

Multi-country outbreak of mpox

External Situation Report 24, published 10 June 2023

Data as received by WHO national authorities by 17:00 CEST, 5 June 2023

| Risk assessment | Laboratory confirmed cases | Deaths | Countries/areas/territories |
|------------------------|----------------------------|--------|-----------------------------|
| Global risk – Moderate | 87 929 | 146 | 111 |

WHO Regional risk

- African Region, Eastern Mediterranean Region, European Region, Region of the Americas– Moderate
- South-East Asia Region, Western Pacific Region – Low

Highlights

- Since the last situation report published on [26 May 2023](#), and as of 5 June, 552 new mpox cases (0.6% increase in total cases) and six new related deaths have been reported to WHO.
- In the last two weeks, there have been around 275 new cases per week, with more cases reported from the European and South-East Asia Regions in the last week. Recently, a surge in cases have been observed in the African Region, which surpasses the previously reported average weekly number of cases.
- This report includes advice on how to celebrate Pride month this June and stay safe from mpox.
- The report includes steps and tools to support mental health and wellbeing of people affected by mpox and their families.

From 1 January 2022 through 5 June 2023, a cumulative total of 87 929 laboratory-confirmed cases of mpox, including 146 deaths, have been reported to WHO from 111 countries/territories/areas (hereafter 'countries') in all six WHO Regions (Table 1). Since the last situation report published on [26 May 2023](#), there have been 552 new cases (0.6% increase in total cases) and six new deaths reported. Although share with WHO in the last two weeks, the majority of these cases had been reported at national level in previous weeks.

The number of new cases reported weekly at the global level has declined by 3% in week 22 (29 May through 4 June 2023) (n = 93 cases) compared to week 21 (22 May through 28 May 2023) (n = 96). The Region of the Americas reported the largest share (41%) of cases in the past three weeks (15 May through 04 June 2023). The remaining 363 of the 552 reported cases had date of reporting prior to these two weeks and were allocated accordingly.

From 24 April through 04 June 2023, eight countries reported an increase in cases in the last three weeks (15 May through 04 June 2023) compared to the three weeks prior (24 April through 14 May 2023), with Cameroon reporting the highest relative increase in cases (n = 9 vs n = 2).

In the most recent reporting week, there has been an increase in reported cases from both the European and South-East Asia Regions. In Europe, new cases are reported by Spain and the United Kingdom, and by Thailand in South-East Asia. It is important to notice that while these cases were reported in the last week, some were diagnosed earlier, indicating a delay in reporting to WHO. Delays also affect data from the other regions. In the African region, we observe a surge in cases in the most recent weeks, notably from Cameroon, the Democratic Republic of the Congo and Nigeria, surpassing the previously reported average number of cases.

As of 05 June 2023, 15 of the 111 affected countries have reported new cases within the last 21 days, the maximum disease incubation period. Six of these countries are in the Region of the Americas, three in the Western Pacific Region, two in the African Region, two in the European Region, one in the Eastern Mediterranean Region, and one in the South-East Asia Region. Some of these countries continue to have sustained community transmission of mpox, while others report sporadic cases.

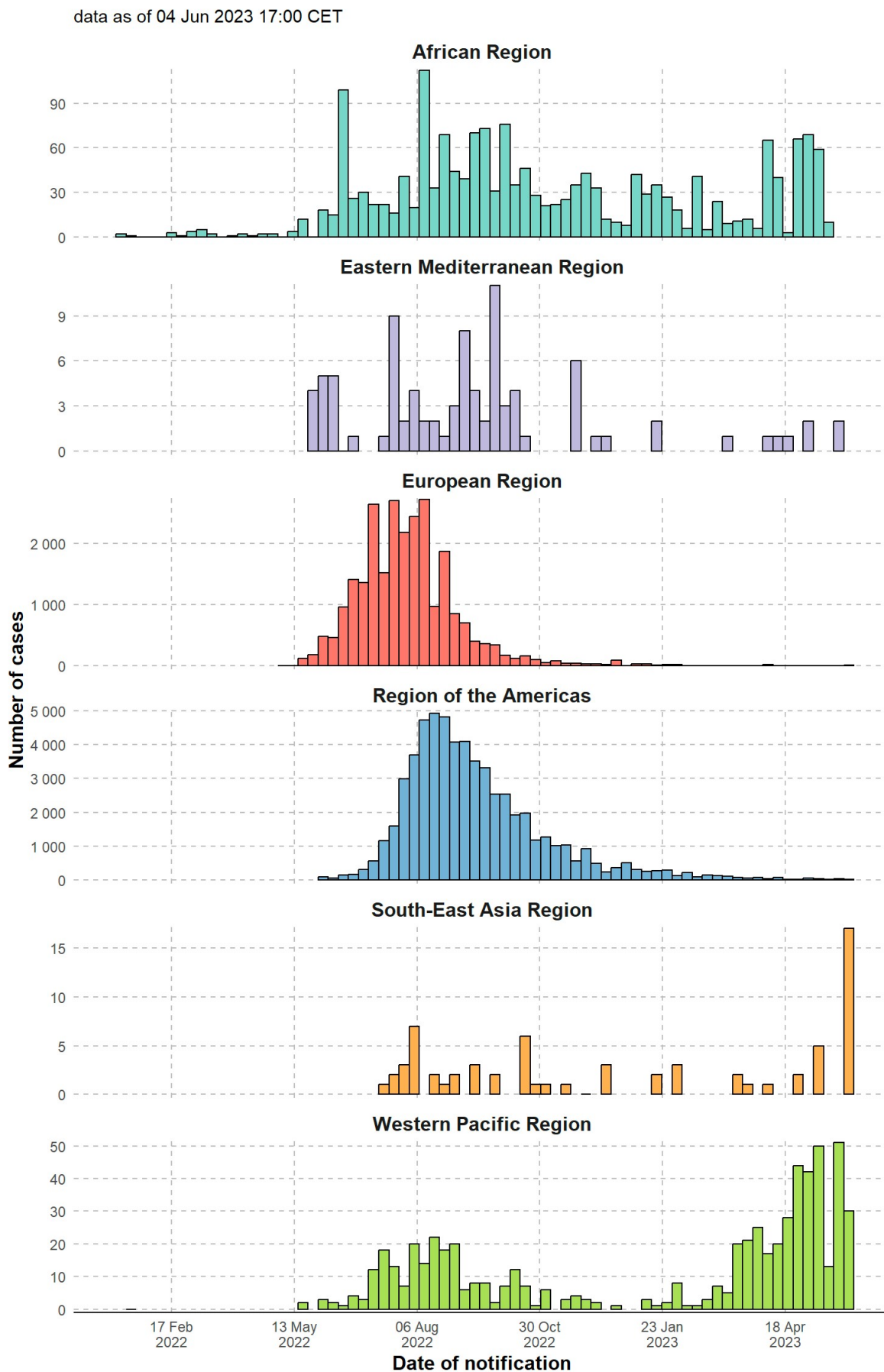
As of 05 June 2023, the ten countries that have reported the highest cumulative number of cases globally are the United States of America (n = 30 243), Brazil (n = 10 948), Spain (n = 7556), France (n = 4146), Colombia (n = 4090), Mexico (n = 4020), Peru (n = 3800), the United Kingdom (n = 3753), Germany (n = 3691), and Canada (n = 1496). Together, these countries account for 83.9% of the cases reported globally.

