Multi-country outbreak of mpox

External Situation Report 19, published 30 March 2023
Data as received by WHO national authorities by 17:00 CEST, 27 March 2023

Risk assessment	Laboratory confirmed cases	Deaths	Countries/areas/territories
Global risk – Moderate	86 724	112	110

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 16 March 2023, 228 new mpox cases (0.3% increase in total cases) and one new related death have been reported to WHO.
- Globally, the number of mpox cases continues to decline, but the Western Pacific region is showing an increase in cases, mainly driven by an outbreak with local transmission in Japan.
- HIV prevalence among mpox cases in the current outbreak is higher than the estimated HIV prevalence in the adult population or among men who have sex with men in all WHO regions, except the African region, from where there is no HIV information for mpox cases available.
- Mpox cases living with HIV present additional sexually transmitted infections slightly more compared with mpox cases without HIV.
- Preliminary results from animal study in Nigeria provide evidence of orthopoxvirus infections, but presence of monkeypox virus was not confirmed.
- More studies are needed in countries where mpox cases are reported to identify the animal reservoir of monkeypox virus and learn more about the epidemiology of mpox in Africa.

Epidemiological Update

Data source: WHO Multi-country mpox outbreak- Global trends

From 1 January 2022 through 27 March 2023, a cumulative total of 86 724 laboratory-confirmed cases of mpox, including 112 deaths, have been reported to WHO from 110 countries/territories/areas (hereafter 'countries') in all six WHO Regions (Table 1). Since the last situation report published on 16 March 2023, 228 new cases (0.3% increase in total cases) and one new death have been reported.

The number of weekly new cases reported globally has declined by 20% in week 12 (20 March through 26 March 2023) (n = 88 cases) compared to week 11 (13 March through 19 March 2023) (n = 110 cases). The number of reported weekly cases was under 100 in the last week for the first time since May 2022. The Western Pacific Region reported an increase in cases (n = 46) in the last three weeks compared to the three weeks prior, driven by an outbreak of mpox among men in Japan, with local transmission.[1] The other regions have reported a decline in case reports or observed no proportional increase (Table 1).

From 13 February through 27 March 2023, 14 countries reported an increase in cases when comparing the past three weeks (7 March through 27 March 2023) to the three weeks prior (13 February through 6 March 2023), with the highest relative increase reported in Japan (n = 36 vs. n = 8). As of 27 March 2023, 28 of the 110 affected countries have reported new cases within the last 21 days, the maximum disease incubation period. Sixteen of them are in the Americas, four are in Europe, three are in the African Region, three are in the Western Pacific Region, and one country each are in the Eastern Mediterranean Region and the South-East Asia Region. From 14 March through 27 March 2023, one new death was reported, from Nigeria.

As of 27 March 2023, the 10 countries that have reported the highest cumulative number of cases globally continue to be the United States of America (n = 30 063), Brazil (n = 10 890), Spain (n = 7546), France (n = 4128), Colombia (n = 4089), Mexico (n = 3937), Peru (n = 3785), the United Kingdom (n = 3738), Germany (n = 3692), and Canada (n = 1478). Together, these countries account for 84.6% of the cases reported globally.

