Mpox

Multi-country external situation report no. 55 published 11 July 2025

KEY FIGURES			
Area	**Number of reported confirmed cases**	**Number of deaths among confirmed cases**	**Number of reporting countries**
Global (1 Jan – 31 May 2025)*	**25 125**	**98**	**75**
Key countries (1 Jan – 6 July 2025)			
Democratic Republic of the Congo	**13 545**	**38**	**-**
Uganda	**6051**	**33**	**-**
Sierra Leone	**4610**	**32**	**-**
Burundi	**1159**	**0**	**-**

** Most recent global surveillance data available.*

Highlights

- All clades of monkeypox virus (MPXV) continue to circulate in several countries. When mpox outbreaks are not rapidly contained and human-to-human transmission is not interrupted, they continue to pose a risk of sustained community transmission.
- Since the last edition of this report, no new countries have reported cases of clade Ib MPXV for the first time.
- Nineteen countries in Africa have reported ongoing mpox transmission in the past six weeks. Clade IIb MPXV continues to be reported in West Africa, while Central African countries report both clade Ia and clade Ib MPXV, and East African countries report clade Ib MPXV.
- The recent overall downward trend of confirmed cases across the continent is driven by the decrease in cases in Sierra Leone, the Democratic Republic of the Congo, and some reporting delays. Challenges with access to testing continue in the Democratic Republic of the Congo.
- An upward trend has been observed in West Africa, particularly in Guinea, Liberia, and Togo, where growing outbreaks of clade IIb MPXV have been reported in recent weeks. This report contains a summary of the epidemiological situation in these three countries.
- China has reported nine additional cases of mpox due to clade Ib MPXV since the last situation report. Epidemiological investigations for some of them are ongoing, and the transmission status of clade Ib MPXV in China is classified as "Unknown" pending further information.
- Türkiye has retrospectively notified WHO of a case of mpox due to clade Ia MPXV, detected in October 2024 in a traveler from the Democratic Republic of the Congo. No secondary cases were reported among the contacts of the case who underwent monitoring.
- This report includes a summary of the fourth meeting of the International Health Regulations (2005) Emergency Committee regarding the upsurge of mpox, held on 5 June 2025.

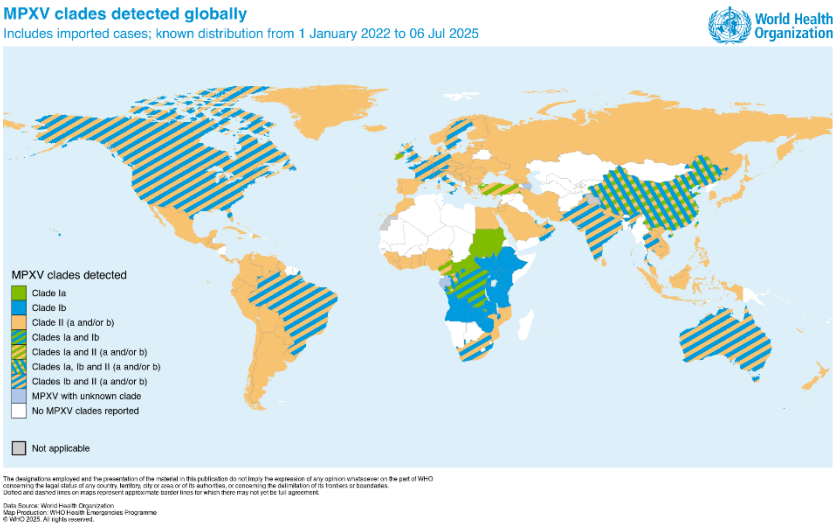
Epidemiological update

This situation report has been updated to include only the most relevant new information on mpox outbreaks and response activities globally and in Africa. More detailed epidemiological analyses and data are available in the WHO mpox surveillance report.

