



## **Implementation of the International Health Regulations (2005)**

### **Extension of the standing recommendations for mpox**

#### **Report by the Director-General**

The standing recommendations for mpox, extended by the Director-General on 21 August 2025 in accordance with the International Health Regulations (2005), are attached in the Annex.

## Annex

### **Extension of the standing recommendations for mpox issued by the Director-General of the World Health Organization (WHO) in accordance with the International Health Regulations (2005)<sup>1</sup>**

These standing recommendations are issued by the Director-General of the World Health Organization (WHO) in accordance with provisions of Articles 16 to 18 and 50 to 53 of the International Health Regulations (2005) (IHR or Regulations).

These standing recommendations, based on scientific principles and evidence, represent an additional extension of the standing recommendations for mpox issued on 21 August 2023,<sup>2</sup> taking into consideration the advice of the IHR Review Committee regarding standing recommendations for mpox,<sup>3</sup> and subsequently extended on 21 August 2024.<sup>4</sup>

The extension of these standing recommendations is necessary to support States Parties in addressing the continued risk posed by mpox and to prevent or reduce the international spread of disease.

These standing recommendations are in effect for all States Parties until 20 August 2026.

These standing recommendations may be modified or terminated prior to that time, in accordance with Article 53 of the Regulations.

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<sup>1</sup> See document A77/8 Add.4.

<sup>2</sup> See [Extension of standing recommendations for mpox by the Director-General of WHO](#) (accessed 19 March 2026).

<sup>3</sup> See document A77/8 Add.3.

<sup>4</sup> See document A78/INF./6.

**A. States Parties are recommended to develop and implement national mpox plans that build on WHO strategic and technical guidance, outlining critical actions to sustain control of mpox and achieve elimination of human-to-human transmission in all contexts through coordinated and integrated policies, programmes and services. Actions are recommended to:**

1. Incorporate lessons learned from evaluation of the response (such as through intra- or after-action reviews) into related plans and policies in order to sustain, adapt and promote key elements of the response and inform public health policies and programmes.
2. Aim to eliminate human-to-human transmission of mpox by anticipating, detecting, preparing for and responding to mpox outbreaks and taking action to reduce zoonotic transmission, as appropriate.
3. Build and retain capacity in resource-limited settings, and among marginalized groups, where mpox transmission continues to occur, to improve understanding of modes of transmission, quantify resource needs and detect and respond to outbreaks and community transmission.

**B. States Parties are recommended to, as a critical basis for actions outlined in A in support of the elimination goal, establish and sustain laboratory-based surveillance and diagnostic capacities to enhance outbreak detection and risk assessment. Actions are recommended to:**

4. Include mpox as a notifiable disease in the national epidemiological surveillance system.
5. Strengthen diagnostic capacity at all levels of the healthcare system for laboratory and point-of-care diagnostic confirmation of cases.
6. Ensure timely reporting of cases to WHO, as per WHO guidance and Case Reporting Form, in particular reporting of confirmed cases with a relevant recent history of international travel.
7. Collaborate with other countries so that genomic sequencing is available in, or accessible to, all countries. Share genetic sequence data and metadata through public databases.
8. Notify WHO about significant mpox-related events through IHR channels.

**C. States Parties are recommended to enhance community protection through building capacity for risk communication and community engagement, adapting public health and social measures to local contexts and continuing to strive for equity and build trust with communities through the following actions, particularly for those most at risk. Actions are recommended to:**

9. Communicate risk, build awareness, engage with affected communities and at-risk groups through health authorities and civil society.
10. Implement interventions to prevent stigma and discrimination against any individuals or groups that may be affected by mpox.

**D. States Parties are recommended to initiate, continue, support and collaborate on research to generate evidence for mpox prevention and control, with a view to support elimination of human-to-human transmission of mpox. Actions are recommended to:**

11. Contribute to addressing the global research agenda to generate and promptly disseminate evidence for key scientific, social, clinical and public health aspects of mpox transmission, prevention and control.
12. Conduct clinical trials of medical countermeasures, including diagnostics, vaccines and therapeutics, in different populations, in addition to monitoring of their safety, effectiveness and duration of protection.
13. States Parties in west, central and east Africa should make additional efforts to elucidate mpox-related risk, vulnerability and impact, including consideration of zoonotic, sexual and other modes of transmission in different demographic groups.

**E. States Parties are recommended to apply the following measures related to international travel. Actions are recommended to:**

14. Encourage authorities, healthcare providers 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.
15. Advise individuals suspected or known to have mpox, or who may be a contact of a case, to adhere to measures to avoid exposing others, including in relation to international travel.
16. Refrain from implementing travel-related health measures specific for mpox, such as entry or exit screening, or requirements for testing or vaccination.

**F. States Parties are encouraged to continue providing guidance and coordinating resources for delivery of optimally integrated clinical care for mpox, including access to specific treatment and supportive measures to protect health workers and caregivers as appropriate. States Parties are encouraged to take actions to:**

17. Ensure provision of optimal clinical care with infection prevention and control measures in place for suspected and confirmed mpox in all clinical settings. Ensure training of healthcare providers accordingly and provide personal protective equipment.
18. Integrate mpox detection, prevention, care and research within HIV and sexually transmitted disease prevention and control programmes, and other health services as appropriate.

**G. States Parties are encouraged to work towards ensuring equitable access to safe, effective and quality-assured countermeasures for mpox, including through resource mobilization mechanisms. States Parties are encouraged to take action to:**

19. Strengthen provision of and access to diagnostics, genomic sequencing, vaccines and therapeutics for the most affected communities, including in resource-constrained settings where mpox occurs regularly, and including for men who have sex with men and groups at risk of heterosexual transmission, with special attention to those most marginalized within those groups.

20. Make mpox vaccines available for primary prevention (pre-exposure) and post-exposure vaccination for persons and communities at risk of mpox, taking into account recommendations of the WHO Strategic Advisory Group of Experts on Immunization (SAGE).

Geneva, 21 August 2025

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