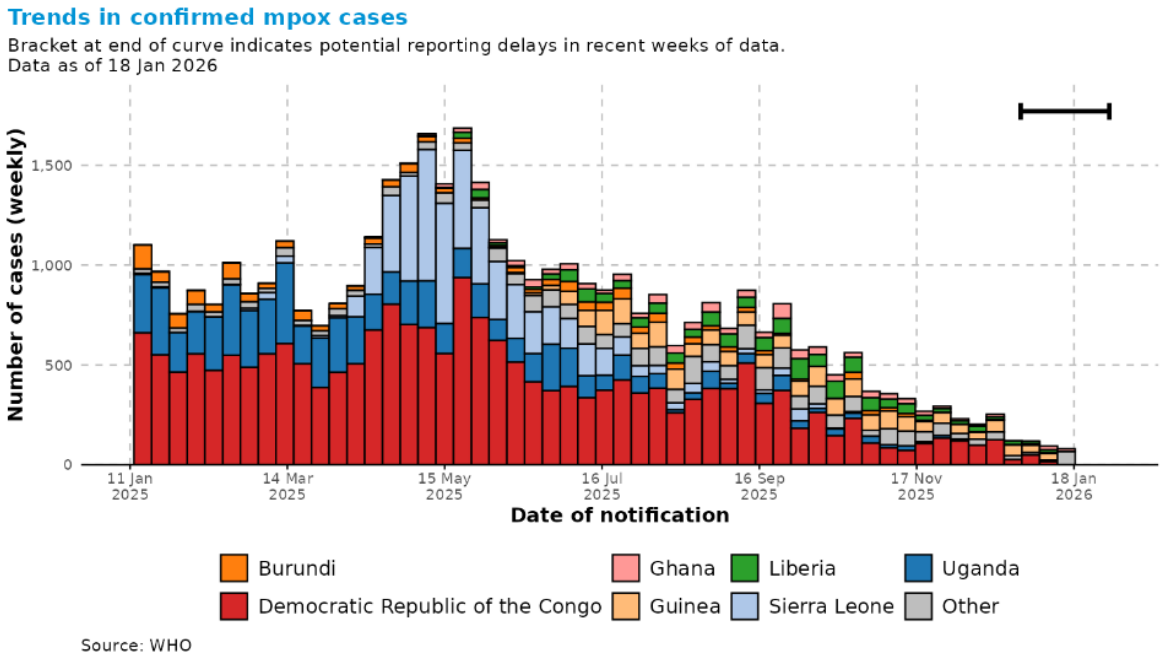
From 1 January 2025 to 18 January 2026, 29 countries in Africa reported 44 542 confirmed mpox cases, including 198 deaths (CFR 0.4%). Fifteen countries on the continent have reported active transmission of mpox in the last six weeks (Figure 5), with 871 confirmed cases, including five deaths (CFR 0.6%), during this period. Countries reporting the highest number of confirmed cases over the last six weeks are the Democratic Republic of the Congo, Guinea, Madagascar, Liberia and Ghana. The first two countries are observing a downward trend in cases, the number of reported cases in Liberia and Ghana remains stable, while in Madagascar, the number of reported cases is rising.

Figure 5. Geographic distribution of confirmed mpox cases in the past six weeks, Africa, 7 December 2025 – 18 January 2026



Overall, weekly reported confirmed cases continue to decline on the continent (Figure 6). Data for the most recent weeks should be interpreted with caution, as reporting delays often lead to retrospective adjustments. Moreover, there is a reduction in surveillance activities in several countries, which might hinder reporting of the real number of mpox cases. Overall, around 100 new confirmed cases per week have been reported in recent weeks. This continental trend has mostly been influenced by the decrease in case counts reported in the Democratic Republic of the Congo, Liberia and Kenya. 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, 11 January 2025 – 18 January 2026



