



## Disease Outbreak News

# Mpox – African Region

22 August 2024

---

## Situation at a glance

On 14 August 2024, the WHO Director-General determined that the upsurge of mpox in the Democratic Republic of the Congo and a growing number of countries in Africa constitutes a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations (2005) (IHR), the highest level of alarm under the IHR. Here we describe the latest countries in the region newly reporting cases since the start of the multi-country outbreak in 2022. The clade Ib MPXV outbreak, which began in September 2023 in the Democratic Republic of the Congo, is having an increasing number of cases in the country and also expanding to neighbouring countries. Burundi, Kenya, Rwanda and Uganda have each reported their first mpox cases. Several of these cases have travel links to eastern parts of the Democratic Republic of the Congo and each of these countries has identified clade Ib monkeypox virus (MPXV). Based on available epidemiological data, this clade has been spreading rapidly among adults through close physical contact, including sexual contact identified within networks of sex workers and their clients. As the virus spreads further, the affected groups are changing, with the virus also taking hold within households and other settings. Additionally, Cote d'Ivoire is reporting cases of clade II mpox for the first time since the start of the multi-country outbreak in 2022.

## Description of the situation

Described below are the latest countries in the African region newly affected by mpox, either clade I or clade II, since the start of the multi-country outbreak in 2022. Additional countries in the region are continuing to report cases, please refer to the [dashboard recently published](#) for an update on these countries including the latest epidemiological trends.

## Central and East Africa

### *Burundi*

On 25 July 2024, the Ministry of Health of Burundi declared an outbreak of mpox following the confirmation of three cases by the National Reference Laboratory of the National Institute of Public Health. These cases were identified on 22 July; one case from Kamenge University Hospital, a second case from Kamenge Military Hospital, and the third case from Isare Health District. They reported symptom onset on 24 July including fever, joint pain, and a widespread rash. Samples collected during a multidisciplinary investigation tested positive for mpox on 25 July with PCR. These are the first confirmed mpox cases ever identified in Burundi.

As of 17 August 2024, there had been 545 alerts of mpox cases since the outbreak declaration, of which 474 suspected cases (86.9%) had been investigated and validated. Of 358 suspected cases tested, 142 (39.7%) tested positive for MPXV. Genomic sequencing analysis has confirmed clade Ib MPXV. No deaths were reported as of 17 August.

Confirmed cases have been reported from 26 of the 49 districts (53.1%). The most affected district is Bujumbura Nord, an urban area, with 54 of the 142 confirmed cases (38%). No deaths had been documented at the time of reporting.

Males account for 55.6% of the cases and females for 44.4%. Children under the age of five years make up 28.9% of the cases, followed by those aged from 11 to 20 years (20.4%), and those aged from 21 to 30 years (18.3%).\*

### *Kenya*

On 29 July 2024, the Ministry of Health confirmed a case of mpox in Taita Taveta County bordering Tanzania. The patient is a 42-year-old Kenyan male residing in Kiambu County (neighbouring Nairobi). The case has a history of travel from Kampala, Uganda, to Mombasa, Kenya, and at the time of identification, the patient was travelling to Rwanda through Tanzania.

As of 13 August, a total of 14 suspected cases had been identified, one case had tested positive for MPXV Clade Ib, 12 suspected cases had tested negative, and the test result for one case was pending. This is the first mpox case ever identified in Kenya. No deaths had been reported as of 13 August.

### *Rwanda*

On 24 July 2024, IHR National Focal Point (NFP) for Rwanda notified WHO of two laboratory-confirmed mpox cases in Rwanda, and on 27 July, the Ministry of Health declared an outbreak of mpox in the country. The cases included a 33-year-old female (case 1) who frequently travels to the Democratic Republic of the Congo, and a 34-year-old male (case 2) with a recent travel history to the Democratic Republic of the Congo. Case 1 was identified at a point of entry (PoE) and isolated in Rusizi district, and case 2 was identified at Kibagabaga hospital of Gasabo district. Both cases were reported to be in stable condition and under continuous medical follow-up. These are the first confirmed mpox cases ever identified in Rwanda.