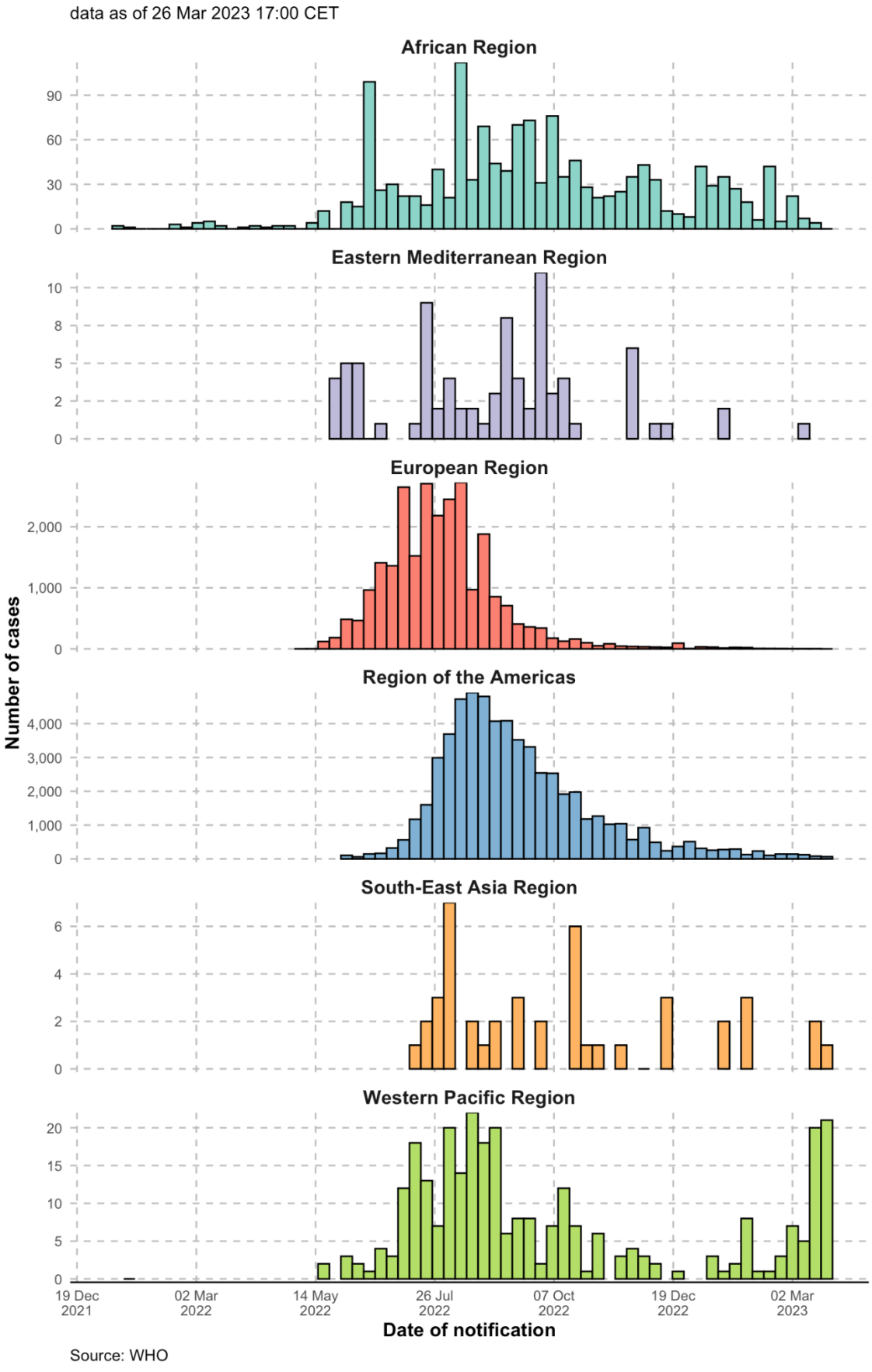
Table 1. Number of cumulative confirmed mpox cases and deaths reported to WHO, by WHO Region, from 1 January 2022 to 27 March 2023 17:00 CEST

WHO Region	Total Confirmed Cases	Total Deaths	Cases in last 3 weeks[1]	3-week change in cases (%)
Region of the Americas	58 991	86	270	-443
European Region	25 852	6	6	-67%
African Region	1454	18	11	-79%
Western Pacific Region	301	0	46	820%
Eastern Mediterranean Region	83	1	1	-
South-East Asia Region	43	1	3	-
Total	86 724	112	337	-39%

(-) Zero cases were reported in at least one of the three-week periods in the past six weeks

[1] 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 26 March 2023, 17:00 CEST*



**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.*

The epidemic curves shown in Figure 1 suggests that the outbreak continues to wane in the European and the Americas Regions. In the African Region, the epidemic curve shows more sustained transmission, while the Western Pacific Region is the only one showing an rise in case reports in the last weeks. Most of the new cases in this region are reported by Japan. The remaining two regions of South-East Asia and Eastern Mediterranean report sporadic cases and clusters rather than sustained transmission.