Global monkeypox virus (MPXV) distribution

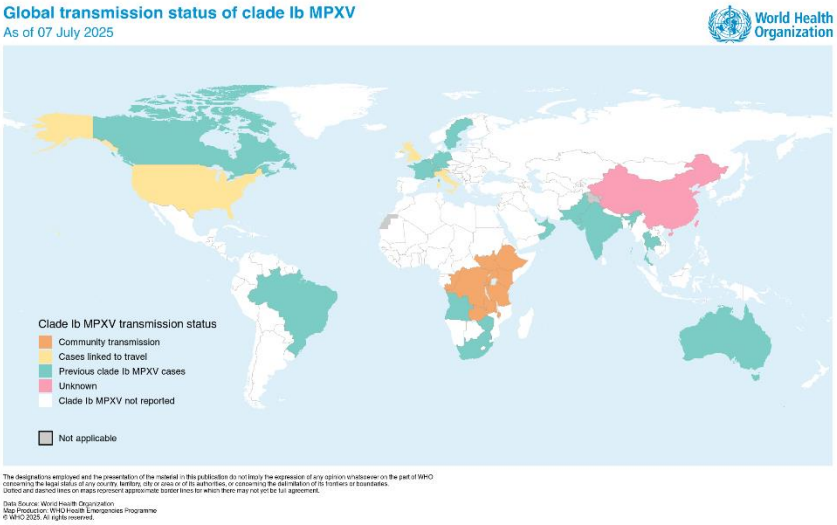
Since the last situation report, Edition 54, only Türkiye has reported the detection of a new MPXV sub-clade, one case of mpox due to clade Ia MPXV (detailed description below), and no country has reported mpox for the first time. For detailed information on clade-specific transmission dynamics, refer to situation report #53.

Figure 1. Geographic distribution of MPXV clades reported to WHO, by country, 1 January 2022 to 6 July 2025[1]



Community transmission of clade Ib MPXV remains limited to countries in Africa. Most countries with previous sporadic importations are currently not reporting active transmission of clade Ib MPXV. China has recently reported cases of mpox due to clade Ib MPXV for whom the source of infection is still under investigation; therefore, its transmission level has been temporarily categorized as “Unknown” (detailed description below).

Figure 2. Clade Ib MPXV transmission status within the last six weeks, by country, as of 6 July 2025.

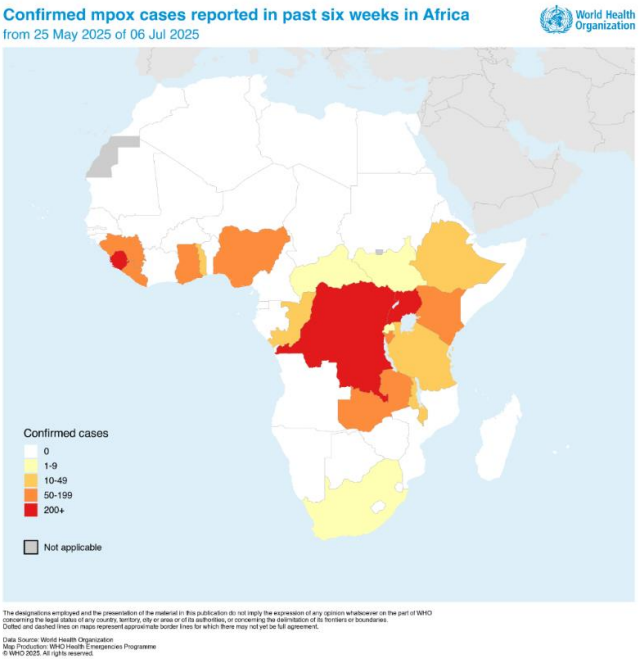


[1] The geographical distribution of MPXV clades shown is based on sequences from clinical samples of confirmed mpox cases. Sequences from wastewater and environmental samples are excluded from this analysis.