As of 7 August 2024, four confirmed mpox cases and zero deaths had cumulatively been reported by the country. Among the two new cases, one is a 34-year-old male, residing in Gasabo District in Kigali. His symptoms started on 15 July 2024 with fever, swollen lymph nodes, sore throat, and rashes on the arms, face and genitals. He had travelled back from Burundi on 12 July 2024 and is currently in isolation. Five close contacts are under follow up. The other case is a 39-year-old Rwandan male, resident of Kicukiro District with travel history to the Democratic Republic of the Congo. He had similar symptoms, along with headache, which started on 12 July 2024. Four of his close contacts have been identified and they are under follow up. Sequencing analysis has confirmed MPXV Clade Ib.

### *Uganda*

In June and early July 2024, Kasese District enhanced surveillance for mpox disease along the border with the Democratic Republic of the Congo in light of reported increasing cases in the neighbouring country. Following the orientation of screeners at the Bwera point of entry and Bwera Hospital, six suspected cases were identified on 11 July. Samples were collected for laboratory testing from the suspected cases, two of which tested positive for MPXV Clade Ib on 15 July. The first of the confirmed cases is a 37-year-old female and the second case is a 22-year-old female national of the Democratic Republic of the Congo. These are the first mpox cases identified in the country. Both cases had onset of symptoms on 11 July and were confirmed by a PCR test at the Uganda Virus Research Institute on 15 July 2024.

Investigations revealed that transmission occurred outside Uganda and no secondary transmission has been linked to the two cases as of 12 August 2024. By the same date, 39 suspected cases had been reported. Furthermore, 37 contacts of the confirmed cases were under follow-up. No deaths have been reported as of 20 August.

### **West Africa**

#### *Côte d'Ivoire*

In July 2024, Côte d'Ivoire confirmed two non-fatal cases of mpox. The first case is a 46-year-old patient who consulted a doctor on 1 July with a fever, headache and skin rash, in Tabou district, San Pedro region, on the border with Liberia. Mpox was confirmed by the Institut Pasteur de Côte d'Ivoire laboratory on 3 July and again on 14 July by the Institute Pasteur in Dakar. The second case is a 20-year-old patient, in the Koumassi health district in Abidjan, who presented with skin rash and oral mucosal lesions on 14 July. No epidemiological link between these first two cases has been identified.

As of 7 August 2024, seven mpox cases had been confirmed in three health districts: Koumassi (one case), Tabou (one case), and Yopougon-Ouest-Songon (five cases). Four of the confirmed cases (57%) are male, and all seven cases are above 15 years of age. Forty contacts have been identified and are being followed up. The country has previously reported mpox, but no cases had been notified since the start of the multi-country outbreak in 2022. The newly detected cases in 2024 belong to clade II MPXV.

## Epidemiology

Mpox is an infectious disease caused by the monkeypox virus (MPXV). There are two known clades of MPXV: clade I, previously called the Congo Basin clade, which includes subclades Ia and the recently identified Ib; and clade II, previously called the West African clade, which includes subclades IIa and IIb. Subclades Ia and Ib have been defined based on the emergence of subclade Ib in the South Kivu province of the Democratic Republic of the Congo, where it has predominantly spread through sexual contact. Subclade Ia is currently considered to encompass all other strains of Clade I that are not Ib.

MPXV transmits between humans through close contact with lesions, body fluids, infectious respiratory particles or contaminated materials, or from animals to humans through contact with live animals or consumption of contaminated bushmeat. Mpox causes signs and symptoms which usually begin within a week of exposure but can start one to 21 days later. Symptoms typically last for two to four weeks but may last longer in someone with a weakened immune system. Normally, fever, muscle aches and sore throat appear first, followed by skin and mucosal rash. Lymphadenopathy (swollen lymph nodes) is also a typical feature of mpox, present in most cases. Transmission through sexual contact has been observed to lead to the appearance sometimes of only genital lesions. Children, pregnant women and people with weak immune systems are at risk of developing complications and dying of mpox.

It is important to distinguish mpox from chickenpox, measles, bacterial skin infections, scabies, herpes, syphilis, other sexually transmissible infections, and medication-associated allergies. Someone with mpox may also concurrently have another sexually transmissible infection such as herpes. Alternatively, a child or adult with suspected mpox may have chickenpox. For these reasons, laboratory testing is important for confirmation of mpox, particularly for the first cases in an outbreak or new geographic area.

