Public health emergency of international concern related to the upsurge of mpox 2024

The Director-General of the World Health Organization (WHO), following the third meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the upsurge of mpox 2024, held on 25 February 2025, from 12:00 to 17:00 CET, concurs with its advice that the event continues to meet the criteria of a public health emergency of international concern and, considering the advice of the Committee, he is hereby issuing a revised set of temporary recommendations.

The WHO Director-General expresses his most sincere gratitude to the Chair, Members, and Advisors of the Committee. The proceeding of the third meeting of the Committee will be shared with States Parties to the IHR and published in the coming days.

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Temporary recommendations

These temporary recommendations are issued to **States Parties** experiencing the transmission of monkeypox virus (MPXV), **including**, but not limited to, those where there is **sustained community transmission, and where there are clusters of cases or sporadic travel-related cases of MPXV clade Ib.**

They are intended to be implemented by those States Parties in addition to the current **standing recommendations for mpox**, which will be extended until 20 August 2025.

In the context of the global efforts to prevent and control the spread of mpox disease outlined in the WHO Strategic framework for enhancing prevention and control of mpox- 2024-2027, the aforementioned **standing recommendations** apply to **all States Parties**.

All current WHO interim technical guidance can be accessed on this page of the WHO website. WHO evidence-based guidance has been and will continue to be updated in line with the evolving situation, updated scientific evidence, and WHO risk assessment to support States Parties in the implementation of the WHO Strategic Framework for enhancing mpox prevention and control.

Pursuant to Article 3 Principle of the International Health Regulations (2005) (IHR), the implementation of these temporary recommendations, as well as of the standing recommendations for mpox, by States Parties shall be with full respect for the dignity, human rights and fundamental freedoms of persons, in line with the principles set out in Article 3 of the IHR.

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Note: The text in backets next to each temporary recommendation indicates the status with respect to the set of temporary recommendations issued on 27 November 2024.

Emergency Coordination

- Secure political commitment, engagement and adequate resource allocation to intensify mpox prevention and response efforts for the lowest administrative and operational level reporting mpox cases in the prior 4 weeks (referred to as “hotspots”). (EXTENDED, with re-phrasing)

- Establish or enhance national and local emergency prevention and response coordination arrangements as recommended in the WHO Mpox global strategic preparedness and response plan (2024), and its

upcoming iteration, and in line with the WHO Strategic framework for enhancing prevention and control of mpox (2024-2027) to maintain. (EXTENDED, with re-phrasing)

- Establish or enhance coordination among all partners and stakeholders engaged in or supporting mpox prevention and response activities through cooperation, including by introducing accountability mechanisms. (EXTENDED, with re-phrasing)

- Establish a mechanism to monitor the effectiveness of mpox prevention and response measures implemented at lower administrative levels, so that such measures can be adjusted as needed. (EXTENDED, with re-phrasing)

- Strengthen coordination and response mechanisms, particularly in humanitarian and conflict-affected areas, by engaging local and national authorities and implementing partners to ensure integrated mpox surveillance and care delivery in support of vulnerable populations, especially in areas with population displacement and inadequate access to essential services. (MODIFIED)

Collaborative Surveillance

- Enhance mpox surveillance, by increasing the sensitivity of the approaches adopted and ensuring comprehensive geographic coverage. (EXTENDED, with re-phrasing)

- Expand access to accurate, affordable and available diagnostics to test for mpox, including through strengthening arrangements for the transport of samples, the decentralization of testing and arrangements to differentiate MPXV clades and conduct genomic sequencing. (EXTENDED)

- Identify, monitor and support the contacts of persons with suspected, clinically-diagnosed or laboratory-confirmed mpox to prevent onward transmission. (EXTENDED, with re-phrasing)

- Scale up efforts to thoroughly investigate cases and outbreaks of mpox to better understand the modes of transmission and transmission risk, and prevent its onward transmission to contacts and communities. (EXTENDED, with re-phrasing)

- Report to WHO suspect, probable and confirmed cases of mpox in a timely manner and on a weekly basis. (EXTENDED)

Safe and Scalable Clinical Care

- Provide clinical, nutritional and psychosocial support for patients with mpox, including, where appropriate and possible, isolation in care centres and/or access to materials and guidance for home-based care. (EXTENDED)