Table 1. Number of cumulative confirmed mpox cases and deaths reported to WHO, by WHO Region, from 1 January 2022 to 5 June 2023, 17:00 CEST

| WHO Region | Total Confirmed Cases | Total Deaths | Cases in last 3 weeks ⁱ | 3-week change in cases (%) |
|------------------------------|-----------------------|--------------|------------------------------------|----------------------------|
| Region of the Americas | 59 445 | 117 | 102 | -2% |
| European Region | 25 904 | 7 | 15 | 88% |
| African Region | 1 794 | 20 | 10 | -93% |
| Western Pacific Region | 628 | 0 | 94 | -18% |
| Eastern Mediterranean Region | 90 | 1 | 2 | -33% |
| South-East Asia Region | 68 | 1 | 17 | 750% |
| Total | 87 929 | 146 | 240 | -35% |

ⁱ Using the three most recently completed international standard weeks (Monday - Sunday)

Figure 1. Epidemiological curves of weekly aggregated confirmed cases of mpox by WHO Region, from 1 January 2022 to 4 June 2023, 17:00 CEST*



Source: WHO

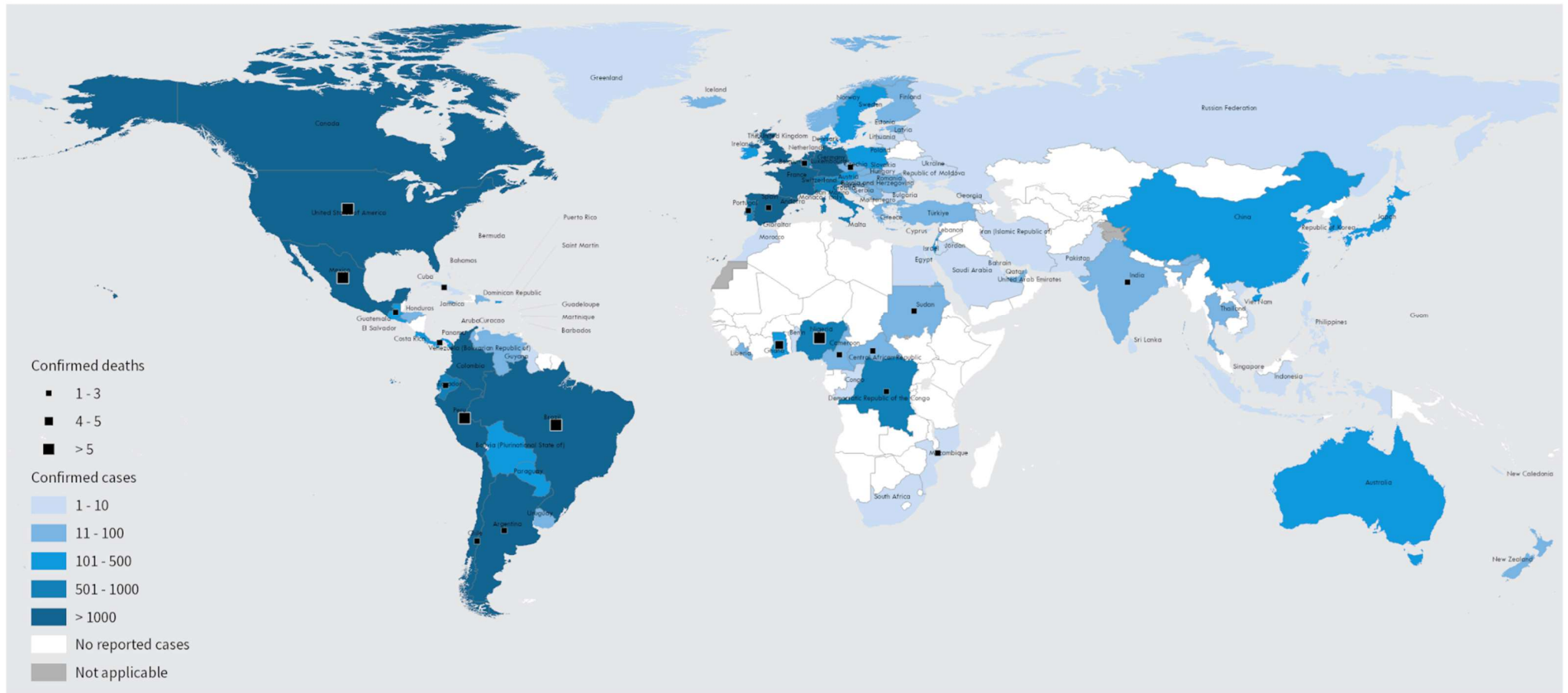
**This figure shows aggregated weekly data for completed epidemiological weeks ending on Sundays. Data on the current week will be presented in the next situation report. Note the different scales of the y-axes.*

The epidemic curves shown in Figure 1 suggest that the outbreak continues with low levels of transmission in the European and Americas Regions, has slightly decreased in the last week in the Western Pacific Region, and an increase in cases in the South-East Asia Region. In the African Region, where transmission is more continuous, an increase in number of cases for the most recent weeks can be observed.