The primary diagnostic test for MPXV infection is polymerase chain reaction (PCR). The best diagnostic specimens are taken directly from the rash – skin, fluid or crusts – collected by vigorous swabbing. In the absence of skin lesions, testing can be done on oropharyngeal, anal or rectal swabs. However, while a positive result of oropharyngeal, anal or rectal sample confirms mpox, a negative result is not enough to rule out MPXV infection. Testing of blood is not recommended. Serology does not distinguish between different orthopoxviruses and is therefore restricted to reference laboratories where antibody detection methods may be applied for retrospective case classification or in special studies.

Treatment is based primarily on managing clinical symptoms, ensuring skin care, reducing pain, and preventing and managing complications. Where available through emergency or compassionate use programmes, specific antiviral medications such as tecovirimat can also be used in the treatment of mpox, particularly for severe cases or individuals at higher risk of complications.

Three vaccines are currently available for use to prevent mpox in different countries (MVA-BN, LC16-KMB, and OrthopoxVac - the latter not yet commercialized). WHO recommends use of MVA-BN or LC16 vaccines when the others are not available.

Vaccination is recommended by WHO for individuals at high risk of exposure.

## Public health response

### Coordination

The WHO African Regional Office (AFRO) reviewed and expanded the regional incident management support team to ensure that Member States receive the necessary support for managing the mpox outbreak. A critical meeting held in South Africa discussed urgent measures to address the rising number of mpox cases. It also proposed a review of the regional risk assessment given the acute situation. WHO has engaged in technical

coordination meetings with the Africa Centres for Disease Control and Prevention (Africa CDC) to develop a joint mpox taskforce. Additionally, both organizations agreed on actions to accelerate the operational response, particularly in strengthening the technical working group on vaccines and enhancing cross-border readiness and surveillance.

## **Risk Communication and Community Engagement (RCCE)**

There is ongoing development of an RCCE operational plan in Sud-Kivu, with regular partner meetings to coordinate efforts. Online social listening software called DIGIMIND has been employed to capture discussions and rumours about mpox. This data is analysed to produce reports that inform risk communication strategies. A series of briefings were conducted for 141 stakeholders, including journalists, social mobilizers, and community leaders in South-Kivu and Sankuru Provinces.

WHO has produced and broadcast interactive programs in multiple regions and languages, conducted public sensitization, and engaged in home visits and advocacy with political authorities to raise awareness and manage the outbreak.

## **Infection Prevention and Control (IPC)**

An IPC Rapid Assessment Tool (RAT) for health facilities has been developed and disseminated to countries that are experiencing an active outbreak of mpox, in order to rapidly assess IPC and WASH capacities to care for mpox patients safely in health facilities. Countries are encouraged to work with partners to support improvements as identified through this rapid assessment. WHO has also published posters for health and care workers on how to put on and remove personal protective equipment. WHO is also coordinating actions with IPC focal points in countries currently experiencing an active outbreak of mpox. WHO is supporting South Africa through a review of protocols, national IPC guidelines for mpox and strengthening the capacity of health and care workers through training.

## **Preparedness and Readiness**

WHO is supporting Member States to increase their preparedness and readiness capacities. Additionally, South Africa has undergone subnational readiness assessments, focusing on non-affected provinces. The organization is supporting the development of contingency plans in priority and bordering countries and will continue to provide technical support to address gaps in readiness.

## **Surveillance**

WHO continuously collects and analyses data from affected countries to monitor the spread and impact of the mpox outbreak, utilizing epidemiological tools to identify trends and transmission patterns. WHO also provides real-time situation reports and implements dashboards to help stakeholders interpret complex data. Training sessions and workshops are conducted for national surveillance teams, along with the development and distribution of guidelines and Standard Operating Procedures (SOPs) to ensure consistent surveillance activities.

WHO supports the upgrading of surveillance infrastructure and the implementation of community-based surveillance programs, particularly in high-risk areas such as Internally Displaced People's (IDP) camps. In the short term, WHO's focus is on implementing standardized protocols, deploying real-time reporting systems, enhancing data integration and sharing, building local capacity, and strengthening early warning systems.