Focus on selected countries

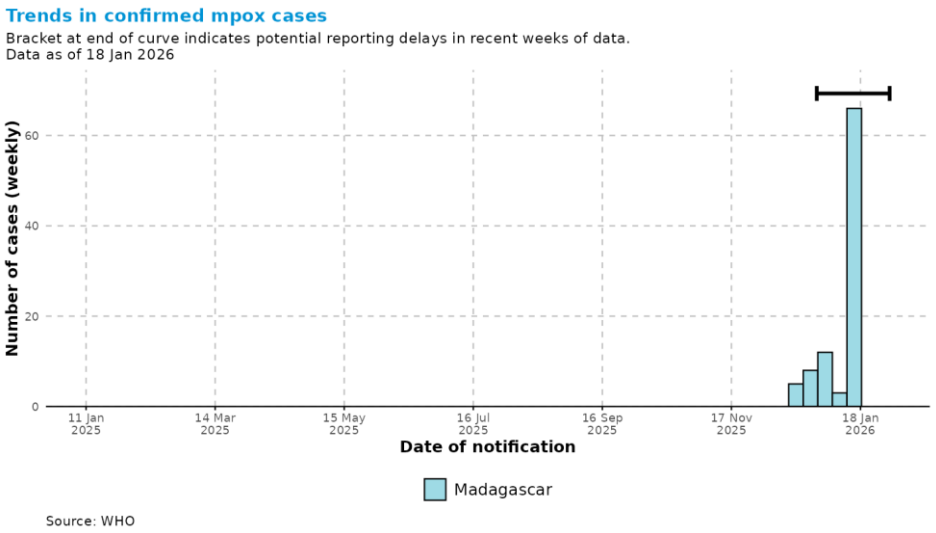
Madagascar

On 30 December 2025, the Ministry of Public Health of Madagascar declared an outbreak of mpox. The first case, who did not report recent travel, had symptom onset on 12 December 2025 and was confirmed on 17 December 2025.

Between 17 December 2025 and 21 January 2026, Madagascar reported a total of 273 suspected mpox cases, including 133 laboratory-confirmed cases (Figure 7). No mpox-related deaths have been reported to date. On 6 January 2026, the circulating strain was confirmed to be clade Ib monkeypox virus (MPXV). Currently the country is experiencing community transmission of this clade.

Of the 273 notified cases, 243 (89%) were tested, of which 133 were positive, corresponding to a test positivity of 55% among tested individuals. Three laboratories are testing for mpox nationally, and work is ongoing to extend and decentralize testing capacity through GeneXpert machines.

Figure 7. Confirmed mpox cases reported in Madagascar over the past 12 months, 11 January 2025 – 18 January 2026



Suspected cases of mpox that meet the national case definition have been notified across 20 of the 24 regions, with laboratory-confirmed cases reported in eight regions (Amoron'i Mania, Analamanga, Atsimo Andrefana, Betsiboka, Boeny, Haute Matsiatra, Melaky and Vakinankaratra). The epicenter of the outbreak is Boeny region, which accounts for approximately 84% of suspected cases and 76% of confirmed cases.

Reported cases show an approximately equal distribution between males and females; the median age is 23 years. Cases have been reported among key populations, including sex workers and people living with HIV, suggesting broader transmission and likely undetected circulation prior to the first laboratory confirmation.

The epidemiological characteristics of the outbreak in Madagascar are similar to those observed in countries in East Africa affected by clade Ib MPXV, where sexual contact plays an important role in transmission. As the outbreak expands, the risk of infection also rises in households and among other non-sexual contacts.

Countries reporting mpox for the first time

Madagascar

Madagascar confirmed its first mpox case on 17 December 2025 and officially declared an outbreak on 30 December 2025. A description of the outbreak is provided above. To date no information is available on the origin of the outbreak in Madagascar.

Mayotte (Overseas Department of France)

On 8 January 2026, the French overseas department of Mayotte confirmed its first mpox case. The individual is an adult male who reported having recently traveled to Madagascar and sexual contact with the most likely source of exposure. After initial medical consultation at the Mayotte Hospital Center, the case was isolated at home for ongoing monitoring and care.

The Regional Health Agency (ARS) of Mayotte, in conjunction with Public Health France, immediately identified and followed up the contacts of the case in order to prevent any spread on the territory.

Countries reporting clade Ib MPXV for the first time

Czechia

On 17 January 2026 Czechia reported to WHO the detection of its first case of mpox due to clade Ib MPXV. The individual is an adult male, who identified as a man who has sex with men, without recent travel history and for whom investigations are ongoing to better determine the exposure history and source of the mpox infection.

Symptoms onset was on 10 January 2026 and mpox was confirmed through PCR on 15 January. The diagnosis was confirmed and subtyping was performed at the National Institute of Public Health on 16 January.

Investigations to identify potential contacts and the source of infection for this case are ongoing.

Israel

On 5 January 2025, Israel notified WHO of the detection of its first case of mpox due to clade Ib MPXV. The individual is an adult male who reported recent travel to Dubai, United Arab Emirates. Symptom onset was on 12 December 2025, following his return to Israel, mpox was confirmed on 31 December 2025, and clade Ib MPXV was confirmed on 4 January 2026.

Madagascar

A description of the outbreak in Madagascar is provided above. On 6 January 2026 the outbreak was confirmed to be cause by clade Ib MPXV.

Mayotte, (Overseas Department of France)

The first mpox case detected in Mayotte (description above in **Countries reporting mpox for the first time**) was confirmed to be due to clade Ib MPXV.