Other key epidemiological findings:

- As of 27 March 2023, 96.4% (74 579 / 77 359) of cases with available data are men, with a median age of 34 years (interquartile range: 29-41 years). This pattern has been quite stable over time.
- Of cases with age data available, 1.1% (930 / 83 072) are children aged 0-17 years, including 271 (0.3%) aged 0-4 years. The majority of pediatric cases were reported from the Region of the Americas (681 / 930; 73%). The overall proportion of child cases in the Americas is 1.2% (703 / 56 752), similar to the proportion which has been observed globally.
- Among cases with information available, 84.2% (25 572 / 30 388) have 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.
- Of all reported modes of transmission, skin and mucosal contact during sex was the most reported, in 15 353 of 22 293 (68.9%) of all reported transmission events.
- Where information is available, the most reported exposure setting is a party setting with sexual contact, comprising 3806 of 5559 (68.0%) reported exposure settings. In the last three months, transmission in a household setting, as a proportion of all settings reported, has increased from around 10% to 22%.
- Among the cases (n = 33 849) who reported at least one symptom, the most common symptom is any rash, reported in 80.7% of cases, followed by fever (59.1%), and generalized or genital rash (47.3% and 44.1% respectively). The symptomatology of cases has been very consistent over time in this outbreak.

Detailed information on the route of transmission is not available for most cases from the WHO African Region, and available information on transmission might not fully describe the epidemiological spread of the virus in the region. Countries from this region have reported person-to-person transmission, including transmission through sexual contact, as well as, in some contexts (primarily in Central Africa), infection from known or presumed contact with infected animals.

Analysis of mpox in people living with HIV

From global surveillance data of the current outbreak, 48% (17 581 / 36 357) of mpox cases with available information were people living with HIV. A total of 98% (17 317 / 17 374) of mpox cases with HIV co-infection are male, and 94% (16 501 / 17 581) self-identified as gay, bisexual and other men who have sex with men (MSM). The WHO regional distribution of HIV prevalence among MSM with mpox ranges from 33% (2/6) in the South-East Asia Region, to 39% (3968 / 10 205) in the European Region, 45% (9 / 20) in the Eastern-Mediterranean Region, 50% (3 / 6) in the Western Pacific Region, and 56% (12 519 / 22 357) in the Americas (Table 2). No HIV data were available for the African Region in the global surveillance data. This prevalence of HIV among reported mpox cases is much higher than the HIV prevalence estimated among the general population or among MSM across all regions.[2]

Figure 2. Age and sex distribution of mpox cases among people living with HIV from 1 January 2022 to 26 March 2023.