## **Laboratory**

WHO has supported the procurement of laboratory reagents for South Africa and Liberia, and aims to improve logistics for specimen collection and transportation, ensuring timely delivery and adequate supplies across all health facilities. Countries are encouraged to sequence a subset of samples to monitor evolutionary trends and transmission partners.

## **Vaccination**

WHO supports countries in obtaining regulatory approval for vaccine products, identifying target populations, and developing vaccination strategies. WHO provided technical support for a vaccination strategy workshop took place in Kinshasa in the Democratic Republic of the Congo, ahead of anticipated deployment of mpox vaccines in the country. WHO is assisting countries in developing research protocols to address existing data gaps.

## **Case Management**

WHO is supporting the distribution of mpox therapeutics (tegovirimat) to South Africa. Participation in clinical webinars and review of guidelines for mpox dead body management are ongoing. Future efforts include engaging with WHO Country Offices in the Democratic Republic of the Congo and South Africa to develop clinical case identification job aids, creating home-based care guidelines for mild mpox cases, and collaborating with neighbouring countries to enhance regional preparedness.

## **Response measures by country**

*Burundi*

- The national Emergency Operations Centre (EOC) has been activated, with support from WHO.
- An alert system is in place and surveillance field visits are taking place for validation of alerts, investigation of suspected mpox cases, and contact tracing for confirmed cases. However, the current resources are limited and not sufficient for all surveillance activities.
- Laboratory sample analysis is performed at the National Reference Laboratory which has received technical and reagent support from WHO and partners but, nevertheless faces resource challenges.
- Most cases are treated and isolated in hospitals because of the absence of isolation conditions in other health facilities. Case management consists of syndromic treatment of mpox.
- RCCE activities are ongoing to advise the population on protecting themselves from contracting the disease. Nevertheless, the awareness about the disease among patients and healthcare workers is limited and must be enhanced at all levels.

*Kenya*

Following the confirmation of the mpox case in Kenya, the Ministry of Health has undertaken various response measures, including:

- Public Health Emergency Operations has been activated.
- Incident Management Teams have been established to coordinate the response activities.
- Draft national mpox response plan and case management guidelines have been developed.
- Contact tracing of all patient's close contacts along the travel itinerary in the country is ongoing.
- There is heightened surveillance in all counties along the Busia to Mombasa highway and the Mombasa to Taveta Road, to identify all contacts and any other unidentified cases.

- **Mpox case definition has been developed and shared with all counties.**
- **Cross-border communication with health authorities in neighbouring countries where the patient travelled to trace all potential contacts is ongoing.**
- **Rapid Response Teams have been deployed to support affected counties with detailed investigations.**
- **The evolution of outbreaks in neighbouring countries is being monitored to assess the risk of regional transmission and adjust response measures accordingly.**
- **Public sensitization in all counties is ongoing to sensitize on the outbreak, necessary preventive measures, and steps to take if they contract the disease, including frequent handwashing with soap and water or hand sanitizer, seeking early treatment, and avoiding close contact with sick persons.**
- **Emergency Hotline Numbers have been provided for the public to report suspected cases and seek further information about the outbreak.**
- **The Ministry of Health issued advisories to the health workers and the public, risk communication messages have been developed and disseminated to the public and at the Points of Entry (PoEs).**

### *Rwanda*

After the confirmation of two mpox cases, the Ministry of Health and relevant stakeholders went to Rusizi and Rubavu Districts, which are bordering the Democratic Republic of the Congo where mpox cases are increasing, to conduct a situation analysis which led to the investigations of the confirmed cases. Efforts to contain cases are actively underway, with thorough contact tracing and active case search in high-risk groups in Rubavu, Rusizi, Kicukiro and Gasabo districts. The Ministry of Health, in collaboration with its partners, is continuing to implement the following response interventions:

#### **Coordination leadership:**

- National Rapid Response Team (RRT) was deployed to support Rusizi and Rubavu Districts and conduct a rapid situation assessment.
- A national mpox contingency plan and management guidelines were developed.
- Stakeholders' dissemination meeting was held on 1 August.
- **A functional mpox Command Post was set up.**

### Surveillance:

- Surveillance has been heightened at PoEs, community, and at health facilities.
- Data collection for suspected and confirmed cases and their contacts.
- Contact tracing and follow-up of close contacts to confirmed cases.