Nepal

On 23 December 2025, Nepal notified WHO of a case of mpox due to clade Ib MPXV in an adult who had recently travelled to the United Arab Emirates. This is the first case of mpox due to clade Ib MPXV reported in the country. Symptom onset was on 2 December 2025, while he was still in the United Arab Emirates where he initially sought care, before he returned to Nepal on 7 December 2025. There, he made multiple health facility visits, and mpox was finally confirmed on 19 December. The patient is clinically stable and was under medical supervision in hospital isolation at the time of reporting. Case investigation and contact tracing have been initiated and contacts are under monitoring.

Countries reporting new importations of clade Ib MPXV

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

- **France:** In January 2026, France has notified WHO of five cases of mpox due to clade Ib MPXV among adult males who had recently travelled to Spain (four cases) and Germany (one case). This has brought the cumulative number of cases of mpox due to clade Ib MPXV to 10 confirmed cases. On 9 January 2026, France notified WHO of one case of mpox due to clade Ib MPXV detected in Mayotte (Overseas Department of France) in an adult male who had recently travelled to Madagascar. This is the first case of mpox due to clade Ib MPXV reported in the country.
- **Germany:** On 18 December 2025, Germany notified WHO of one case of mpox due to clade Ib MPXV in an adult male who had recently travelled to Switzerland. This is the sixteenth case of mpox due to clade Ib MPXV reported in the country.
- **Ireland:** On 6 January 2026, Ireland notified WHO of one case of mpox due to clade Ib MPXV in an adult male linked to an individual who had recently travelled to Germany. This is the fourth case of mpox due to clade Ib MPXV reported in the country.
- **Israel:** On 5 January 2026, Israel notified WHO of one case of mpox due to clade Ib MPXV in an adult male who had recently travelled to the United Arab Emirates. This is the first case of mpox due to clade Ib MPXV reported in the country.
- **Italy:** On 19 December 2025, Italy notified WHO of two cases of mpox due to clade Ib MPXV in individuals who had recently travelled abroad. This brought the total number of cases of mpox due to clade Ib MPXV to eight confirmed cases.
- **Mexico:** On 24 December 2025, Mexico notified WHO of one case of mpox due to clade Ib MPXV in an adult male who had recently traveled to Germany. This is the first case of mpox due to clade Ib MPXV reported in the country.

- **Nepal:** On 23 December 2025, Nepal notified WHO of a case of mpox due to clade Ib MPXV in an adult who had recently traveled to the United Arab Emirates. This is the first case of mpox due to clade Ib MPXV reported in the country.
- **United Kingdom of Great Britain and Northern Ireland:** During December 2025 and January 2026, the United Kingdom notified WHO of two cases of mpox due to clade Ib MPXV in adult males who had recently travelled to Germany (one case) and Pakistan (one case). This brought the total number of cases of mpox due to clade Ib MPXV to 20 confirmed cases[4]. One case initially identified as clade Ib was later confirmed by sequencing to be a newly identified recombinant strain as previously reported.

[4] This cumulative case count excludes the case of mpox due to the clade Ib/IIb recombinant reported in the United Kingdom in December 2025.

New WHO guidance on analytical considerations for mpox genomic surveillance

On 20 December 2025, WHO published *Analytical considerations for genomic surveillance of mpox virus*, which provides practical guidance for MPXV genomic surveillance across different resource settings, to support public health surveillance and response.

Genomic surveillance complements epidemiological investigations by supporting identification of introduction events, distinguishing local transmission from imported cases, linking clusters, and monitoring emerging lineages or mutations that may affect diagnostics, therapeutics or public health response.

The document summarizes practical considerations for selecting sequencing approaches based on surveillance objectives, sample quality and available capacity. It outlines how amplicon-based sequencing can support routine, high-throughput surveillance, including for lower viral load samples, while requiring ongoing monitoring for primer performance and coverage gaps. It describes when alternative approaches may be useful, including target capture to improve genome recovery and reduce systematic dropouts, and metagenomic sequencing for early outbreak investigation or validation where sufficient viral load and sequencing depth are available.

The document highlights core bioinformatics and quality control steps needed to generate reliable results, including read quality assessment, primer trimming, reference mapping or genome assembly, variant calling, and post-processing. It emphasizes that sequencing outputs should be accompanied by clear quality metrics and that low-confidence regions should be reviewed and, where appropriate, masked to avoid misleading downstream analyses.

The document also stresses that genomic results should be interpreted along with epidemiological and contextual information (such as time, place, travel history and exposure history). Genetic similarity alone does not confirm direct transmission, particularly when sampling is incomplete or biased. The document underscores the importance of sharing genomic data alongside essential contextual information to maximize public health value and strengthen understanding of mpox transmission and evolution.

The publication of this guidance is timely given the recent report of an inter-clade recombinant MPXV detected in the United Kingdom, underscoring the importance of sequencing to detect and characterize novel viral genomes that may not be reliably identified through PCR assays alone, particularly when clade-specific targets are affected by deletions or recombination.