Other key epidemiological findings:

- As of 05 June 2023, 96.2% (78 106 / 81 154) of cases with available data are men, with a median age of 34 years (interquartile range: 29-41 years). The age and sex distribution of cases remains stable.
- Of cases with age data available, 1.3% (1114 / 83 627) are aged 0-17 years, including 325 (0.4%) aged 0-4 years. The majority of cases <18 years of age have been reported from the Region of the Americas (687 / 1114; 61.7%). The overall proportion of cases in this age group in the Region of the Americas is 1.2% (687 / 56 765), similar to the proportion which has been observed globally.
- Among cases with information available, 84.1% (25 937 / 30 846) have self-identified as gay, bisexual and other men who have sex with men. This proportion, while slightly fluctuating over time, has consistently been above 75%, highlighting that most transmission continues to occur in this community. When information about sexual orientation of cases is lacking, a high proportion occurring in men may be, in some settings, indicative of transmission occurring among men who have sex with men.
- Of all reported modes of transmission since the start of the outbreak, skin and mucosal contact during sex has been the most reported, in 16 429 of 20 032 (82.0%) of all reported transmission events, followed by person-to-person non-sexual contact. The same pattern has been observed over the last 12 weeks. Detailed information on the route of transmission is not available for most cases from the WHO African Region, thus the available information on transmission might not fully describe the spread of the virus in the region.
- Where information is available, the most reported exposure setting is a party setting with sexual contact, comprising 3988 of 6006 (66.4%) reported exposure settings. In the last 12 weeks, the setting of exposure is more diversified than what was observed at the beginning of the outbreak: available information for 54 cases shows that the main setting of exposure is reported as Other (not specified) for 18 (33%) cases, party setting with sexual contact for 12 (22%) cases, party setting without sexual contact for 8 (15%) cases, household for 8 (15%) cases, large event with sexual contact for five (9%) cases and workplace for three (5%) cases.
- Among cases where at least one symptom is reported (n = 34 315), the most common symptom is any rash, reported in 80.6% of cases, followed by fever (59.2%), and systemic rash or genital rash (47.5% and 44.0% respectively). The symptomatology of cases has been consistent over time in the countries newly affected in this outbreak.

Figure 2. Geographic distribution of confirmed cases of mpox reported to or identified by WHO from official public sources from 1 January 2022 to 05 June 2023, 17:00 CEST



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Data Source: World Health Organization
 Map Production: WHO Health Emergencies Programme
 Map Date: 6 June 2023



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Special focus – Celebrating Pride Month: Stay Aware, Stay Safe

During Pride month in June, a time of celebration, affirmation, and increased socialization for many in the lesbian, gay, bisexual, transgender and queer plus (LGBTQ+) community, it is crucial to also prioritize health and well-being, including sexual health. Given that the mpox outbreak has disproportionately affected the LGBTQ+ community, WHO encourages continued awareness and prevention of sexually transmitted infections (STIs) and mpox during Pride month.

All persons, but particularly gay, bisexual, and other men who have sex with men (MSM), as well as transgender and gender-diverse people, are reminded to take necessary precautions if engaging in sexual activities during events, festivals or parties, as mpox continues to transmit. It is important to note that mpox can affect anyone regardless of their gender identity or sexual orientation. Getting vaccinated for mpox if this is available to you, monitoring for symptoms, testing if you think you have mpox and openly discussing mpox with sexual partners are key strategies to minimize risk.

Here are some actions to consider if participating in sexual activities during events, festivals or parties:

Before the event:

- Learn more about mpox and what to do to protect yourself and your community.
- Stay up-to-date with the latest information from trusted sources like health authorities and international organizations.
- Talk to your healthcare provider about getting vaccinated.
- Check yourself regularly for symptoms. Get tested if you have doubts. Talk to your partner(s) about symptoms.
- If you suspect you have mpox, take a break from sexual activity, festivals and crowded events and contact a healthcare provider.

During the event:

Be aware that:

- Multiple sexual contacts increase the likelihood of infection.
- Condoms might not fully prevent infection as skin-to-skin contact still occurs.
- Sex toys should be kept clean and not shared to reduce likelihood of mpox transmission.
- Be aware of your current health status and if in doubt, avoid close physical contact at the event.
- Avoid close contact with someone who has mpox.
- Stay up-to-date with the latest information and advice from health authorities.
- If you think you might have mpox, contact a healthcare provider or sexual health clinic to get tested, as soon as possible.

After the event:

- If you notice a new rash or blisters, contact a healthcare provider.
- If you notice a new rash or blisters on your partner's body, especially around the genitals or the anus, have an open conversation with them about mpox. Encourage your partner(s) to contact a healthcare provider or sexual health clinic.

If you are diagnosed with mpox:

- If possible, self-isolate (avoid physical contact with others) and follow the advice of your healthcare provider.
- Take a break from sex until your symptoms disappear, and the last scab has fallen off.
- Avoid contact with pregnant women, young children, and immunocompromised persons until you have recovered.
- Share the details of close and sexual contacts with health authorities or inform your contacts yourself.

WHO encourages everyone to celebrate Pride Month safely, healthily, and free of stigma and discrimination, keeping these considerations in mind. Let's make Pride Month a time of joy, inclusivity, and health consciousness for all.

Special focus – Steps and tools to support mental health and psychosocial well-being of people affected by mpox

Outbreaks of infectious diseases such as mpox can severely affect mental health and psychosocial well-being. Those affected by mpox may experience various stressors, including fear of the disease or death, physical and social isolation from family and community. The diagnosis, visible disfigurement from acute lesions, residual scarring, and disability (e.g., visual impairments) associated with the disease can lead to stigmatization, isolation, loneliness and depression¹⁻⁴. In a situation where someone may also have, or just be learning they have, other conditions such as HIV infection, the mental health challenges may be compounded. Providing mental health and psychosocial support (MHPSS) services is integral to a public health emergency response to infectious diseases and contributes to saving lives.^{1,5}

a) Ensure public health emergency responders and planners are aware of minimum mental health and psychosocial support activities and standards:

Enable access to adequate Mental Health and Psychosocial Support MHPSS for all individuals and communities affected by mpox. It is crucial to recognize that different subgroups may have unique MHPSS needs and resources based on their stressors, protection concerns, or practical circumstances⁶.