### RCCE:

- Audio and video spots development.
- TV and radio program on mpox outbreak.
- Translated mpox awareness materials at PoEs.
- Social media assets on mpox awareness and social media influencer engagement on mpox awareness

### Case Management and IPC:

- Isolation and case management of confirmed cases are ongoing.
- Training of Trainers (ToT) for healthcare providers on case management, IPC and referral of suspected cases for testing.
- ToT for community health workers on case identification, IPC and referral of suspected cases at health facilities.

### Diagnostic and laboratory capacity:

- Ongoing testing of suspected cases and the country has capacity to conduct PCR and genomic sequencing.
- **ToT for laboratory technicians on mpox sampling.**

### *Uganda*

Following the confirmation of the mpox cases in Uganda, various response measures have been undertaken, including:

- The Ministry of Health and partners, including the WHO, have deployed members of the national and district RRTs.
- A preparedness and response plan are in place, having been approved by the National Task Force of the Ministry of Health.
- The country has employed the Incident Management System (IMS) to respond to all public health emergencies, including the current mpox outbreak.
- Active case-finding is ongoing in all the high-risk and moderate-risk local sub-counties and health facilities, samples are being collected from suspected cases and shipped to both the field-based and national laboratory for testing.

### *Côte d'Ivoire*

- The government activated the Public Health Emergency Operations Center on 15 July 2024.

- Epidemiological surveillance has been strengthened, including preparation and distribution of surveillance guidance, as well as contact tracing and contact follow-up. All cases are being investigated and active case and contact search is ongoing.
- Diagnostic capacity has been strengthened and sampling kits have been provided.
- Treatment and isolation are ongoing in hospitals and in the community, and IPC measures around cases and health facilities have been strengthened.
- Public awareness campaigns have also been implemented to inform citizens about preventive measures through mass media channels.

## WHO risk assessment

The current expansion of mpox in the African continent is unprecedented. At least four countries have identified cases for the first time and others, such as Côte d'Ivoire, are reporting re-emerging outbreaks. The modes of transmission in these countries are not fully described yet and are likely to include exclusive human-to-human transmission.

Clade I mpox is being identified for the first time outside of the countries that had been previously affected. Initial transmission in the newly affected countries in East Africa and beyond has been linked to travel to or from the Democratic Republic of Congo, but the expansion of the outbreak in Burundi suggests that in some settings, there may already be sustained community transmission. Epidemiological links between confirmed cases are not always known, therefore, multiple transmission chains might be ongoing in the different countries, and more undetected cases in the community are likely. Based on available epidemiological data, this clade has been spreading rapidly among adults through close physical contact, including sexual contact identified within networks of sex workers and their clients. As the virus spreads further, the affected groups are changing, with the virus also taking hold within households and other settings.

In areas or congregate settings with high population density as well in high-risk sexual networks, transmission could lead to explosive outbreaks, further compounded by population movements or insecurity. Conversely, the virus can also spread silently along commercial travel routes as in some cases symptoms may be less severe, access to health services in transit may be limited or concerns about stigma may cause persons affected to avoid seeking care.

While vaccination against smallpox was shown in the past to be cross-protective against mpox, any immunity from smallpox vaccination will only be present in persons over the age of 42 to 50 years or older, since natural exposure to smallpox and smallpox vaccination programmes

ended in 1980 after smallpox eradication. None of the four newly affected countries has access to mpox vaccines or antivirals.

Based on the above, WHO has separately assessed the risk of mpox in the eastern Democratic Republic of the Congo and neighbouring countries as high and in Cote d'Ivoire, and other West African countries as moderate. This risk applies to the general population, especially those who have sexual contact with a mpox case, as well as health workers if they are not taking appropriate precautions when examining, testing and treating mpox cases.

Currently no deaths have been reported in the five above mentioned countries, however, there is the potential for increased health impact with wider spread among vulnerable groups such as children, immunocompromised individuals, including persons with uncontrolled HIV infection or advanced HIV disease, or pregnant women in whom mpox can be more severe.