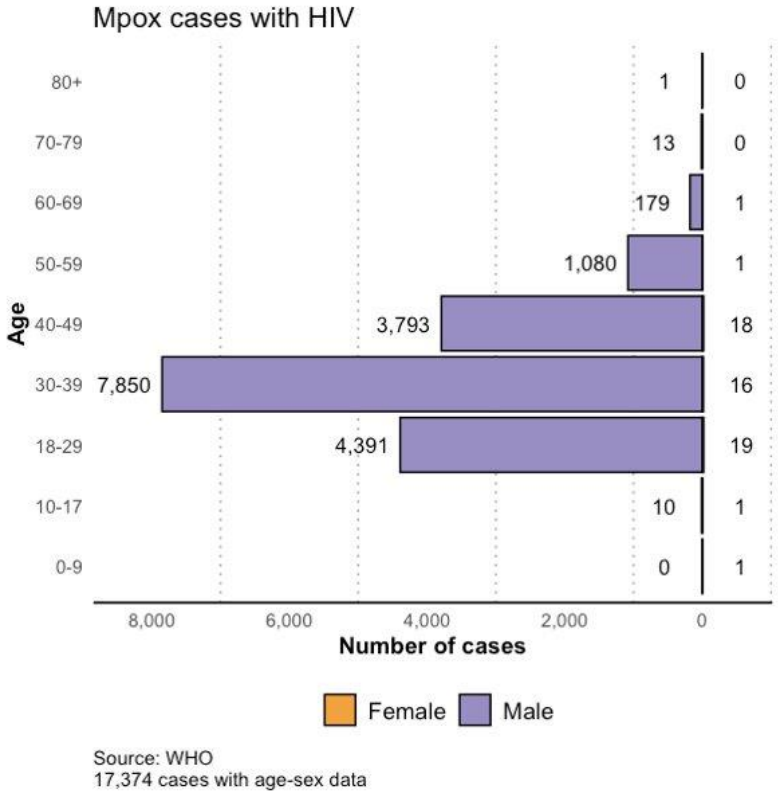
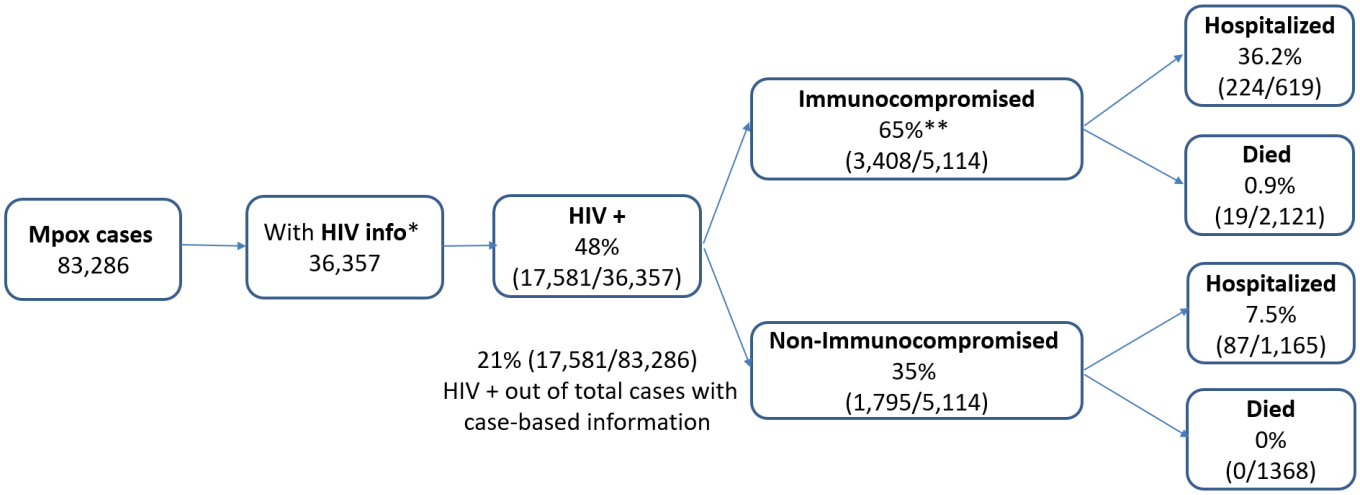


Table 2. HIV prevalence among confirmed cases of mpox in men who have sex with men (MSM) by WHO Region, from 1 January 2022 to 26 March 2023

WHO region	HIV prevalence among MSM mpox cases with HIV information	HIV prevalence among all MSM mpox cases
AFRO	No data	No data
EMRO	45% (9 / 20)	35% (9/26)
EURO	39% (3968 / 10 205)	16% (3968 / 25271)
PAHO	56% (12 519 / 22 357)	24% (12 519 / 52 553)
SEARO	33% (2 / 6)	9% (2 / 22)
WPRO	50% (3 / 6)	2% (3 / 198)

- Among reported mpox cases in people living with HIV for which information was available, 65% were reported to be immunocompromised (Figure 3). The immunocompromised status was defined by the clinician who assessed the case, and no data on the CD4 count of cases was available. Immunocompromised cases showed both a higher hospitalization rate and mortality when compared to non-immunocompromised cases.