Situation in Africa

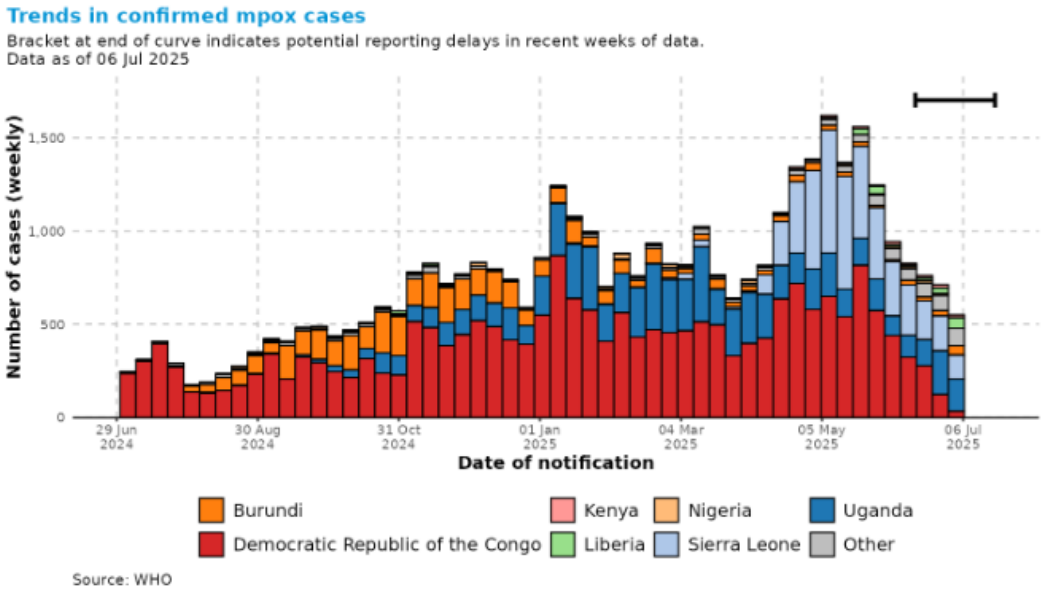
From 1 January to 6 July 2025, 21 countries in Africa have reported 26 734 confirmed mpox cases, including 115 deaths (CFR 0.4%). Nineteen countries on the continent have reported ongoing active transmission of mpox in the last six weeks (Figure 3).

Figure 3. Geographic distribution of confirmed mpox cases in the past six weeks, Africa, 25 May – 6 July 2025



Overall, a declining epidemic trend in confirmed cases has been observed in recent weeks (Figure 4), largely driven by a decrease in Sierra Leone and the Democratic Republic of the Congo. However, recent trends should be interpreted with caution given likely reporting delays and incomplete testing of suspected cases in the Democratic Republic of the Congo, as resources for the response also dwindle. A slight increase in recent weeks has been reported by Burundi and Uganda. More details on national case trends are available in the WHO Global mpox trends.

Figure 4. Reported confirmed mpox cases in Africa in the past 12 months, by country, 29 June 2024 – 6 July 2025



Focus on selected countries

This section of the report includes three countries in western Africa that have reported upward trends in confirmed mpox cases in recent weeks. Although the case counts in these countries are low compared to those in high-burden countries, the characteristics observed in these outbreaks such as the consistent increase in weekly confirmed cases, geographic expansion of the outbreaks and growing case burden among adults in urbanized settings, are concerning.

