Mpox Situation and Interim Assessment

Japan Institute for Health Security
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1. Overview

Mpox is an acute exanthematous disease caused by infection with the monkeypox virus (MPXV). In Japan, it is classified as a category IV infectious disease under the Infectious Diseases Control Law. Originally, cases were reported from Central Africa to West Africa, and sporadic cases were also reported in Europe and the United States among travelers returning from endemic countries. However, since May 2022, an international outbreak of mpox caused by clade II MPXV has reported, primarily among men who have sex with men (MSM). In July 2022, the WHO Director-General determined the event to constitute a Public Health Emergency of International Concern (PHEIC). This PHEIC was lifted in May 2023. Meanwhile, since 2023, outbreaks caused by clade I MPXV have been reported in Africa, particularly in the Democratic Republic of the Congo (DRC). Subsequently, the WHO declared the second PHEIC in August 2024.

2. Situation

(i) Global situation

Between 1 January 2022 and 31 July 2025, 158,425 laboratory-confirmed mpox cases and 399 deaths were reported from 138 countries. A global outbreak of clade IIb MPXV began in 2022 and continues to this day, including in Japan. Although the number of reported cases has decreased, sporadic cases continue to be reported primarily among MSM. On the other hand, multiple African countries have reported clades Ia, Ib, and II MPXV. Clades Ia and Ib MPXV has been prevalent in the DRC and neighboring countries, while clade II MPXV has been reported from Central Africa to West Africa, where mpox had been reported prior to 2021.

The case fatality rate (CFR) of clade I MPXV was previously reported to be as high as 11%, higher than that of clade II MPXV. In the current outbreak, however, the CFR has been reported as 1.4%–1.7% for clade Ia and below 1% for clade Ib with appropriate supportive care, and no deaths have been reported among travel-associated clade I MPXV cases diagnosed outside Africa. Clade Ia MPXV outbreaks, in particular, are occurring in settings with limited access to healthcare and inadequate nutritional conditions. The CFR during the global clade IIb MPXV outbreak since 2022 has been reported to be 0.3%, and the

difference in the CFR between clades is smaller than previously reported. Common symptoms reported across all clades include fever and rashes affecting the entire body or genital area. The main transmission routes in Africa are household contact and sexual contact, regardless of gender. Outside of Africa, clade IIb MPXV transmission is primarily transmitted through sexual contact between MSM.

(ii) Domestic situation

In Japan, from 25 July 2022 to 24 August 2025 (epidemiological week 34 of 2025), there were 254 cases of mpox reported through the National Epidemiological Surveillance of Infectious Diseases (NESID) system, including three cases in 2025. All 116 samples analyzed by genomic sequencing in Japan and registered in the Global Initiative on Sharing Avian Influenza Data (GISAID) were identified as clade IIb MPXV; no cases of clade I MPXV were reported. Except for one case, all patients were male. One fatal case has been reported in a patient with immunodeficiency due to Human Immunodeficiency Virus (HIV) infection. The clinical manifestations and transmission routes are consistent with those reported internationally for clade IIb MPXV.

3. Interim Risk Assessment

- **Risk of infection:** Clade Ia and Ib MPXV continue to cause small-scale transmission in some African countries, though the number of cases is decreasing. There has been no identified community transmission outside of Africa. Clade IIb MPXV continues to be reported sporadically, but the number of cases is declining globally. Sexual contact is the main route of transmission for all clades, though some cases have been attributed to close contact in households.
- **Risk of severe disease:** Initially, clade I MPXV was reported to have a higher CFR than clade II MPXV. However, in the current outbreaks, the CFR for all clade is lower than what was previously reported and it has been reported that the CFR can be reduced with appropriate supportive care. There have been no reported deaths due to clade I MPXV outside of Africa. Regardless of clade, individuals with immunodeficiency remain at high risk for severe disease.

4. Recommended Response

Although the second PHEIC, declared in August 2024, has been lifted, response measures should continue in accordance with standing recommendations. High-risk behaviors should be avoided in endemic countries. Differentiated responses by clade are not

necessary since the differences in CFR, transmissibility, and other characteristics between clades are no longer considered significant, as evidence on clade I MPXV has been accumulated. In Japan, where sporadic cases continue to be reported, it is important to maintain close monitoring of the situation, while ensuring public awareness and establishing consultation services. Appropriate diagnostic and treatment systems should be in place, paying particular attention to the high risk of severe outcomes among immunocompromised individuals.