Previous WHO External Situation Reports have highlighted that, according to cases with epidemiological information available, most mpox transmission has occurred in persons identifying as gay, bisexual, and other men who have sex with men. It is essential to mitigate potential stigma towards these communities⁷. Stigma can lead to affected individuals feeling isolated, discriminated against, and ashamed, resulting in adverse mental health outcomes such as depressive or anxious feelings⁷. Stigma can also lead to affected individuals avoiding formal healthcare services, which can limit the use of mpox counseling and testing services^{8,9}. To combat stigma, educating the public about mpox and its transmission¹⁰, providing affected individuals with necessary support and resources, and reducing barriers to accessing physical and mental healthcare services are crucial.

To effectively respond to mental health and psychosocial needs in the context of mpox or other public health emergencies, WHO and partners developed the [IASC Mental Health and Psychosocial Support Minimum Service Package \(MHPSS MSP\)](#). The MHPSS MSP includes a specific section on the MHPSS response during an infectious disease outbreak; see Chapter 4.1. Examples of priority MHPSS activities include but are not limited to:

- Develop/select, adapt, and translate materials where needed (e.g., orientation materials for staff, information, education, and communication (IEC) materials aimed at affected populations).
- Identify MHPSS focal points to provide and coordinate services for MHPSS in all health facilities providing care for mpox patients.
- Ensure that every health facility has at least one person trained and a system in place to identify and provide care for people with common and severe mental health conditions.
- Orient health care workers tasked with managing persons with infectious diseases in basic psychosocial support skills, assessment, and first-line clinical interventions and on drug-drug interactions (e.g. between medications for managing infectious diseases and psychotropic medication).
- Provide MHPSS to persons with infectious diseases and their family members, including children. This includes support for coping with acute and severe illness (e.g., acknowledging and addressing distress, facilitating communication, and ensuring respect and dignity).
- Identify, manage, and, as appropriate, refer people with existing mental health conditions to appropriate mental health services as needed while respecting recommended infection prevention and control practices.
- Ensure that health facilities are equipped with needed supplies of essential psychotropic medications.

- Integrate data on co-existing mental health conditions in clinical forms, epidemiological updates, and other information products on mpox.
- Include MHPSS considerations to mitigate protection risks and reduce psychological distress for persons who are hospitalized or isolated at home. These may include ensuring access to accurate and easily understood information about the condition and the treatment; facilitating communication with family members or specialist mental health care providers remotely via phones or protective screens; facilitating visits from religious leaders or community support groups if desired; and facilitating daily activities including if and when needed meal preparing, dressing and laundry support,.
- Establish links and referral mechanisms for affected people and their family members to access mental health care providers, food security and livelihood support, education, social services (including housing), and other relevant services and supports.
- Protect all responders' mental health and ensure they can access mental health and psychosocial care in full privacy and confidentiality.

b) Integrate basic psychosocial skills as a foundational clinical skill for all health and social care workers who support people affected by mpox:

People diagnosed with mpox can experience fear, uncertainty, and social isolation. For persons admitted to healthcare facilities, mental health conditions are likely to increase. Patients with mpox should be treated with compassionate, respectful, person-centered care, while protecting household members, visitors, and health workers¹¹. Basic psychosocial support skills are essential for managing all patients and caregivers and should be available to everyone. WHO recommends that upon arrival at a health facility, patients and their families should be informed about mpox and educated on how the disease is transmitted and how to prevent its spread. Ideally, a psychologist, social worker, or mental health nurse should be involved from the onset of the treatment. If this is not possible, then general nurses in the health center should be trained on basic psychosocial support skills using standard resources (e.g., the WHO Psychological first aid and Inter-Agency Standing Committee Guidance on Basic Psychosocial Skills)^{12,13} as follows:

- Provide non-intrusive, practical care and support.
- Assess needs and concerns.
- Help to address basic needs (food, water, information).
- Listen to patients and families, but do not pressure them to talk.
- Provide accurate information on the patient's condition and treatment plan in easy-to-understand and nontechnical language, as a lack of information can be a significant source of stress.
- Help people address urgent needs and concerns and help with decision-making as necessary.
- Comfort patients and families and help them feel calm. Most mpox patients survive, so communicate with patients and their families about the expected recovery process and use factual, easy-to-understand information.
- Help people connect to information, services, and social support. Information about mpox is crucial as it helps to improve understanding of the disease, dispel myths, and convey clear messages about healthy behaviour.
- Encourage patients and caregivers to use evidence-based stress management and self-help tools such as the WHO Problem management plus (PM+)¹⁴ tool.
- Following recovery, patients may suffer from lingering scars or disfigurement that may cause physical discomfort and psychological distress. Psychological and social care should be included in the multidisciplinary follow-up care plan.

For people experiencing symptoms of depression, brief psychological interventions based on the principles of cognitive-behavioural therapy, problem management, and relaxation training can be considered¹⁵. If

anxiety or depressive symptoms persist beyond recovery from mpox, seek advice from a specialized mental health professional or a general practitioner trained to manage mental health conditions. Refer to the mhGAP Humanitarian Intervention Guide for mental, neurological, and substance use disorders in non-specialized health settings^{16,17}. It is essential to ask about thoughts or acts of self-harm, particularly during mpox, due to the overlap between risk factors for mpox and for self-harm and suicide^{16,17}. Enable comprehensive care through proper linking and referrals to employment, education, social services, and other relevant sectors following discharge¹⁸.

Try a relaxing activity.

You can do different activities to support people who experience stress; for example, a slow breathing exercise may help.

Say:

"I have a technique that can help you feel calmer when stressed. It involves taking some slow breaths together. Is it okay for us to try doing this together?"

If the person is agreeable, then continue:

"Together with me, take a breath in through your nostrils while counting to 3. Keep the shoulders down and let the air fill the bottom of the lungs and then exhale slowly through your mouth while counting to 6. Are you ready? We will do this three times."



Please note: this strategy will not help everyone, and if the person feels any discomfort, then stop the exercise.

For more information and techniques to support people in distress, see [IASC guidance on basic psychosocial skills – a guide for COVID-19 responders. Geneva: Inter-Agency Standing Committee; 2021.](#)

References and further resources:

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Regional update: Region of the Americas

Mpox situation update: Region of the Americas

As of 5 June 2023, a total of 59 445 confirmed cases of mpox, including 117 deaths have been reported from 31 countries and territories in the WHO Region of the Americas.