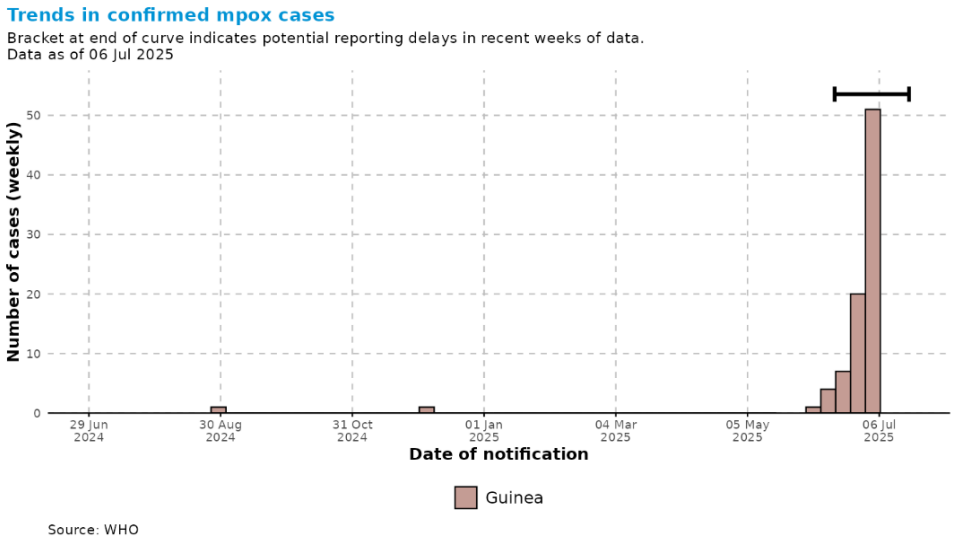
Guinea

Guinea has not historically been considered endemic for mpox, but it hosts part of a tropical forest belt that extends across mpox-endemic countries in western and central Africa, and the virus could potentially be present in wild fauna in these areas.

As of 6 July 2025, Guinea is experiencing a fast-growing mpox outbreak, with a marked increase in confirmed cases reported since June 2025. In 2025, the country has reported a total of 83 confirmed cases, including one death (CFR 1.2%). There has been a sharp rise in reported weekly confirmed cases in recent weeks, reaching over 50 confirmed cases in the most recent week of reporting (Figure 5). Prior to this surge, only sporadic cases had been recorded, with isolated detections in late 2024 and early 2025.

While initial cases were reported to be linked to travel to Sierra Leone, most cases are now being reported in and around the capital, Conakry, among adults with no travel history. The rapid epidemic growth in urban contexts without known international travel links suggests likely sustained community transmission. Only clade IIb MPXV has been detected in the country and the outbreak appear to be driven by human-to-human contact.

Figure 5. Reported confirmed mpox cases in the past 12 months, Guinea, 29 June 2024 – 6 July 2025

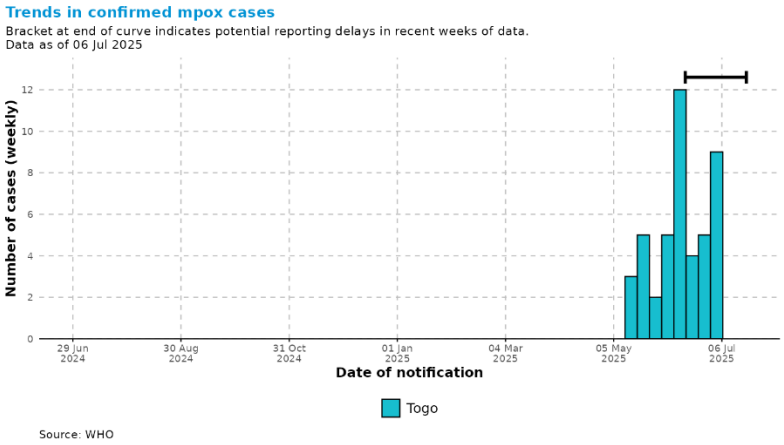


Togo

Togo is also not considered endemic for mpox and reported its first ever recorded mpox cases in May 2025. However, it also hosts part of a tropical forest belt that extends across mpox-endemic countries in western and central Africa where the virus could potentially be present in wild fauna.