Figure 3. Schema showing the distribution of mpox cases with HIV reported to WHO from 1 January 2022 to 26 March 2023

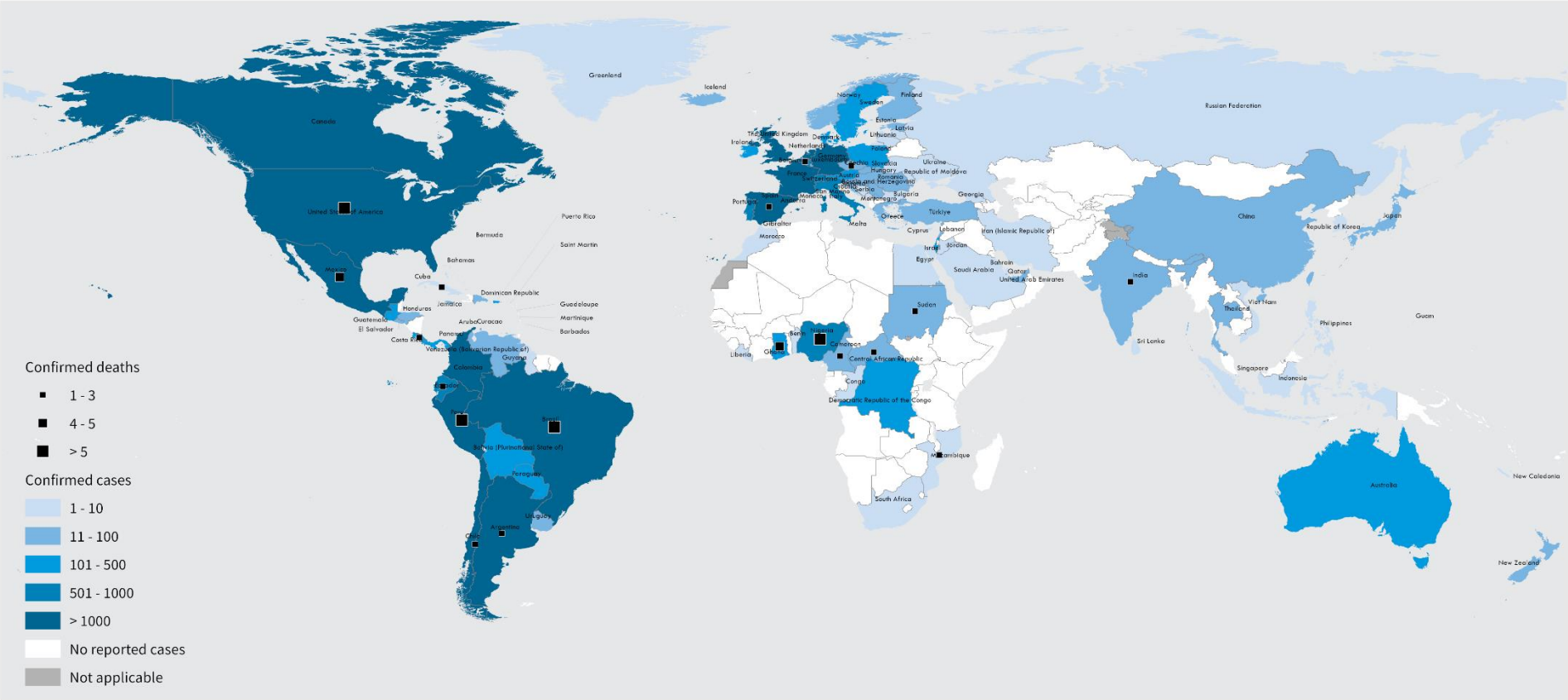


**Around 1/3 of countries does not report HIV status*

*** Only 1% of HIV- cases from surveillance data is immunocompromised*

- Among case reports for persons with mpox and living with HIV, 318 were healthcare workers and two were sex workers.
- A total of 19% (935 / 4899) of mpox cases living with HIV reported at least one other sexually transmitted infection (STI), compared to 14% (777 / 5594) of those without HIV (p-value $< .00001$). The slightly higher proportion of STIs among persons with mpox living with HIV may suggest riskier sexual activities in this group, or increased access to STI testing.