Men have accounted for 95.8% of cases (52 732 / 55 059) and have had a median age of 33 years; the most affected group has been men between 30 and 39 years of age. Where data are available, 83.9% (14 210 / 16 928) of men have identified as gay, bisexual or other men who have sex with men (MSM). Among cases with known HIV status, 59% (12 514 / 21 212) are HIV-positive; of these, 9.1% (3295 / 36 337) have required hospitalization. There is information about sexually transmitted infections (STIs) in 10 956 reported cases; STIs were reported in 21.1% of these (2311 / 10956). Syphilis is the most reported STI (72.5%), followed by chlamydia (15.8%) and gonorrhoea (5.5%). Among the 27 894 cases that have reported at least one symptom, the most common symptoms are rash (70.7%), fever (41.0%), and genital lesions (25.4%). Where information on the most likely mode of transmission is available, 70% of cases in the Region of the Americas have reported sexual contact.

Competing surveillance priorities in some countries may result in a decline in case identification and testing rates over time.

WHO response to mpox in the WHO Region of the Americas

In addition to the information reported in [Situation Report 13](#) and [Situation Report 17](#), the following activities have taken place.

Risk Communication and Community Engagement

Formulate, implement, and monitor appropriate evidence-based control and prevention policies involving affected community groups and targeted risk communication.

- During the month of May 2023, two webinars were held, one with the regional and national focal points of mpox and HIV/STIs from ministries of health and Pan American Health Organization (PAHO; WHO Regional Office for the Americas) country offices, and a second one with civil society. The purpose of these webinars was to reflect on the current situation and undertake analysis and planning of next steps in terms of integration of the mpox response, including within the context of the ongoing HIV and STIs epidemics in the Americas. Participants reviewed opportunities and strategic links for the integration of mpox with the prevention and care of STIs, including HIV, and with an emphasis on gay men and other men who have sex with men.

Surveillance and Coordination

Establish strong case-based national surveillance and report all cases to national and regional surveillance systems to monitor transmission levels

- A mission was carried out to learn *in situ* about Peru's successful experience, which included the integration of epidemiological surveillance, and particularly engagement with the national HIV programme and civil society cooperation in conducting intensified surveillance for mpox in key populations of gay men and other men who have sex with men.

Laboratory response

Establish safe and high-quality diagnostics, including virus characterization capacities

- At least 41 countries and territories have received PCR material and/or equipment to establish and enhance capacity for molecular diagnosis of monkeypox virus (MPXV).
- Decentralization of diagnostics within national networks is ongoing in several countries.

- An External Quality Assurance Programme (EQA) for the molecular detection of MPXV has been coordinated with WHO. At least 33 laboratories from 32 countries have provided the required documents for participation.

Vaccination

Ensure high vaccination uptake in the highest-risk population groups and ensure the availability of safe and effective vaccines and antivirals for priority groups

- The Americas was the first WHO region to make vaccine available to countries in the region as part of the emergency response to the mpox outbreak.
- At the request of countries in the Region, WHO entered into an agreement with the company that produces the vaccine to provide 130 000 doses to countries in Latin America and the Caribbean through the PAHO Revolving Fund. To date, 13 countries (Bahamas, Belize, Brazil, Chile, Dominican Republic, Ecuador, El Salvador, Guyana, Honduras, Jamaica, Panama, Peru, Trinidad and Tobago, and Dominican Republic) have received mpox vaccine through the PAHO Revolving Fund.
- Deliveries were prioritized according to the epidemiological situation in each country.

Technical guidance and other resources

Strategic Planning and Global Support

- WHO factsheet on monkeypox, 18 April 2022. <https://www.who.int/news-room/fact-sheets/detail/monkeypox>
- WHO commentary on the naming of mpox disease and monkeypox virus clades has been published in the Lancet Infectious Diseases. 6 February 2023. [New nomenclature for mpox \(monkeypox\) and monkeypox virus clades](#)
- WHO recommends new name for monkeypox disease-28 November 2022 <https://www.who.int/news/item/28-11-2022-who-recommends-new-name-for-monkeypox-disease>
- Monkeypox Strategic Preparedness, Readiness and Response Plan (SPRP) Operational planning guidelines – 2 November 2022 <https://www.who.int/publications/m/item/monkeypox-strategic-preparedness--readiness--and-response--operational-planning-guidelines>
- WHO Emergency Appeal: Monkeypox - July 2022 – June 2023, 13 October 2022 <https://www.who.int/publications/m/item/who-emergency-appeal--monkeypox---july-2022---june-2023>
- Monkeypox Strategic Preparedness, Readiness, and Response Plan (SPRP)- 5 October 2022, [https://www.who.int/publications/m/item/monkeypox-strategic-preparedness--readiness--and-response-plan-\(sprp\)](https://www.who.int/publications/m/item/monkeypox-strategic-preparedness--readiness--and-response-plan-(sprp))
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International Health Regulations Emergency committee and Temporary Recommendations of the Director-General

- WHO Fifth meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the multi-country outbreak of mpox (monkeypox), 10 May 2023. [https://www.who.int/news/item/11-05-2023-fifth-meeting-of-the-international-health-regulations-\(2005\)-\(ihr\)-emergency-committee-on-the-multi-country-outbreak-of-monkeypox-\(mpox\)](https://www.who.int/news/item/11-05-2023-fifth-meeting-of-the-international-health-regulations-(2005)-(ihr)-emergency-committee-on-the-multi-country-outbreak-of-monkeypox-(mpox))
- WHO fourth meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the multi-country outbreak of monkeypox, 15 February 2023. [https://www.who.int/news/item/15-02-2023-fourth-meeting-of-the-international-health-regulations-\(2005\)-\(ihr\)-emergency-committee-on-the-multi-country-outbreak-of-monkeypox-\(mpox\)](https://www.who.int/news/item/15-02-2023-fourth-meeting-of-the-international-health-regulations-(2005)-(ihr)-emergency-committee-on-the-multi-country-outbreak-of-monkeypox-(mpox))
- WHO Third meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the multi-country outbreak of monkeypox, 1 November 2022. [https://www.who.int/news/item/01-11-2022-third-meeting-of-the-international-health-regulations-\(2005\)-\(ihr\)-emergency-committee-regarding-the-multi-country-outbreak-of-monkeypox](https://www.who.int/news/item/01-11-2022-third-meeting-of-the-international-health-regulations-(2005)-(ihr)-emergency-committee-regarding-the-multi-country-outbreak-of-monkeypox)
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WHO Interim technical guidance