There is concern that the mpox outbreak in Africa will continue to evolve given:

- **The evidence of possible under-detection and under-reporting of local transmission. Many reported cases have no established epidemiological link and have been identified in different countries and in different locations within each country.**
- **While all of the governments have activated emergency responses in the countries, with support from in-country and global partners, resources to respond remain limited in some of the countries, and resource mobilization may be slow. Technical and financial support is needed to ensure a robust response at national and provincial/local levels.**
- **Although the governments and partners are all mobilized to support adequate patient care for affected patients and introduce vaccines for people at risk, these measures are currently not in place in most countries in Africa, and their acquisition and roll-out will still require some time for implementation.**
- **Since some of the countries have not reported mpox before, public awareness of the disease, as well as knowledge about and capacity for identifying it among health and care workers in newly affected countries remains limited.**
- **Concurrently, the global multi-country outbreak of mpox is still ongoing. Countries outside of Africa that seemed to have achieved control of human-to-human transmission continue to detect sporadic cases ` outbreaks, and an unprecedented**

**increase of cases and reporting countries has been observed in the African Region, especially in the Democratic Republic of the Congo, increasing the risk of further transmission in the region and the whole world.**

## WHO advice

### General

Health authorities and clinicians/health and care workers of all countries should be aware that the global mpox outbreak linked to clade IIb MPXV is ongoing in all WHO regions, and Clade I monkeypox virus (MPXV) outbreaks are increasing in Central and East Africa, therefore, the risk of cross-border and international spread persists.

WHO strongly advises that countries continue to follow the Standing Recommendations of the Director-General of the WHO issued in August 2023 and extended for another year, as well as the Temporary Recommendations issued by the Director General after the declaration of the PHEIC.

Countries need to have in place mpox epidemiological surveillance and strengthen laboratory diagnostic capacities in line with updated WHO interim guidance, including genomic sequencing of viruses. Additionally, countries need to have diagnostic capacities capable of detecting both MPXV clades.

There must be sustained implementation of risk communication and community engagement appropriate to each context, maintenance or initiation of vaccination (where available) for persons at risk, optimal case management, adherence to infection control measures, strengthening research to better appreciate modes of transmission in different contexts, and sustained support for the development of rapid diagnostic methods and treatments adapted to the needs of patients.

Where circulation remains low, health authorities should strive to achieve the elimination of human-to-human transmission of mpox and ensure the maintenance of capacity for outbreak response.

Anyone with a clinical or laboratory-confirmed diagnosis of mpox should follow the instructions of health authorities according to the local context, possibly including isolation during the infectious period. Mpox cases should avoid travel, including international travel, unless the reason for travel is seeking mpox medical care, until they do not present any mpox

symptoms and the scabs of their lesions have fallen off. Contacts of a confirmed case are asked to limit their movements (and, if necessary, to abstain from sexual relations) for 21 days, the monitoring period for the appearance of possible symptoms.

Smallpox vaccines composed of vaccinia virus also protect against mpox, cross-protecting due to the antigenic similarity of the viruses. Vaccination against mpox is recommended for people possibly at risk of contracting the disease. Mass vaccination is not required nor recommended for mpox at this time.

For specific antiviral treatments currently being assessed for effectiveness against mpox, such as tecovirimat, access is possible through a request from WHO for compassionate use, application for use under the [WHO MEURI](#) protocol or direct purchase from the manufacturer.

It is essential to deepen knowledge in different contexts on the epidemiological links between mpox and HIV infection, their respective and common risk factors for infection and progression to severe disease, optimal case management in the event of co-infection and the effectiveness of vaccines and therapeutic approaches.

## In the community

RCCE activities are vital in motivating affected communities to become aware of the risks and protective behaviours, as well as to understand, prevent and combat stigma and discrimination. Key audiences should be identified, which depending on the context may include health professionals, commercial sex workers, men who have sex with men, trans- and gender-diverse individuals, people working at or attending venues and events where sexual activity takes place, and people at risk of more serious illness (including persons living with untreated or poorly controlled HIV infection).

Please refer to the [WHO RCCE toolkit for mpox](#) for further guidance on risk communication and community engagement.