From 1 January to 6 July 2025, the country has reported a total of 45 confirmed mpox cases and no deaths. While the outbreak appears limited in size, the continuous detection of cases in recent weeks (Figure 6), suggests sustained mpox transmission in the community. The source of infection for most cases is still under investigation, but current cases, mainly among adults, are thought to be linked to initial importations from neighbouring Ghana, followed by localized clusters of human-to-human transmission. Cases have been detected in different districts across the country and so far, only clade IIb MPXV has been identified.

Figure 6. Reported confirmed mpox cases in the past 12 months, Togo, 29 June 2024 – 6 July 2025

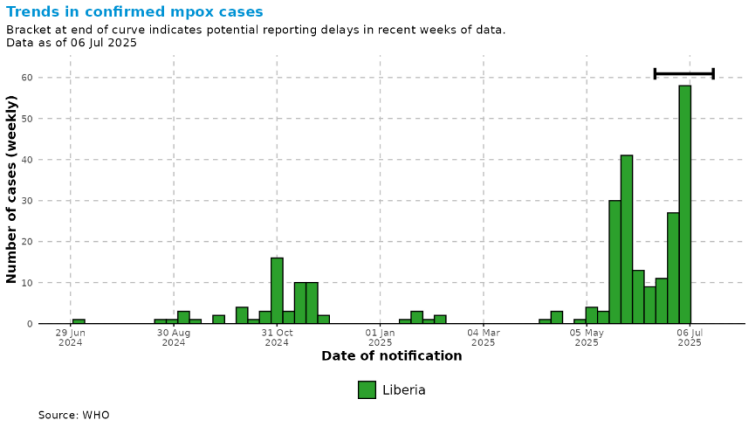


Liberia

Liberia had previously reported four confirmed cases of mpox in 1970 and again two additional confirmed cases and two deaths in 2017, at the time of an outbreak in Nigeria. The origin and modes of transmission of those two case clusters remain unknown.[2,3,4]

From 1 January to 6 July 2025, Liberia has recorded a total of 208 confirmed mpox cases and no deaths. An outbreak was reported in late 2024 and sporadic cases were reported in early 2025, but in May 2025, there was a sharp increase in reported weekly confirmed cases, with more than 50 confirmed cases in the most recent week of reporting (Figure 7). Although trends in recent weeks should be interpreted with caution given recent testing delays, the overall rising trend sustained over several weeks indicates an active and expanding outbreak. Confirmed cases have been reported in multiple districts, affecting children as well as adults. Given Liberia's current rise in reported cases in the context of the continuing outbreaks in Africa, the Liberia outbreak likely reflects sustained human-to-human transmission of globally circulating MPXV. Nonetheless, given a possible history of zoonotic spillover events in 1970 and/or 2017, further exploration of possible animal reservoirs in the country is also warranted.

Figure 7. Confirmed mpox cases in the past 12 months, Liberia, 29 June 2024 – 6 July 2025



[2] World Health Organization (WHO). Weekly epidemiological record. 20 January 2023 [Internet]. Geneva: WHO; 2023. Available from: https://iris.who.int/bitstream/handle/10665/365629/WER9803-eng-fre.pdf?sequence=1

[3]Lourie B, Bingham PG, Evans HH, Foster SO, Nakano JH, Herrmann KL. Human infection with monkeypox virus: laboratory investigation of six cases in West Africa. Bull World Health Organ. 1972;46(5):633–9. PMID: 4340223; PMCID: PMC2480791.

[4] World Health Organization, Regional Office for Africa (WHO AFRO). Weekly Bulletin on Outbreaks and other Emergencies. Week 8: 17–23 February 2018 [Internet]. Brazzaville: WHO AFRO; 2018. Available from: https://iris.who.int/bitstream/handle/10665/260335/OEW8-1723022018.pdf?sequence=1

Countries reporting mpox for the first time

No new country has reported mpox for the first time since the last situation report.

Countries reporting importation of clade Ib MPXV

Since the last situation report, China has notified WHO of nine additional cases of mpox due to clade Ib MPXV.