Phylogenetic analysis of MPXV

This section presents phylogenetic trees of MPXV genome sequences, drawn from the MPXV phylogeny maintained by Nextstrain, which uses a genetic sequence database called Pathoplexus, and sub-sampled by WHO. It aims to complement the epidemiological information provided in previous sections by supporting interpretation of the geographical distribution and diversity of viral genomes within MPXV clades. This dataset is not representative of existing publicly available sequence data, as it does not include sequence data from other genetic sequence databases, such as GISAID and GenBank.

The phylogeny has been sub-sampled to provide a clearer overview of strains distribution across countries while preserving representativeness of underlying genetic diversity within each country.

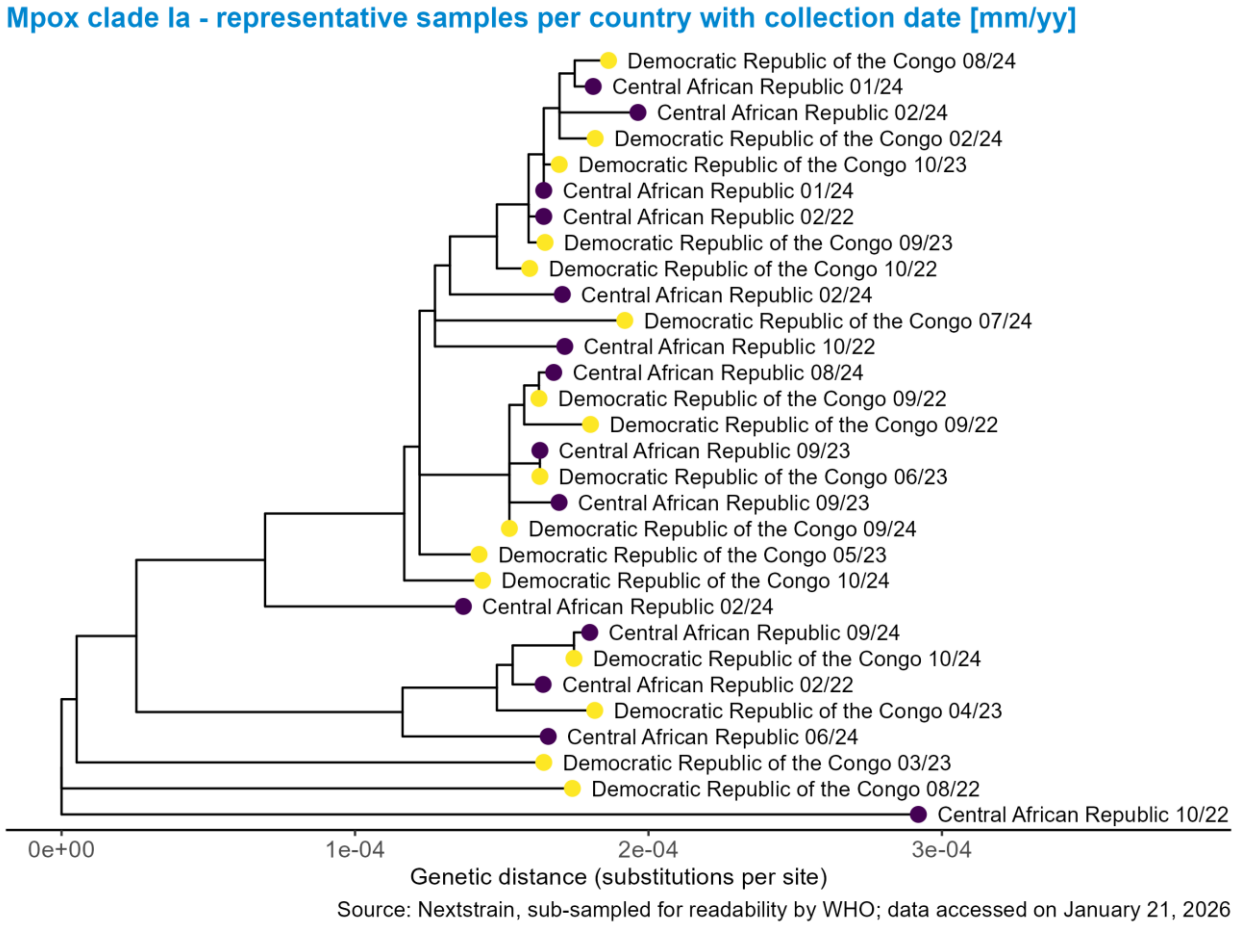
For each clade, sequences were filtered to only include genomes detected in specimens of human origin sampled since 2022 and shared under open data use terms. Tree sub-sampling was performed using an adapted version of Treemmer1, in which the algorithm iteratively removes one sequence (leaf) from pairs of closely related leaves/tips.