- Surveillance, case investigation and contact tracing for mpox (monkeypox): interim guidance, 22 December 2022. <https://www.who.int/publications/i/item/WHO-MPX-Surveillance-2022.4>
- WHO Vaccines and immunization for monkeypox: Interim guidance, 16 November 2022. <https://apps.who.int/iris/bitstream/handle/10665/364527/WHO-MPX-Immunization-2022.3-eng.pdf>
- Clinical management and infection prevention and control for monkeypox: Interim rapid response guidance, 10 June 2022. <https://www.who.int/publications/i/item/WHO-MPX-Clinical-and-IPC-2022.1>
- Emergency use of unproven clinical interventions outside clinical trials: ethical considerations: <https://www.who.int/publications-detail-redirect/9789240041745>
- WHO Technical brief (interim) and priority actions: enhancing readiness for monkeypox in WHO South-East Asia Region, 7 July 2022. <https://cdn.who.int/media/docs/default-source/searo/whe/monkeypox/searo-mpx-tbrief22.pdf>

Surveillance

- WHO Global clinical data platform for monkeypox case report form (CRF), 21 July 2022, <https://www.who.int/publications/i/item/WHO-MPX-Clinical-CRF-2022.3>

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- The WHO Global Clinical Platform for monkeypox, 14 June 2022. <https://www.who.int/tools/global-clinical-platform/monkeypox>
- WHO Go.Data: Managing complex data in outbreaks. <https://www.who.int/tools/godata>

Risk communication and community engagement and Public Health Advice

- Public health advice for gay, bisexual and other men who have sex with men and mpox. Version 3. 9 March 2023: <https://www.who.int/publications/m/item/monkeypox-public-health-advice-for-men-who-have-sex-with-men>
- Public health advice on mpox and sex-on-premises venues and events 01 March 2023: [https://www.who.int/publications/m/item/public-health-advice-on-mpox-\(monkeypox\)-and-sex-on-premises-venues-and-events](https://www.who.int/publications/m/item/public-health-advice-on-mpox-(monkeypox)-and-sex-on-premises-venues-and-events)
- Infographic on getting tested for mpox 27 February 2023: <https://www.who.int/multi-media/details/getting-tested-for-mpox--what-you-need-to-know>
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- Interim advice on Risk Communication and Community Engagement during the monkeypox outbreak in Europe, 2022. Joint report by WHO Regional office for Europe/ECDC, 2 June 2022. https://www.euro.who.int/_data/assets/pdf_file/0009/539046/ECDC-WHO-interim-advice-RCCE-Monkeypox-2-06-2022-eng.pdf
- WHO Monkeypox outbreak: update and advice for health workers, 26 May 2022. https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update_monkeypox-.pdf?sfvrsn=99baeb03_1

EPI - WIN Webinars and Updates

- The recordings of the previous [EPI-WIN Webinars](#) related to current monkeypox outbreak:
- WHO EPI-WIN webinar: Changing perspectives of the mpox outbreak (22 February 2023)
- WHO monkeypox technical briefing for the transport and tourism sector, 5 October 2022: <https://www.who.int/news-room/events/detail/2022/10/05/default-calendar/technical-briefing-on-monkeypox-for-transport-and-tourism-sector>
- [Managing stigma and discrimination in health-care settings in public health emergencies such as monkeypox](#) (22 Sept 2022)
- [How is monkeypox spreading? What do we know so far](#) (27 July 2022)
- [Monkeypox outbreak and mass gatherings](#) (24 June 2022)

EPI-WIN updates

- [Update 79: Monkeypox outbreak update: Situation - transmission - countermeasures](#)
- [Update 78: Monkeypox and mass gatherings](#)
- [Update 77: Monkeypox outbreak, update and advice for health workers](#)

Laboratory and diagnostics

- Monkeypox: experts give virus variants new names, 12 August 2022. <https://www.who.int/news/item/12-08-2022-monkeypox--experts-give-virus-variants-new-names>
- WHO Laboratory testing for the monkeypox virus: Interim guidance, 23 May 2022. <https://apps.who.int/iris/handle/10665/354488>
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- Genomic epidemiology of monkeypox virus. <https://nextstrain.org/monkeypox?c=country>

One Health and animal health

- [WOAH Risk Guidance on Reducing Spillover of Mpox \(Monkeypox\) virus from Humans to Wildlife, Pet Animals and other Animals](#)
- [WOAH Website and FAQs on Monkeypox in animals](#)

Disease Outbreak News and situation reports

- Monkeypox outbreak 2022: <https://www.who.int/emergencies/situations/monkeypox-oubreak-2022>
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- Multi-country outbreak of mpox, External situation report #21- 27 April 2023: <https://www.who.int/publications/m/item/multi-country-outbreak-of-mpox--external-situation-report-21---27-april-2023>
- Multi-country outbreak of mpox, External situation report #20- 13 April 2023: <https://www.who.int/publications/m/item/multi-country-outbreak-of-mpox--external-situation-report--20--13-april-2023>
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- Multi-country outbreak of mpox, External situation report #18- 16 March 2023: <https://www.who.int/publications/m/item/multi-country-outbreak-of-mpox--external-situation-report--18---16-march-2023>
- Multi-country outbreak of mpox, External situation report #17- 2 March 2023: <https://www.who.int/publications/m/item/multi-country-outbreak-of-mpox--external-situation-report---17---2-march-2023>
- Multi-country outbreak of mpox, External situation report #16- 16 February 2023: <https://www.who.int/publications/m/item/multi-country-outbreak-of-mpox--external-situation-report--16---16-february-2023>
- Multi-country outbreak of mpox, External situation report #15- 2 February 2023: <https://www.who.int/publications/m/item/multi-country-outbreak-of-mpox--external-situation-report-15--2-february-2023>
- Multi-country outbreak of mpox, External situation report #14- 19 January 2023: <https://www.who.int/publications/m/item/multi-country-outbreak-of-mpox--external-situation-report-14--19-january-2023>
- Multi-country outbreak of mpox, External situation report #13- 5 January 2023: <https://www.who.int/publications/m/item/multi-country-outbreak-of-mpox--external-situation-report--13---5-january-2023>