Figure 4. Geographic distribution of confirmed cases of mpox reported to or identified by WHO from official public sources from 1 January 2022 to 27 March 2023 17:00 CEST



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Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
Map Date: 28 March 2023

World Health Organization

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Study of the animal reservoir of monkeypox virus in Nigeria

The preliminary results of an animal study to investigate the reservoir of monkeypox virus (MPXV) conducted in Nigeria between 2018 and 2019 was published February 2023. A total of 240 rodents were sampled during the period, from forest, urban and peri-urban locations associated with recent human cases in four of the affected states.[3]

Molecular analyses by real-time polymerase chain reaction (PCR) identified, in a rodent, an unknown orthopox virus (OPXV) which tested negative for mpox on a MPXV-specific assay. Serological analysis of samples from two animals in a rural and an urban location tested positive by ELISA for OPXV antibody (OPXV IgG). The urban location was close to a correctional facility where a mpox outbreak had been reported in 2017.[4] The serological test could not distinguish between different OPXV species and was unable to ascertain whether the two animals were exposed to MPXV or another OPXV circulating in small mammals in Nigeria.

The study showed molecular and serologic evidence of OPXV infection but could not confirm the presence of MPXV in animals in Nigeria. Similar investigations in the Democratic Republic of the Congo, conducted in 2012, 2013, and 2015, detected OPXV IgG in six rodents, but none was positive for MPXV by PCR.[5]

Nigeria has experienced a resurgence of mpox since September 2017. Prior to this, three cases of mpox were reported in the literature from 1971 and 1978.[3] Between 2017 and December 2022, a total of 988 confirmed mpox cases were recorded, of which 762 were in 2022.[6] Monkeypox virus clade II is the circulating virus in Nigeria. While MPXV was thought to be enzootic in Nigeria, there is a paucity of evidence of animal to human transmission, with the virus yet to be identified in animals. Epidemiological and molecular studies have demonstrated human to human transmission during outbreaks.

More studies are needed in countries where mpox cases are reported to identify the animal reservoir of MPXV and determine the role of zoonosis in the epidemiology of mpox in Africa. In the meantime, public health measures must be taken to reduce human-to-human transmission of mpox and stop the outbreak in Nigeria. Studies are also needed to identify other orthopoxviruses found in animal studies and assess their animal health and public health importance.

References:

1. Multinational spread of monkeypox (mpox) | Osaka Prefectural Infectious Disease Surveillance Center. Accessed March 29, 2023. http://www.iph.pref.osaka.jp/040/20230317114302.html

2. 2022-global-aids-update_en.pdf. Accessed March 29, 2023. https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf

3. Meseko C, Adedeji A, Shittu I, et al. Orthopoxvirus Infections in Rodents, Nigeria, 2018–2019. *Emerg Infect Dis*. 2023;29(2):433-434. doi:10.3201/eid2902.221411

4. Yinka-Ogunleye A, Aruna O, Dalhat M, et al. Outbreak of human monkeypox in Nigeria in 2017-18: a clinical and epidemiological report. *Lancet Infect Dis*. 2019;19(8):872-879. doi:10.1016/S1473-3099(19)30294-4

5. Li Y, Olson VA, Laue T, Laker MT, Damon IK. Detection of monkeypox virus with real-time PCR assays. *J Clin Virol Off Publ Pan Am Soc Clin Virol*. 2006;36(3):194-203. doi:10.1016/j.jcv.2006.03.012

6. Nigeria Centre for Disease Control and Prevention. Accessed March 29, 2023. https://www.ncdc.gov.ng/diseases/sitreps/?cat=8&name=An%20Update%20of%20Monkeypox%20Outbreak%20in%20Nigeria

Regional Update: African Region

Mpox situation update: African region

Between 1 January 2022 and 27 March 2023, 1454 laboratory-confirmed cases have been reported from 10 African countries, including Nigeria (822), the Democratic Republic of the Congo (DRC) (439), Ghana (124), the Central Africa Republic (CAR) (27), Cameroon (18), Liberia (10), Congo (5), South Africa (5), Benin (3), and Mozambique (1). Two countries in the WHO Africa Region (Ghana and South Africa) had not reported human mpox before 2022. It should be noted that Sudan, which is part of the WHO Eastern Mediterranean region, has also reported sporadic cases across the country for the first time, as well as significant Clade I mpox outbreaks in refugee camps in 2022, which had not previously been described. The rest of this report refers to the epidemiology in the WHO African region, not including other countries on the continent.

