

On 23 July 2022, the World Health Organization (WHO) Director General determined that the multi-country outbreak of mpox constituted a public health emergency of international concern (PHEIC) (1, 2). The number of cases reported globally peaked in August 2022 and then began a steady decline until April 2023. On 11 May 2023, after considering the significant reduction in the global spread of mpox, given the progress in controlling the outbreak in several countries, the WHO Director-General determined that the event no longer constituted a PHEIC, and the standing recommendations for mpox were issued in August 2023 (3, 4).

In the Americas Region, between 2022 and as of 1 July 2024, 62,572 cases of mpox, including 141 deaths, were reported in 31 countries and territories (5, 6). Most of the cases reported in the Region of the Americas were identified through human immunodeficiency virus (HIV) patient care services, sexual health services, or primary and/or secondary health care facilities, involving primarily, but not exclusively, men who have sex with men (MSM) (7). Genomic surveillance identified clade IIb in all cases analyzed, which remains the only one detected to date.

In December 2022, the [Democratic Republic of the Congo](#) declared a nationwide outbreak of mpox and since September 2023 the outbreak that affected South Kivu province has spread and affected several provinces. As part of the outbreak investigation, a new variant of mpox virus clade I (MPXV) was identified and is estimated to have emerged around mid-September. The variant was associated with the significant increase in cases of mpox in that country, and sexual transmission was the main mode of infection in most of the reported cases (8).

The clade I variant contains predominantly APOBEC3-type mutations, indicating an adaptation of the virus due to intense circ-30(n)-4(o)7 Tm0 g0 G[(T)4C/MCID 7/Lang (en-US)BDC q0.000009

Mpox virus (clade I) in Africa | [World Health Organization](#). [Epidemiol. Infect.](#) 2024; 152: 1-10. doi:10.1017/S0950268824000009

Pañero et al. [Health Affairs](#) 2024; 43(1): e27272. doi:10.1136/ahaf.2023.000009

Although no cases of mpox belonging to the new clade I variant have been reported to date outside the WHO Africa Region, sporadic introduction into the Americas Region cannot be ruled out, and health authorities are encouraged to continue their surveillance efforts to characterize the situation and respond rapidly in the event of an introduction of this or a new variant of MPXV.

The standing recommendations issued by the Director General in August 2023 for mpox under the International Health Regulations (2005) (IHR) remain in effect (4).

Member States are reminded of the main recommendations for surveillance, clinical management, prophylaxis, and risk communication.

The main objectives of mpox surveillance and case investigation are the rapid detection of cases and clusters of cases in order to provide appropriate clinical care; isolation of cases to prevent onward transmission; identification, management, and follow-up of contacts to recognize early signs or symptoms of infection; identification of groups at risk of infection and severe disease; protection of front-line health care workers; and adoption of effective control and prevention measures (12).

It is crucial to maintain epidemiological surveillance based on laboratory testing and timely reporting of confirmed and probable cases. This includes the follow-up of clinical pictures compatible with mpox in existing surveillance programs, and the implementation of clear case definitions for suspected, probable, confirmed, and reinfected cases according to ongoing guidance (12, 3).

Integration of mpox surveillance, detection, prevention, care, and research into HIV and other sexually transmitted infection (STI) prevention and control programs and services will facilitate early detection of outbreaks, reduce barriers to health services, and improve the response to HIV-MPXV coinfection (13).

The implementation of genomic surveillance is key to determine the circulating clades and their evolution. <https://doi.org/10.1186/s12874-023-01571-5> Tm0 g0 G442.98 474.88 Tm0 g0 G[(-)] TJETQq0.00000912 0 612 792 re.9-36()

Patients with mpox with mild to moderate clinical presentation who are able to receive home care require careful

12. World Health Organization. Surveillance, case investigation and contact tracing for mpox (mpox): Interim guidance, 20 March 2024. Geneva: WHO; 2024. Available from: <https://iris.who.int/bitstream/handle/10665/378089/WHO-MPX-Surveillance-2024.1-spa.pdf?sequence=1>.
13. World Health Organization. Fourth meeting of the International Health Regulations (2005) (IHR) Emergency Committee on the Multi-