- Multi-country outbreak of mpox, External situation report #12- 14 December 2022: <https://www.who.int/publications/m/item/multi-country-outbreak-of-mpox-external-situation-report-12--14-december-2022>
- Multi-country outbreak of mpox, External situation report #11- 1 December 2022: <https://www.who.int/publications/m/item/multi-country-outbreak-of-mpox--external-situation-report--11---1-december-2022>
- Multi-country outbreak of monkeypox, External situation report #10- 16 November 2022: <https://www.who.int/publications/m/item/multi-country-outbreak-of-monkeypox--external-situation-report--10---16-november-2022>
- Multi-country outbreak of monkeypox, External situation report #9- 2 November 2022: <https://www.who.int/publications/m/item/multi-country-outbreak-of-monkeypox--external-situation-report--9---2-november-2022>
- Multi-country outbreak of monkeypox, External situation report #8- 19 October 2022: <https://www.who.int/publications/m/item/multi-country-outbreak-of-monkeypox--external-situation-report--8---19-october-2022>
- Multi-country outbreak of monkeypox, External situation report #7- 5 October 2022: <https://www.who.int/publications/m/item/multi-country-outbreak-of-monkeypox--external-situation-report--7---5-october-2022>
- Multi-country outbreak of monkeypox, External situation report #6- 21 September 2022: <https://www.who.int/publications/m/item/multi-country-outbreak-of-monkeypox--external-situation-report--6---21-september-2022>
- Multi-country outbreak of monkeypox, External situation report #5- 7 September 2022: <https://www.who.int/publications/m/item/multi-country-outbreak-of-monkeypox--external-situation-report--5---7-september-2022>
- Multi-country outbreak of monkeypox, External situation report #4- 24 August <https://www.who.int/publications/m/item/multi-country-outbreak-of-monkeypox--external-situation-report--4---24-august-2022>
- Multi-country outbreak of monkeypox, External situation report #3 - 10 August 2022: <https://www.who.int/publications/m/item/multi-country-outbreak-of-monkeypox--external-situation-report--3---10-august-2022>
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- WHO Multi-country outbreak of monkeypox, External situation report #1 - 6 July 2022: <https://www.who.int/publications/m/item/multi-country-outbreak-of-monkeypox--external-situation-report--1---6-july-2022>
- WHO disease outbreak news: Monkeypox, all items related to multi-country outbreak: <https://www.who.int/emergencies/emergency-events/item/2022-e000121>
- WHO disease outbreak news: Monkeypox, all previous items including endemic countries and traveler-associated outbreaks: <https://www.who.int/emergencies/emergency-events/item/monkeypox>

Training and Education

- WHO monkeypox outbreak toolbox, June 2022. <https://www.who.int/docs/default-source/documents/emergencies/outbreak-toolkit/monkeypox-toolbox-20112019.pdf>
- Health topics – Monkeypox: <https://www.who.int/health-topics/monkeypox>
- Open WHO. Online training module. Monkeypox: Introduction. 2020
 - English: <https://openwho.org/courses/monkeypox-introduction>
 - Français: <https://openwho.org/courses/variole-du-singe-introduction>
- Open WHO. Extended training. Monkeypox epidemiology, preparedness and response. 2021.
 - English: <https://openwho.org/courses/monkeypox-intermediate>
 - Français: <https://openwho.org/courses/variole-du-singe-intermediaire>

Other Resources

- WHO AFRO Weekly Bulletin on Outbreaks and Other Emergencies, all previous items: <https://www.afro.who.int/health-topics/disease-outbreaks/outbreaks-and-other-emergencies-updates>
- WHO 5 moments for hand hygiene. <https://www.who.int/campaigns/world-hand-hygiene-day>
- WHO One Health. <https://www.who.int/health-topics/one-health>
- World Organisation for Animal Health, founded as OIE: Monkeypox. <https://www.woah.org/en/disease/monkeypox/>
- Joint WHO Regional Office for Europe - European Centre for Disease Prevention and Control, Monkeypox surveillance bulletin [Situation reports \(who.int\)](https://www.who.int/europe/publications/m/item/monkeypox-surveillance-bulletin)
- Joint WHO Regional Office for Europe - European Centre for Disease Prevention and Control, Monkeypox Resource toolkit to support national authorities and event organizers in their planning and coordination of mass and large gathering events. <https://www.who.int/europe/tools-and-toolkits/monkeypox-resource-toolkit-for-planning-and-coordination-of-mass-and-large-gathering-events/>
- WHO. Monkeypox & mass gatherings. Recommendations for mass gatherings during a monkeypox outbreak. https://cdn.who.int/media/docs/default-source/epi-win/update78_monkeypox-mass-gatherings.pdf?sfvrsn=dfc9ee5a_1&download=true
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- Weekly epidemiological record (WER) no.11, 16 March 2018, Emergence of monkeypox in West Africa and Central Africa 1970-2017. <http://apps.who.int/iris/bitstream/handle/10665/260497/WER9311.pdf;jsessionid=7AB72F28D04CFE6CE24996192FC478FF?sequence=1> Jezek Z., Fenner F.: Human Monkeypox. Monogr Virol. Basel, Karger, 1988, vol 17, pp 1-5. doi: 10.1159/isbn.978-3-318-04039-5
- Clinical management and infection prevention and control for monkeypox: Interim rapid response guidance, 10 June 2022. <https://www.who.int/publications/i/item/WHO-MPX-Clinical-and-IPC-2022.1>

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- mhGAP humanitarian intervention guide (mhGAP-HIG): clinical management of mental, neurological, and substance use conditions in humanitarian emergencies. Geneva: World Health Organization; 2015. <https://www.who.int/publications/i/item/9789241548922>
- mhGAP intervention guide - version 2.0. Geneva: World Health Organization; 2019. <https://www.who.int/publications/i/item/9789241549790>
- mhGAP training manuals for the mhGAP intervention guide for mental, neurological, and substance use disorders in non-specialized health settings. Geneva: World Health Organization; 2017. <https://apps.who.int/iris/handle/10665/250239>

Annex 1: Data, table and figure notes

Caution must be taken when interpreting all data presented. Differences are to be expected between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change. Case detection, definitions, testing strategies, reporting practice, and lag times differ between countries/territories/areas. These factors, amongst others, influence the counts presented, with variable underestimation of true case and death counts, and variable delays to reflecting these data at the global level.