Of the nine newly reported cases, four are linked to a previously identified family cluster, including two asymptomatic children and two adults with past exposure and evidence of prior infection. Three additional cases involve individuals with recent international travel history, and one case is linked to reported sexual contact. One case was identified in a person without recent travel, but with contact with a symptomatic individual not previously confirmed as a case. Investigations are ongoing to determine the sources of infection.

These newly reported cases bring the cumulative number of cases of mpox due to clade Ib MPXV detected in China to 23.

Since available details, especially those concerning likely source of infection, are limited and epidemiological investigations are still ongoing, it remains unclear whether these cases can all be considered travel related. The clade Ib MPXV transmission status in China has, therefore, been classified as Unknown (Figure 2), pending the findings of ongoing investigations.

Countries reporting importation of clade Ia MPXV

WHO has received a retrospective notification of a confirmed case of mpox due to clade Ia MPXV reported by Türkiye.

The case is an adult male who travelled from the Democratic Republic of the Congo to Türkiye on 9 October 2024. He developed symptoms on 20 October 2024, including fever, fatigue, myalgia, and rash, and was admitted to the hospital on 21 October 2024. Mpox was confirmed on 23 October, and subsequent genomic analysis identified the virus as clade Ia MPXV.

A total of seven contacts were identified and monitored, none of whom developed any sign or symptoms of the disease during the follow-up period.

This is the fourth known case of mpox due to clade Ia MPXV reported worldwide in a traveler from the Democratic Republic of the Congo, and no secondary cases have been reported in the destination countries to date.

Summary of the report of the fourth meeting of the mpox IHR Emergency Committee

The report of the fourth meeting of the International Health Regulations (2005) (IHR) Emergency Committee for mpox has been shared with WHO Member States. The main reasons the Committee advised the WHO Director-General that this mpox multi-country outbreak continues to constitute a public health emergency of international concern (PHEIC) include the persistent transmission of multiple MPXV clades in different settings, increasing incidence in some African countries, and sustained global risk due to under-detection and international spread.

Key epidemiological discussion points included how:

- clade Ib MPXV remains widespread in central and eastern Africa, particularly the Democratic Republic of the Congo, with co-circulation of clade Ia MPXV and high pediatric burden in endemic and conflict-affected areas. In the capital Kinshasa, clades Ia and Ib MPXV appear to be clustered geographically in young adults, reflecting dynamics of transmission sustained by sexual networks.
- Sierra Leone is experiencing a rapidly evolving clade IIb MPXV-driven outbreak, with a decline in cases reported following public health interventions.
- outside Africa, clade IIb MPXV continues to circulate at low levels, mostly among men who have sex with men.
- reports of travel-associated cases of mpox due to clade Ib MPXV are declining but the risk remains a concern, given the potential of the virus entering highly connected networks of individuals at risk of infection and severe disease.
- despite progress in response activities implemented through collaboration between governments, international partners, communities, and WHO, significant funding gaps are threatening vaccine deployment, surveillance, and clinical management. By the date of the EC meeting, approximately 724 000 MVA-BN vaccine doses had been administered in 7 countries of the 1.9 million vaccine doses allocated to 13 countries in part due to funding requirements for shipment to the countries). DRC had received 1.55 million doses of LC16m8 vaccine from a bilateral agreement.
- HIV and mpox co-infection present growing challenges for care integration, particularly in high-burden settings.

Representatives of Burundi and the Democratic Republic of the Congo updated the Committee on the mpox epidemiological situation in their countries and their control and response efforts, needs and challenges, and plans in the medium term.

The Committee expressed concerns about the epidemiological trajectory, suggesting that mpox may be moving toward extended endemicity in the African continent. Although some countries have been seeing sustained declining trends, MPXV transmission persists. This is consistent with preliminary modelling work suggesting that the actual case counts may be higher than reported due to diagnostic and surveillance gaps. Such a scenario raises concern in terms of future interspersed surges of cases in countries in the African continent, as well as exportation of cases within and beyond the continent.