The six countries with the highest number of cases in the African Region are Nigeria (55.6%), DRC (29.7%), Ghana (8.3%), CAR (1.8%), Cameroon (1.2%), and Liberia (0.7%). Three countries, Nigeria, DRC, and Ghana account for 93.7% (1385) of all mpox cases in the region. Five countries (Benin, Cameroon, Congo, Mozambique, and South Africa) have not reported new cases in 2023.

The average age of mpox cases reported in the WHO African region is 19.9 years, ranging from 0 - 87 years. More than half are males (52.2%). Predominant signs and symptoms include rash (18.3%), fever (17.4%), dysphagia (10.1%), pain (10.1%), and headache (7.3%).

Eighteen deaths have been reported in the region since 2022, from Nigeria (9), Ghana (4), Cameroon (3), CAR (1), and Mozambique (1). Deaths reported in the DRC among suspected cases of mpox are not included in these data, which comprise confirmed and probable cases reported to WHO globally. WHO supports countries in investigating outbreaks, modes of transmission, and characteristics of mpox in the region, by improving laboratory testing capacity to perform genomic sequencing to identify the main clades involved in the outbreak. Both clades I and II are circulating in African countries; Clade I is predominant in CAR, Congo Republic and DRC; clade II is dominant in Benin, Ghana, Nigeria and South Africa; while Cameroon has reported both clades.

WHO response to mpox in the African region

WHO is providing technical assistance and coordinating collaborative efforts across various sectors to devise efficient response plans for containing and preventing the transmission of mpox in the region.

Surveillance and case investigation

WHO assists countries in updating their risk profiles for mpox, enhancing their ability to detect and report cases, improving their alert management systems, and establishing or reinforcing their national contact tracing systems. WHO also aids countries in conducting case investigations and specimen collection, as well as strengthening their capacity for data analysis.

- WHO concluded a plan to integrate mpox into the African Region Integrated Disease Surveillance and Response (IDSR) system and continues to support countries to include mpox as a notifiable disease.
- Guidance notes to strengthen mpox surveillance in the WHO African Region have been developed.
- A regional dashboard has been developed to facilitate data visualization, analysis, and follow-up of mpox cases. Additionally, WHO has developed electronic data collection and reporting tools for aggregated data, linelists, and an online case investigation form.

Coordination and resource mobilization

WHO has deployed three high-level support missions to Ghana, Nigeria, and CAR to augment the monkeypox response efforts. Country support missions work closely with the countries to ensure they have the resources and support to respond effectively to the outbreak.

Laboratory

WHO provides laboratories across the region with essential reagents and training in collaboration with Africa CDC and the West African Health Organization (WAHO).

Risk communication and community engagement (RCCE)

WHO continues to conduct social listening involving monitoring social media and other online platforms to understand how people are talking about control measures and responding to the key messages that have been developed. This will help identify gaps or areas where the messaging may need to be adjusted.

In addition to developing key messages and monitoring social media, there is also a focus on capacity building, involving training community volunteers on how to communicate about control measures effectively. Volunteers are trained to identify key audiences, tailor messages to different groups, and use a variety of relevant communication channels.

Readiness

WHO has developed and shared a readiness assessment tool to determine countries' readiness. Over 80% (39/47) of countries in the Region have evaluated their response abilities. Three countries (8%) reported adequate readiness capacity, 18 (46%) reported moderate capacity, and 18 (46%) reported limited capacity.

Technical guidance and other resources

Strategic Planning and Global Support

- 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)

International Health Regulations Emergency committee and Temporary Recommendations of the Director-General

- 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))
- 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
- WHO Second meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the multi-country outbreak of monkeypox, 23 July 2022. https://www.who.int/news/item/23-07-2022-second-meeting-of-the-international-health-regulations-(2005)-(ihr)-emergency-committee-regarding-the-multi-country-outbreak-of-monkeypox
- WHO Director-General's statement at the press conference following IHR Emergency Committee regarding the multi-country outbreak of monkeypox, 23 July 2022. https://www.who.int/director-general/speeches/detail/who-director-general-s-statement-on-the-press-conference-following-IHR-emergency-committee-regarding-the-multi--country-outbreak-of-monkeypox--23-july-2022