It is also crucial that IPC and WASH measures be followed within the community to prevent and control transmission of mpox. Patients diagnosed with non-severe mpox can be isolated at home for the duration of the infectious period, provided a home assessment confirms that IPC and WASH conditions are met in the home setting. Patients being cared for at home should remain in a dedicated, well-ventilated room (e.g., with frequently opened windows) separate from other household members. Items such as eating utensils, linens, towels, electronic devices, and beds should be used exclusively by the person with mpox. Personal items should not be shared. If a health or care worker provides care at home, they should wear appropriate personal protective equipment (PPE) (gloves, gown, eye protection, and

respirator), perform hand hygiene using soap and water or alcohol-based hand rub (ABHR) according to [WHO's 5 moments](#), and clean and disinfect any patient care equipment used and frequently touched surfaces or items. Contaminated laundry from an infected person should not be mixed with other laundry and should be managed in a way that does not produce splashes and particles in the air. Contaminated laundry can be washed in a washing machine using detergent.<sup>[1]</sup> Waste generated in the infected person's area should be placed in a strong bag, securely tied before disposal into the general waste stream (not recycling). Hand hygiene should be performed immediately after disposing of waste.

Please refer to "[Clinical management and infection prevention and control for monkeypox: Interim rapid response guidance](#)" for further guidance on IPC measures in community settings.

### **In healthcare settings**

Implementing IPC and WASH measures in healthcare settings is necessary to prevent and control the transmission of mpox. It is important to train health and care workers on the modes of transmission for mpox and the control measures, including following standard and transmission-based precautions to prevent and control transmission of mpox. Screening of patients for mpox followed by appropriate patient placement and isolation should be in place. Health-care facilities should ensure health and care workers have access to and appropriately wear PPE (gloves, gown, eye protection, and respirator), adhere to [WHO's Five Moments](#) for hand hygiene using soap and water or alcohol-based hand rub and ensure frequent cleaning and disinfection of the patient environment. Health and care workers should be reminded to handle and dispose of sharps safely and where possible and avoid the use of sharps on lesions (e.g. avoid deroofing) when collecting specimens. All bodily fluids and solid waste from patients with mpox should be treated as infectious waste. For further guidance on IPC measures that are required when caring for patients with mpox, please refer to the [Clinical Management and infection prevention and control for mpox: Interim rapid response guidance](#).

Fully functioning water, sanitation, hygiene (WASH) and health care waste management services are a critical aspect of IPC practices and ensuring patient safety and quality of care. To ensure that the health care facility is compliant with imperative WASH standards, please refer to WASH FIT: A practical guide for improving quality of care through water, sanitation and hygiene in health care facilities.<sup>[2]</sup>

While protecting themselves with recommended measures, health and care workers should also ensure that the stigmatization of patients with mpox presenting for care is avoided, and that psychological support is provided when needed.

### At points of entry

States Parties are recommended to encourage authorities, health and care workers and community groups to provide travellers with relevant information to protect themselves and others before, during and after travel to events or gatherings where mpox may present a risk.

WHO does not recommend any restrictions for travel to and trade with these countries, or any other mpox-affected country.

## Further information

### Situation Reports

Mpox situation reports can be found in the following link: [WHO - Emergency situation reports](#)

The [latest situation report](#) published provides details on the latest epidemiological trends, including an update on the geographic expansion of mpox in the WHO African Region from July – August 2024.

### Disease Outbreak News

Recently published Disease Outbreak News:

- [Mpox – South Africa](#)
- [Mpox – Democratic Republic of the Congo](#)

### Further Information

- First meeting of the International Health Regulations (2005) Emergency Committee regarding the upsurge of mpox 2024: [https://www.who.int/news/item/19-08-2024-first-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-upsurge-of-mpox-2024](https://www.who.int/news/item/19-08-2024-first-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-upsurge-of-mpox-2024)
- World Health Organization (2022). Transmission-based precautions for the prevention and control of infections: aide-memoire. Available at: [Transmission-based precautions for the prevention and control of infections: aide-memoire \(who.int\)](#)
- World Health Organization | African Region (2024). Mpox in the WHO African Region: Regional Mpox Bulletin. Available at: [AFRO-Mpox bulletin -11 August 2024.pdf \(who.int\)](#)