The Committee endorsed the issuance of a revised set of temporary recommendations, emphasizing non-pharmaceutical interventions, equitable vaccine distribution, and strengthened genomic surveillance. A technical meeting will be convened ahead of the next formal session to support tailored responses across diverse epidemiological settings. Full report details can be found here.

Global operational updates

In line with the health emergency prevention, preparedness, response and resilience (HEPR) framework, the Strategic Framework for enhancing prevention and control of mpox (2024-2027) and the WHO Global Strategic Preparedness and Response Plan (SPRP), WHO is responding to mpox outbreak focusing on strengthening five core components—the **5Cs**: Emergency coordination, Collaborative surveillance, Community protection, Safe and scalable care, Access to and delivery of countermeasures.

This section provides updates on the WHO global mpox response **as of 9 July 2025.**

1. **Emergency coordination**

- WHO and Africa CDC coordination for mpox response in Africa continues through the Continental Incident Management Support Team.

2. **Collaborative surveillance**

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

3. **Community protection**

- Coordination across multiple technical areas including risk communication and community engagement, infodemic management, community-based infection prevention and control is ongoing. Community service delivery, public health and social measures, border health and mass gatherings, investigation of the animal-human interface and multisectoral action for social and economic protection are key areas of work.

4. **Safe and scalable care**

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

5. **Access to and delivery of countermeasures**
Access and Allocation Mechanism (AAM)

Diagnostics:

- Through the WHO Emergency Use Listing procedure, WHO continues assessing 9 mpox diagnostics. Since issuing a call for mpox diagnostics for EUL assessment on 28 August 2024, WHO held 43 pre-submission calls with interested manufacturers, 14 were invited to submit their applications and listed six products for EUL. One more application is expected in July.
- The WHO continues to support the supply of diagnostic kits to countries, ensuring the provision of uninterrupted diagnostic services. Recently, a shipment of 6700 GeneXpert cartridges for mpox was dispatched to countries experiencing the ongoing outbreak. The recipient countries included Ghana, Liberia, Malawi, Sierra Leone, South Sudan, Togo, and Uganda.

Vaccines

- WHO continues to provide guidance and technical support to countries on mpox targeted vaccination strategies with focus on geographic areas with the highest number of new cases and in those, people at high risk of exposure based on local epidemiology.
- To date, 3 049 940 vaccine doses have been delivered to eleven countries of which 1 499 940 doses of MVA-BN vaccine and 1 550 000 doses of LC16m8 vaccine from Japan to the Democratic Republic of the Congo.

- Mpox vaccination activities have started in seven countries with MVA-BN vaccine (the Central African Republic, Democratic Republic of the Congo, Liberia, Nigeria, Rwanda, Sierra Leone, and Uganda), most of them are implementing a single-dose strategy targeting population groups at high risk of exposure. More than 801 000 MVA-BN vaccine doses have been administered, of which more than 73% in Democratic Republic of the Congo. Other countries that recently reported mpox cases are developing their national mpox vaccination plans, however funding is needed to facilitate access to additional MVA-BN vaccine doses.
- In the current context of limited MVA-BN vaccine supply due to funding constraints and in alignment with previous WHO recommendations, WHO released an FAQ on use of intradermal fractional dosing of mpox MVA-BN vaccine with the aim to support countries in their considerations. The use of dose-sparing options, particularly intradermal fractional dosing was endorsed by the AFRO Regional Immunization Technical Advisory Group (RITAG) on 26 June 2025.
- WHO recently published interim guidance on the use of LC16m8 vaccine and training modules with the aim to support the Democratic Republic of the Congo in planning the deployment of LC16m8 vaccine doses. A pilot with LC16m8 vaccine has started in one health zone in Kinshasa including active follow-up of vaccinees for Adverse Events Following Immunization (AEFI monitoring). To date around 100 doses have been administered, and additional LC16m8 vaccination sessions are being planned.
- WHO AFRO and Africa CDC are co-organizing a stock-taking meeting in Addis 16-17 July 2025 where optimization of country mpox vaccination strategies, dose-sparing options, and lessons learned will be discussed.
- The AAM partners continue to work together to ensure countries receive guidance as well as support to secure operational funds for implementation of national mpox vaccination plans.