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

Data management

- Monkeypox Case and contact investigation form (CIF) and minimum dataset Case reporting form (CRF). 19 August 2022. https://www.who.int/publications/m/item/monkeypox-minimum-dataset-case-reporting-form-(crf)
- 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

- Updated (V3) Public health advice for gay, bisexual and other men who have sex with men and mpox 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
- Infographic on getting tested for mpox 27 February: https://www.who.int/multi-media/details/getting-tested-for-mpox--what-you-need-to-know
- Mpox Q&A on mpox testing for health workers and individuals: https://www.who.int/news-room/questions-and-answers/item/testing-for-mpox--health-workers & https://www.who.int/news-room/questions-and-answers/item/testing-for-mpox--individuals-and-communities
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- 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 (Sept. 22, 2022)
- How is monkeypox spreading? What do we know so far (July 27, 2022)
- Monkeypox outbreak and mass gatherings (June 24, 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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One Health and animal health

- WOAH Risk Guidance on Reducing Spillback 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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Training and Education

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Other Resources

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- 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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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 27 March 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*	18	3
	Central African Republic*	27	1
	Congo*	5	0
	Democratic Republic of the Congo*	439	0
	Ghana	124	4
	Liberia	10	0
	Mozambique*	1	1
	Nigeria	822	9
	South Africa*	5	0
Eastern Mediterranean Region	Bahrain*	1	0
	Egypt*	3	0
	Iran (Islamic Republic of) *	1	0
	Jordan*	1	0
	Lebanon	27	0
	Morocco*	3	0
	Qatar*	5	0
	Saudi Arabia*	8	0
	Sudan*	18	1
	United Arab Emirates*	16	0
European Region	Andorra*	4	0
	Austria*	327	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*	4128	0
	Georgia*	2	0
	Germany*	3692	0
	Gibraltar*	6	0

	Greece	87	0
	Greenland*	2	0
	Hungary*	80	0
	Iceland*	16	0
	Ireland*	228	0
	Israel*	262	0
	Italy*	957	0
	Latvia*	6	0
	Lithuania*	5	0
	Luxembourg*	57	0
	Malta*	33	0
	Monaco*	3	0
	Montenegro*	2	0
	Netherlands	1262	0
	Norway*	95	0
	Poland*	215	0
	Portugal*	951	0
	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	7546	3
	Sweden*	260	0
	Switzerland	552	0
	Türkiye *	12	0
	The United Kingdom*	3738	0
	Ukraine*	5	0
Region of the Americas	Argentina	1122	2
	Aruba*	3	0
	Bahamas*	2	0
	Barbados*	1	0
	Bermuda*	1	0
	Bolivia (Plurinational State of)*	265	0
	Brazil	10 890	15
	Canada	1478	0
	Chile	1437	2
	Colombia	4089	0
	Costa Rica	213	1
	Cuba*	8	1
	Curaçao *	3	0
	Dominican Republic*	52	0
	Ecuador	528	3
	El Salvador*	98	0
	Guadeloupe*	1	0
	Guatemala	404	0
	Guyana*	2	0
	Honduras	32	0
	Jamaica	19	0

	Martinique*	7	0
	Mexico	3937	4
	Panama	189	0
	Paraguay	119	0
	Peru	3785	20
	Puerto Rico	211	0
	Saint Martin*	1	0
	United States of America	30 063	38
	Uruguay*	19	0
	Venezuela (Bolivarian Republic of) *	12	0
South-East Asia Region	India*	22	1
	Indonesia*	1	0
	Sri Lanka*	2	0
	Thailand	18	0
Western Pacific Region	Australia*	144	0
	China	19	0
	Guam*	1	0
	Japan	63	0
	New Caledonia*	1	0
	New Zealand*	41	0
	Philippines*	4	0
	Republic of Korea	5	0
	Singapore*	21	0
	Viet Nam*	2	0
Cumulative	**110 Countries/territories/areas**	**86 724**	**112**

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