A leaf is paired with another if it:

- represents a strain from the same country, AND
- is a sister (i.e. connected via a parent node) or when no sister leaf exists, a leaf descending from a sister internal node, AND
- is the genetically closest eligible leaf, AND
- is genetically not too distant (i.e. the distance between two leaves is <0.0005 substitutions per site).

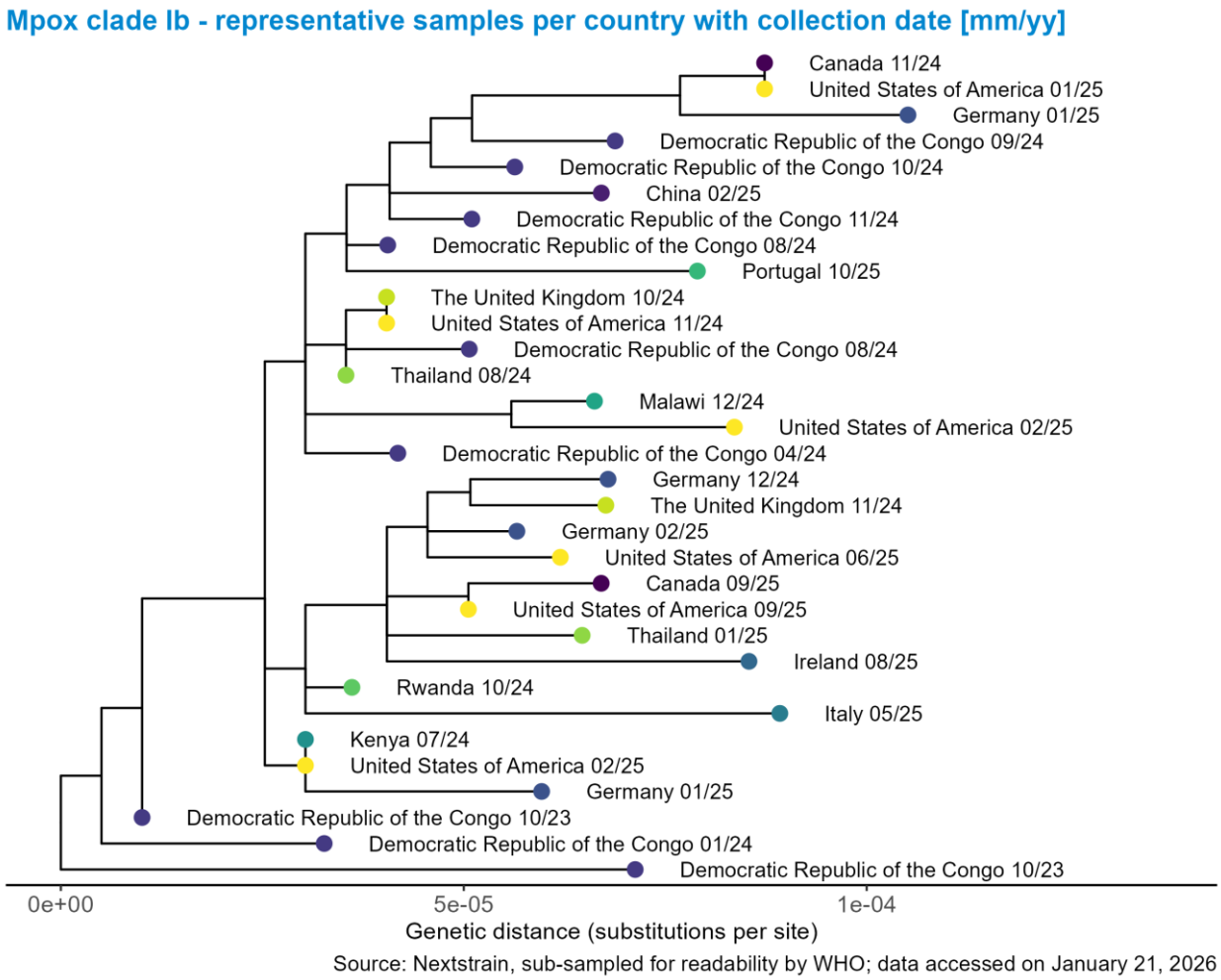
Within each pair, the leaf on the longer branch is pruned.

Figure 8. Phylogenetic tree of clade Ia MPXV sequences uploaded on open-source platform Pathoplexus, 01 Jan 2022 – 21 January 2026. Source: Nextstrain, sub-sampled for readability by WHO



All clade Ia MPXV sequences available from the data source originate from two countries, the Democratic Republic of the Congo and the Central African Republic, both known to be endemic for mpox. In these settings, clade Ia MPXV outbreaks are typically associated with presumed zoonotic exposure and may include limited secondary transmission. Figure 8 illustrates the substantial genetic diversity observed among clade Ia viruses detected in both countries from 2022 to 2024, consistent with long-standing circulation. At the same time, some sequences from the two countries cluster closely together, which may reflect shared ecological and geographic contexts, including proximity between affected areas and potential cross-border movement of animal reservoirs or incidental hosts and human populations.