- Develop and implement a plan to expand access to optimized supportive clinical care for all patients with mpox, including children, patients living with HIV, and pregnant women. This includes prompt identification and effective management of endemic co-infections, such as malaria, chickenpox or measles. This also includes offering HIV tests to adult patients who do not know their HIV status and to children as appropriate, testing and treatment for other sexually transmitted infections (STIs) among cases linked to sexual contact and referral to HIV/STIs treatment and care services when indicated. (MODIFIED)

- Strengthen health and care workers' capacity, knowledge and skills in clinical and infection and prevention and control pathways – screening, diagnosis, isolation, environmental cleaning, discharge

of patients, including post discharge follow up for suspected and confirmed mpox –, and provide health and care workers with personal protective equipment (PPE). (EXTENDED, with re-phrasing)

- Enhance infection prevention and control (IPC) measures and availability of water, sanitation, hygiene (WASH) and waste management services and infrastructure in healthcare facilities and treatment and care centers to ensure quality healthcare service delivery and protection of health and care workers and patients. (EXTENDED, with re-phrasing)

International traffic

- Establish or strengthen cross-border collaboration arrangements for surveillance, management and support of suspected cases and contacts of mpox, and for the provision of information to travellers and conveyance operators, without resorting to travel and trade restrictions that unnecessarily impact local, regional or national economies. (EXTENDED

Vaccination

- Prepare for and implement the integrated targeted use of vaccine for "Phase 1-Stop the outbreak" (as defined in the WHO Mpox global strategic preparedness and response plan (2024) and its upcoming iteration) through identification of the lowest administrative level reporting cases (hotspots) to interrupt sustained community transmission. (EXTENDED, with re-phrasing)

- Develop and implement plans for vaccination in the context of an integrated response at the lowest administrative level reporting cases for people at high risk of exposure (e.g., contacts of cases of all ages, including sexual contacts, health and care workers, key populations, and other groups at risk in endemic and non-endemic areas). This entails a targeted integrated response, including active surveillance and contact tracing; agile adaptation of immunization strategies and plans to the local context including the availability of vaccines and supplies; proactive community engagement to generate and sustain demand for and trust in vaccination; close monitoring of mpox vaccination activities and coverage, and the collection of data during vaccination activities according to implementable research protocols. (EXTENDED, with re-phrasing)

Community protection

- Strengthen risk communication and community engagement systems with affected communities and local workforces for outbreak prevention, response and vaccination strategies, particularly at the lowest administrative levels reporting cases, including through training, mapping high risk and vulnerable populations, social listening and community feedback, and managing misinformation. This entails, inter alia, communicating effectively the uncertainties regarding the natural history of mpox, updated information about mpox including about the efficacy of mpox vaccines, the uncertainties regarding duration of protection following vaccination, and any relevant information about clinical trials to which the local population may have access, as appropriate. (EXTENDED, with re-phrasing)

- Address stigma and discrimination of any kind via meaningful community engagement, particularly in health services and during risk communication activities. (EXTENDED)

- Promote and implement IPC measures and basic WASH and waste management services in household settings, congregate settings (e.g. prisons, internally displaced persons and refugee camps, etc.), schools, points of entry and cross border transit areas. (EXTENDED)

Governance and financing

- Galvanize and scale up national funding and explore external opportunities for targeted funding of mpox prevention, readiness and response activities, advocate for release of available funds and take steps to identify potential new funding partners for emergency response. (EXTENDED, with re-phrasing)

- Integrate mpox prevention and response measures, including enhanced surveillance, in existing programmes for prevention, control and treatment of other endemic diseases – especially HIV, as well as STIs, malaria, tuberculosis, other vaccine-preventable diseases including COVID-19, and/or non-communicable diseases – striving to identify activities which will benefit the programmes involved and lead to better health outcomes overall. (EXTENDED, with re-phrasing)

Addressing research gaps

- Invest in addressing outstanding knowledge gaps and in generating evidence, during and after outbreaks, as defined in A coordinated research roadmap – Mpox virus - Immediate research next steps to contribute to control the outbreak (2024). (EXTENDED)

- Invest in field studies to better understand animal hosts and zoonotic spillover in the areas where MPXV is circulating, in coordination with the animal health sector and One Health partners. (EXTENDED, with re-phrasing)

- Strengthen and expand use of genomic sequencing to characterize the epidemiology and chains of transmission of MPXV to better inform control measures. (EXTENDED)

Reporting on the implementation of temporary recommendations

- Report quarterly to WHO on the status of, and challenges related to, the implementation of these temporary recommendations, using a standardized tool and channels that will be made available by WHO. (EXTENDED)

Geneva, 27 February 2025