^[i]‘Countries’ may refer to countries, territories, areas or other jurisdictions of similar status. The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Annex 2: Confirmed cases of mpox by WHO region and country from 1 January 2022 to 5 June 2023, 17:00 CEST.

*Countries with no reported cases for more than 21 days

| WHO Region | Country | Total Confirmed Cases | Total Deaths [#] |
|------------------------------|-----------------------------------|-----------------------|---------------------------|
| African Region | Benin* | 3 | 0 |
| | Cameroon | 29 | 3 |
| | Central African Republic* | 30 | 1 |
| | Congo* | 5 | 0 |
| | Democratic Republic of the Congo* | 739 | 2 |
| | Ghana* | 127 | 4 |
| | Liberia* | 13 | 0 |
| | Mozambique* | 1 | 1 |
| | Nigeria | 842 | 9 |
| | South Africa* | 5 | 0 |
| Eastern Mediterranean Region | Bahrain* | 2 | 0 |
| | Egypt* | 3 | 0 |
| | Iran (Islamic Republic of) * | 1 | 0 |
| | Jordan* | 1 | 0 |
| | Lebanon* | 27 | 0 |
| | Morocco* | 3 | 0 |
| | Pakistan | 5 | 0 |
| | Qatar* | 5 | 0 |
| | Saudi Arabia* | 8 | 0 |

| | | | |
|------------------------|-------------------------|-------|---|
| | Sudan* | 19 | 1 |
| | United Arab Emirates* | 16 | 0 |
| European Region | Andorra* | 4 | 0 |
| | Austria* | 328 | 0 |
| | Belgium* | 793 | 2 |
| | Bosnia and Herzegovina* | 9 | 0 |
| | Bulgaria* | 6 | 0 |
| | Croatia* | 33 | 0 |
| | Cyprus* | 5 | 0 |
| | Czechia* | 71 | 1 |
| | Denmark* | 196 | 0 |
| | Estonia* | 11 | 0 |
| | Finland* | 42 | 0 |
| | France* | 4 146 | 0 |
| | Georgia* | 2 | 0 |
| | Germany* | 3 691 | 0 |
| | Gibraltar* | 6 | 0 |
| | Greece* | 88 | 0 |
| | Greenland* | 2 | 0 |
| | Hungary* | 80 | 0 |
| | Iceland* | 16 | 0 |
| | Ireland* | 229 | 0 |
| | Israel* | 262 | 0 |
| | Italy* | 957 | 0 |
| | Latvia* | 6 | 0 |
| | Lithuania* | 5 | 0 |
| | Luxembourg* | 57 | 0 |
| | Malta* | 34 | 0 |
| | Monaco* | 3 | 0 |
| | Montenegro* | 2 | 0 |
| | Netherlands* | 1 264 | 0 |
| | Norway* | 95 | 0 |
| | Poland* | 217 | 0 |
| | Portugal* | 953 | 1 |
| | Republic of Moldova* | 2 | 0 |
| | Romania* | 47 | 0 |
| | Russian Federation* | 2 | 0 |
| | San Marino* | 1 | 0 |
| Serbia* | 40 | 0 | |
| Slovakia* | 14 | 0 | |
| Slovenia* | 47 | 0 | |
| Spain | 7 556 | 3 | |
| Sweden* | 260 | 0 | |
| Switzerland* | 552 | 0 | |
| The United Kingdom | 3 753 | 0 | |
| Türkiye* | 12 | 0 | |
| Ukraine* | 5 | 0 | |
| Region of the Americas | Argentina* | 1 129 | 2 |
| | Aruba* | 3 | 0 |
| | Bahamas* | 2 | 0 |

| | | | |
|--------------------------------------|--|---------------|------------|
| | Barbados* | 1 | 0 |
| | Bermuda* | 1 | 0 |
| | Bolivia (Plurinational State of)* | 265 | 0 |
| | Brazil | 10 948 | 16 |
| | Canada | 1 496 | 0 |
| | Chile* | 1 441 | 2 |
| | Colombia* | 4 090 | 0 |
| | Costa Rica | 223 | 0 |
| | Cuba* | 8 | 1 |
| | Curaçao * | 3 | 0 |
| | Dominican Republic* | 52 | 0 |
| | Ecuador* | 533 | 3 |
| | El Salvador* | 104 | 0 |
| | Guadeloupe* | 1 | 0 |
| | Guatemala* | 405 | 1 |
| | Guyana* | 2 | 0 |
| | Honduras* | 44 | 0 |
| | Jamaica* | 21 | 0 |
| | Martinique* | 7 | 0 |
| | Mexico | 4 020 | 29 |
| | Panama | 235 | 1 |
| | Paraguay* | 125 | 0 |
| | Peru* | 3 800 | 20 |
| | Puerto Rico* | 211 | 0 |
| | Saint Martin* | 1 | 0 |
| | United States of America | 30 243 | 42 |
| Uruguay* | 19 | 0 | |
| Venezuela (Bolivarian Republic of) * | 12 | 0 | |
| South-East Asia Region | India* | 22 | 1 |
| | Indonesia* | 1 | 0 |
| | Sri Lanka* | 2 | 0 |
| | Thailand | 43 | 0 |
| Western Pacific Region | Australia* | 145 | 0 |
| | China | 137 | 0 |
| | Guam* | 1 | 0 |
| | Japan | 169 | 0 |
| | New Caledonia* | 1 | 0 |
| | New Zealand* | 41 | 0 |
| | Philippines* | 5 | 0 |
| | Republic of Korea | 102 | 0 |
| | Singapore* | 25 | 0 |
| | Viet Nam* | 2 | 0 |
| Cumulative | 111 Countries/territories/areas | 87 929 | 146 |

*Only deaths among confirmed cases are reported here; the reported number of deaths due to mpox among suspected cases is available at regional or national level.