Mpox main resources

Mpox outbreak toolkit

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

Strategic planning and global support

- WHO mpox global strategic preparedness and response plan. Updated 17 April 2025. https://www.who.int/publications/m/item/mpox-global-strategic-preparedness-and-response-plan-april-2025
- Mpox Continental Response Plan 2.0. Updated 15 April 2025. https://africacdc.org/download/mpox-continental-response-plan-2-0/
- Strategic framework for enhancing prevention and control of mpox (2024-2027). May 2024. Available at: https://www.who.int/publications/i/item/9789240092907

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

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

Surveillance

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

Laboratory and diagnostics

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

Clinical management and infection, prevention and control

- Clinical management and infection prevention and control for mpox: living guideline, May 2025 https://www.who.int/publications/i/item/B09434
- Strengthening hand hygiene practices in community settings and health-care facilities in the context of mpox, 1 May 2025. https://www.who.int/publications/i/item/B09396
- Infection prevention and control and water sanitation and hygiene in health facilities during mpox disease outbreaks: rapid assessment tool user guide, 19 February 2025. https://www.who.int/publications/i/item/9789240105324

Vaccination

- WHO. Frequently Asked Questions (FAQ) on use of fractional dosing with intradermal administration of mpox MVA-BN vaccine in the context of vaccine supply-constrained outbreak response. 19 June 2025. https://www.who.int/publications/m/item/frequently-asked-questions-(faq)-on-use-of-fractional-dosing-with-intradermal-administration-of-mpox-mva-bn-vaccine-in-the-context-of-vaccine-supply-constrained-outbreak-response
- WHO Smallpox and mpox vaccines. https://www.who.int/teams/immunization-vaccines-and-biologicals/diseases/smallpox-and-mpox
- How to achieve and sustain high uptake of mpox vaccination in outbreak settings. WHO, UNICEF, IFRC.; 10 April 2025. https://www.who.int/publications/m/item/how-to-achieve-and-sustain-high-uptake-of-mpox-vaccination-in-outbreak-settings

- Mpox vaccination toolkit (includes materials to support National Immunization Technical Advisory Groups, training modules for MVA-BN and LC16m8 and other relevant resources) https://www.technet-21.org/en/topics/programme-management/mpox-vaccination-toolkit

Community protection public health advice and risk communication and community engagement (RCCE) resources

- Interim guidance on social and behavioural research for the mpox public health response, March 2025. https://iris.who.int/handle/10665/380881

Training and education

- Health topics – mpox: https://www.who.int/health-topics/monkeypox
- Mpox Fact Sheet, 26 August 2024. https://www.who.int/news-room/fact-sheets/detail/mpox
- Mpox Q&A, 16 October 2024. https://www.who.int/news-room/questions-and-answers/item/mpox
- OpenWHO. Ten things you should know about mpox (2025). Quick videos online. https://openwho.org/infectiousdiseases/503162/Mpox
- OpenWHO. Online training module. Monkeypox: Introduction (2020) in English and French: https://openwho.org/infectiousdiseases/503162/Mpox
- OpenWHO. Extended training. Monkeypox epidemiology, preparedness and response (2021) in English and French: https://openwho.org/infectiousdiseases/503162/Mpox
- OpenWHO. Mpox and the 2022-2023 global outbreak (2023)
  - English: https://openwho.org/infectiousdiseases/503162/Mpox

A more exhaustive list of mpox resources can be found here.

Disclaimer: Caution must be taken when interpreting all data presented, and differences between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times are to be expected. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change. All counts are subject to variations in case detection, definitions, laboratory testing, and reporting strategies between countries, states and territories.