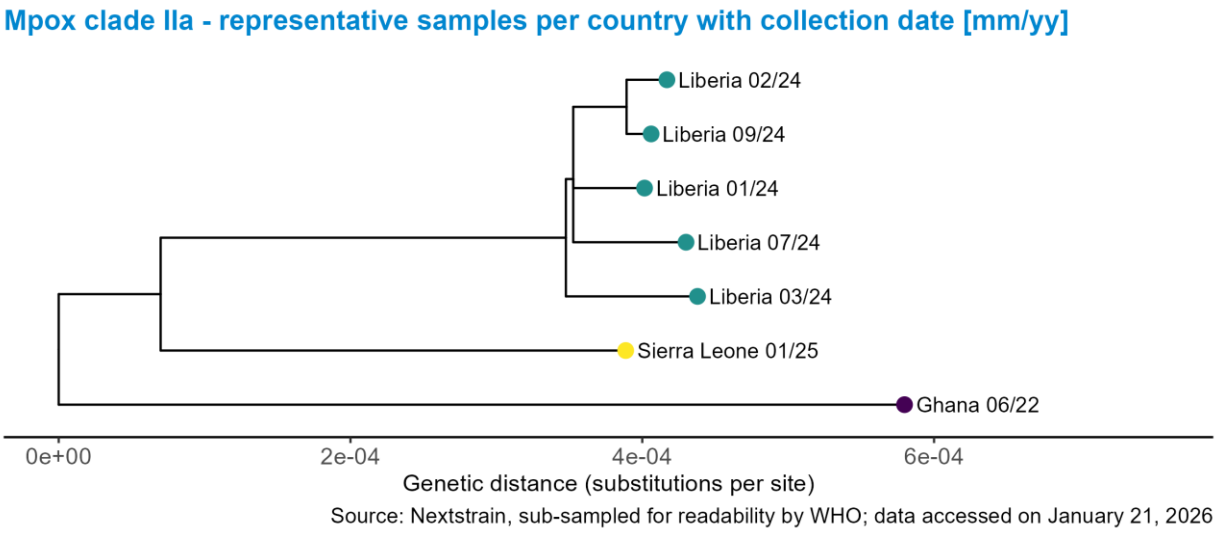
Figure 9. Phylogenetic tree of clade Ib MPXV sequences uploaded on open-source platform Pathoplexus, 01 Jan 2022 – 21 January 2026. Source Nextstrain, sub-sampled for readability by WHO



Source: Nextstrain, sub-sampled for readability by WHO; data accessed on January 21, 2026

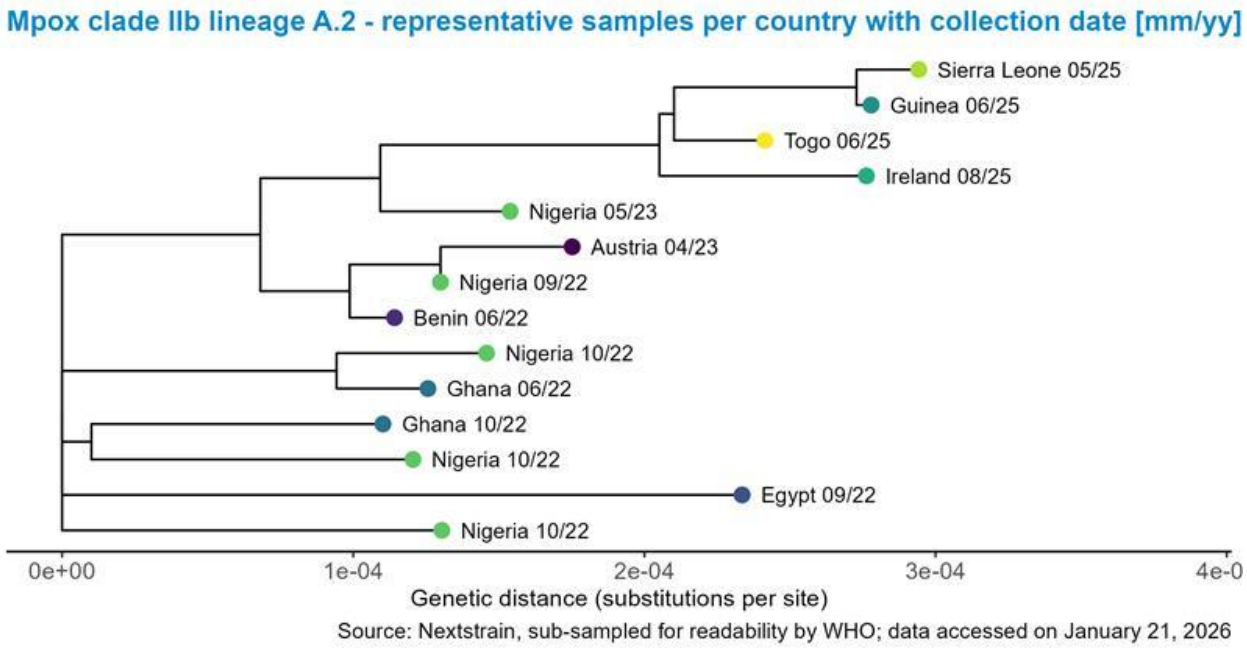
Clade Ib MPXV sequences detected in multiple countries remain closely related to the clade Ib viruses first detected in the Democratic Republic of the Congo in 2023. As the virus has continued to circulate since its emergence, increasing genetic diversity has accumulated over time, both within the Democratic Republic of the Congo and in other affected countries, as shown in Figure 9. Sequences detected outside the Democratic Republic of the Congo during 2024–2025 cluster with sequences detected in the country and, in some instances, also cluster closely with one another. Phylogenetic analysis alone cannot confirm direct epidemiological links between cases in different countries; however, it shows that clade Ib viruses detected across countries remain closely related while gradually diversifying over time.