- Standing recommendations for mpox issued by the Director-General of the World Health Organization (WHO) in accordance with the International Health Regulations (2005) (IHR);  
[https://www.who.int/publications/m/item/standing-recommendations-for-mpox-issued-by-the-director-general-of-the-world-health-organization-\(who\)-in-accordance-with-the-international-health-regulations-\(2005\)-\(ihr\)](https://www.who.int/publications/m/item/standing-recommendations-for-mpox-issued-by-the-director-general-of-the-world-health-organization-(who)-in-accordance-with-the-international-health-regulations-(2005)-(ihr))
- Risk communication and community engagement readiness and response toolkit: mpox, 23 April 2024; <https://www.who.int/publications/i/item/9789240091559>
- Risk communication and community engagement public health advice on understanding, preventing and addressing stigma and discrimination related to mpox; <https://www.who.int/publications/m/item/communications-and-community-engagement-interim-guidance-on-using-inclusive-language-in-understanding--preventing-and-addressing-stigma-and-discrimination-related-to-monkeypox>
- Public health advice for sex workers on mpox;  
[https://www.who.int/publications/m/item/public-health-advice-for-sex-workers-on-monkeypox \(disponible en français ici\)](https://www.who.int/publications/m/item/public-health-advice-for-sex-workers-on-monkeypox)
- Public health advice on mpox and congregate settings: settings in which people live, stay or work in proximity; <https://www.who.int/publications/m/item/public-health-advice-on-mpox-and-congregate-settings--settings-in-which-people-live--stay-or-work-in-proximity>
- 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](https://www.who.int/publications/m/item/public-health-advice-on-mpox-(monkeypox)-and-sex-on-premises-venues-and-events)
- Clinical characterization of mpox including monitoring the use of therapeutic interventions: statistical analysis plan, 13 October 2023:  
[https://www.who.int/publications/i/item/WHO-MPX-Clinical-Analytic\\_plan-2023.1](https://www.who.int/publications/i/item/WHO-MPX-Clinical-Analytic_plan-2023.1)
- 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>
- Strategic framework for enhancing prevention and control of mpox (2024-2027);  
<https://www.who.int/publications/i/item/9789240092907>
- 2022-24 Mpox (Monkeypox) Outbreak: Global Trends:  
[https://worldhealthorg.shinyapps.io/mpx\\_global/](https://worldhealthorg.shinyapps.io/mpx_global/)

- Surveillance, case investigation and contact tracing for mpox (monkeypox): interim guidance, 20 March 2024: <https://www.who.int/publications/i/item/WHO-MPX-Surveillance-2024.1>
- Diagnostic testing for the monkeypox virus (MPXV): Interim guidance, 10 May 2024: <https://www.who.int/publications/i/item/WHO-MPX-Laboratory-2024.1>
- Meeting of the Strategic Advisory Group of Experts on Immunization, March 2024: conclusions and recommendations: <https://iris.who.int/handle/10665/376936>
- Highlights from the Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization  
11-13 March 2024: [https://cdn.who.int/media/docs/default-source/immunization/sage/2024/march/sage-meeting-highlights\\_v3-march2024.pdf?sfvrsn=b7e9f570\\_2&download=true](https://cdn.who.int/media/docs/default-source/immunization/sage/2024/march/sage-meeting-highlights_v3-march2024.pdf?sfvrsn=b7e9f570_2&download=true)
- WHO. Standard precautions for the prevention and control of infections: aide-memoires: <https://www.who.int/publications/i/item/WHO-UHL-IHS-IPC-2022.1ge->

[1] Department of Health and Aged Care. (2022). Interim guidance on monkeypox at home or in a nonhealthcare setting. Accessed at:  
<https://www.health.gov.au/sites/default/files/2022-12/iceg-interim-guidance-on-the-infection-prevention-and-control-of-monkeypox-at-home-or-in-a-non-healthcare-setting.pdf>

[2] Water and Sanitation for Health Facility Improvement Tool (WASH FIT). (n.d.). Available at: <https://www.who.int/publications/i/item/9789241511698>

\*Corrigendum: The distribution percentages of cases by age group in Burundi have been corrected. The revised data is as follows: Children under the age of five years make up 28.9% of the cases, followed by those aged from 11 to 20 years (20.4%), and those aged from 21 to 30 years (18.3%).

Citable reference: World Health Organization (22 August 2024). Disease Outbreak News; Mpox in African Region. Available at: <https://www.who.int/emergencies/disease-outbreak-news/item/2024-DON528>