Figure 10. Phylogenetic tree of clade IIa MPXV sequences uploaded on open-source platform Pathoplexus, 01 Jan 2022 – 21 January 2026. Source Nextstrain, sub-sampled for readability by WHO.



Available sequence data indicate relatively low genetic diversity for clade IIa MPXV (Figure 10). In the dataset, clade IIa MPXV sequences are predominantly from West Africa, with detections reported in Ghana (2022), Liberia (2024) and more recently Sierra Leone (2025). Infection with clade IIa MPXV is generally considered to be associated with presumed zoonotic exposure, with limited subsequent human-to-human transmission. Geographic spread of clade IIa MPXV has remained largely confined to West African countries.

Figure 11. Phylogenetic tree of clade IIb, lineage A2 MPXV sequences uploaded on open-source platform Pathoplexus, 01 Jan 2022 – 21 January 2026. Source Nextstrain, sub-sampled for readability by WHO



Given the large number of publicly available sequences and the broad genetic diversity within clade IIb MPXV, this section focuses on clade IIb lineage A.2 only (Figure 12) to improve readability and highlight recent transmission patterns. The A.2 phylogenetic tree shows closely related sequences detected in West Africa in 2025 (including Sierra Leone, Guinea and Togo), alongside earlier detections in Nigeria and neighbouring

countries (including Benin and Ghana) since 2022. The 2025 outbreaks due to this strain in West Africa appear to be linked and most likely driven by human-to-human transmission. Sporadic detections outside the region are also shown (e.g., Austria and Ireland), indicating some international spread of this lineage. While phylogenetic analysis alone cannot confirm direct epidemiological links between cases across countries, the clustering observed supports interpretation of the geographic spread and relatedness of currently circulating A.2 viruses.

The presented phylogenetic trees presented (Figures 8, 9, 10, and 11) are not exhaustive of all sequencing performed in a country. Rather, they aim to highlight the main genetically distinct strains detected in each country for which genomics data were shared publicly (i.e. via Pathoplexus). Genetic proximity in these trees reflects sequence similarity and does not necessarily imply a direct epidemiological link or known linked transmission chains. The collection date of the sequence isolates is provided in the strain description. Note that the x-axis represents the number of nucleotide substitutions per site, reflecting genetic distance between strains, and does not represent the time of detection. Countries that have not shared their mpox genetic sequences might not be represented in the above results.

The information presented in this section should be interpreted alongside epidemiological data. The availability and representativeness of genomic information are influenced by differences in sequencing capacity and public data sharing across countries.

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 22 January 2026.**

1. Emergency coordination

- WHO continues to coordinate response efforts with partners, including through the WHO and Africa Centres for Disease Control and Prevention (Africa CDC) joint Continental Incident Management Support Team.
- On 22 January 2026, Africa CDC lifted the declaration of a Public Health Emergency of Continental Security for mpox, noting growing country capacity and effective international partnerships as well as a sustained decline in suspected and confirmed cases reported and a reduction in case fatality for mpox. Africa CDC stated the change 'signals a transition from emergency response to a sustained, country-led pathway toward elimination' of mpox.
- WHO is supporting the response to the emerging mpox outbreak in Madagascar with emphasis on surveillance, laboratory support, access to vaccines and funding for response operations.
- The mpox global donor report for the 2024-2025 outbreak published on 21 January 2025 provides a review of donor contributions, funding allocation, and alignment with global and country-level mpox response priorities, including surveillance, case management, community protection, vaccination and surge capacity.
- Through the WHO-coordinated Global Outbreak Alert and Response Network (GOARN), from 1 January 2025 to 21 January 2026, 18 experts were deployed to the Democratic Republic of Congo and Kenya 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.
- The global mpox outbreak has been a WHO graded level 3 acute emergency since August 2024. A WHO grading review for mpox is scheduled for 12 February 2026.

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 through a global mpox diagnostics consortium to coordinate laboratory diagnostics support for affected countries, including evaluation of performance of rapid antigen tests for mpox.
- WHO supported coordination of a session on mpox diagnostics and laboratory capacity for the *State of the Art* mpox symposium (3-5 December 2025, Kinshasa, Democratic Republic of the Congo), which brought together teams producing operational data and research for mpox diagnostics. Summaries are available in this link.
- Mpox transmission studies are being put in place in the Democratic Republic of the Congo and Liberia.
- WHO continues to work with Member States in Europe and in South-East Asia to characterize the novel recombinant MPXV strain.
- WHO published the technical document 'Analytical considerations for genomic surveillance of mpox virus', which outlines key analytical considerations across the genomic surveillance workflow, including sample preparation, sequencing strategies, bioinformatics analysis and quality control, interpretation of genomic relatedness, and responsible data sharing. More information can be found in the sections above.

3. Community protection

- The community protection cluster is coordinated across technical areas including risk communication and community engagement (RCCE), infodemic management, and community-based infection prevention and

control (IPC), Water, Sanitation, and Hygiene (WASH) and vaccines and immunization. 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.

- WHO continues to support community-centred action in countries with active mpox outbreaks, through the provision of tailored guidance, RCCE toolkits, integrated training packages for community-based volunteers and sharing of public health advice for different higher risk groups. This support is coordinated through mechanisms such as the RCCE Collective Service and the RCCE Mpox Continental Coordination group in partnership with UNICEF, IFRC, and the Africa CDC.
- At the country level, this support is adapted to local contexts. In Madagascar, for example, activities led by local implementing partners such as the United Nations Children's Fund (UNICEF) and the International Federation of Red Cross and Red Crescent societies (IFRC) include training local volunteers on mpox prevention, broadcasting radio spots on local stations, establishing community feedback mechanisms to gather input from affected communities and training representatives from the sex worker community to lead peer-to-peer awareness raising activities.
- WHO continues to support the dissemination of outputs and implementation of co-developed recommendations from rapid assessments for community protection which were implemented in Tshopo province, Democratic Repunlic of the Congo. These assessments involved 292 community members across six health zones, who highlighted key ongoing public health actions related to mpox prevention and control.
- Final reporting and community feedback is underway related to the rapid assessments for community protection in four counties (Montserrado, Nimba, Grand Cape Mountain, and Grand Kru) in Liberia. Feedback is being provided by county level health promotion teams during routine activities related to mpox vaccination.

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, for 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 use of dose-sparing options (single dose or intradermal fractional dosing) of MVA-BN vaccine.
- All MVA-BN vaccine allocated in the seven allocation rounds has been delivered to 16 countries. This includes delivery of 20 000 doses of MVA-BN vaccine to Kenya on 12 December and 20 000 doses of MVA-BN to Liberia on 14 December 2025.

Diagnostics

- As of 21 January 2026, 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 16 NAAT assay dossiers submitted by 14 manufacturers, twelve products are listed for EUL, one product is being assessed while continuing with EUL renewal assessment and public reports for eight products are made available.

Mpox main resources

Mpox outbreak toolbox

- WHO mpox outbreak toolbox, Updated May 2025. https://www.who.int/emergencies/outbreak-toolkit/disease-outbreak-toolboxes/mpox-outbreak-toolbox

Strategic planning and global support

- Strategic framework for enhancing prevention and control of mpox (2024-2027). May 2024. Available at: https://www.who.int/publications/i/item/9789240092907
- Extension of WHO Standing recommendations on mpox under the International Health Regulations (2005) (IHR). 21 August 2025. Available here: https://www.who.int/publications/m/item/extension-of-standing-recommendations-for-mpox-by-the-director-general-of-who
- WHO 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/
- 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
- Analytical considerations for genomic surveillance of mpox virus, 20 December 2025 https://www.who.int/publications/b/81624

Laboratory and diagnostics

- Diagnostic testing and testing strategies for mpox: interim guidance, 12 November 2024 https://www.who.int/publications/i/item/B09166
- 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
- Creation of the International Coordinating Group on mpox vaccine provision (ICG). See poster available here: https://mpoxsymposium.com/visuals-and-presentations.

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.