

Multi-country outbreak of monkeypox

External Situation Report 2, published 25 July 2022

Data as received by WHO national authorities by 17:00 CEST, 22 July 2022

Risk assessment	Laboratory confirmed cases	Deaths	Countries/ areas/ territories
Global risk – Moderate			
WHO Regional risk	16 016	5	75
<ul style="list-style-type: none"> European Region – High African Region, Region of the Americas, Eastern Mediterranean Region, Southeast Asia Region – Moderate Western Pacific Region – Low-Moderate 			

Highlights

- The International Health Regulations Emergency Committee on the multi-country outbreak of monkeypox [held its second meeting on 21 July 2022](#). Having considered the views of Committee Members and Advisors as well as other factors in line with the [International Health Regulations \(2005\)](#), the WHO Director-General on 23 July 2022 [declared this outbreak a public health emergency of international concern](#) and issued Temporary Recommendations in relation to the outbreak. [He stated](#) that “we have an outbreak that has spread around the world rapidly, through new modes of transmission, about which we understand too little, and which meets the criteria in the International Health Regulations...(T)his is an outbreak that can be stopped with the right strategies in the right groups.” He issued temporary recommendations for countries to stop transmission and bring the outbreak under control.
- All six WHO Regions have now reported cases of monkeypox. Since the [situation report published on 6 July](#), the South-East Asia Region reported confirmed cases.
- In the [African Region, the latest data on monkeypox](#) indicate a significant increase in cases since April 2022, compared to the same period in 2021, which could, in part, be attributed to enhanced monkeypox surveillance and laboratory testing capacity in the countries. The highest number of suspected cases of monkeypox in the region had been reported in 2020.
- WHO has launched a global epidemiological report titled [“Multi-Country Monkeypox Outbreak - Global Trends”](#) that is updated at least twice weekly, and the geographic distribution of cases can be viewed using the [WHO Health Emergency Dashboard](#). The Report focuses on case report forms provided by the Member States to WHO, as outlined in the [Surveillance, case investigation, and contact tracing for Monkeypox interim guidance](#). The Dashboard provides the latest aggregate cases and deaths reported by the Member States, updated daily. These two data products complement this Situation Report, which is produced every two weeks and provides a more comprehensive update of the monkeypox outbreak beyond the epidemiological information; and which itself is a successor of the previous [Disease Outbreak News](#) reports on monkeypox.
- The information on the Dashboard can be accessed through the left-hand menu tabs:
 - Under LAYERS: case data per country can be viewed by clicking on a specific country on the interactive map.
 - Under SUMMARY: the total cumulative numbers of cases and deaths, globally and by region, and the newly reported cases in the last seven days.

- The [Global clinical data platform for monkeypox case report form](#) (CRF) was published on 15 July. The Clinical CRF is designed to collect data, prospectively or retrospectively, obtained through examination, interview and, review of the hospital or clinic notes of patients with suspected, probable, or confirmed monkeypox infection.

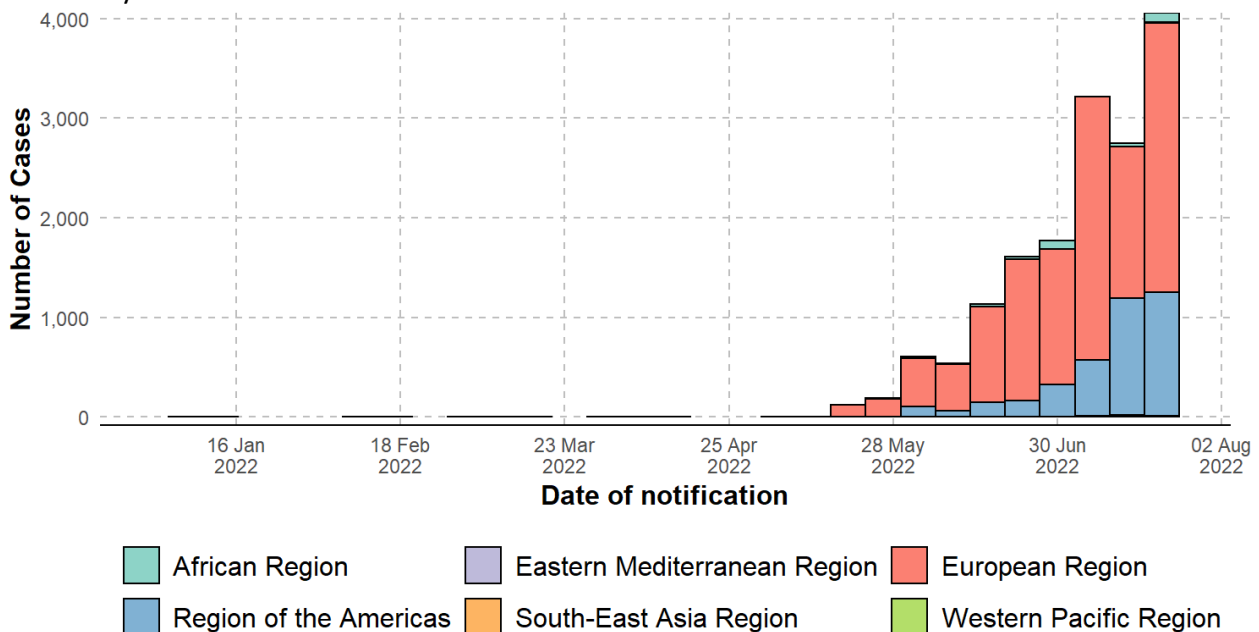
Epidemiological Update

From 1 January through 22 July 2022, 16 016 laboratory confirmed cases of monkeypox and five deaths have been reported to WHO from 75 countries/territories/areas in all six WHO Regions (Table 1). Since the [Multi-country outbreak of monkeypox situation report published on 6 July 2022](#), 9989 new cases, (166% increase) and two new deaths have been reported; 16 new countries/territories/areas have reported cases. In the past seven days, 37 countries reported an increase in the weekly number of cases. There are 11 countries/territories/areas which have not reported new cases for over 21 days, the maximum incubation period of the disease.

The number of weekly reported new cases globally has increased by 48% in epidemiological week 29 (from 18 to 24 July) (n=4045 cases) compared to week 28 (from 11 to 17 July) (n=2740 cases). The majority of cases reported in the past four weeks were notified from the WHO European Region (72%, 8004/11 104) and the Region of the Americas (26%, 2841/11 104). As of 22 July, the ten countries that have reported the highest cumulative number of cases globally are Spain (n=3125), the United States of America (n=2316), Germany (n=2268), the United Kingdom of Great Britain and Northern Ireland (n=2137), France (n=1453), Netherlands (n=712), Canada (n=615), Brazil (n=592), Portugal (n=588) and Italy (n=374). Together, these countries account for 89% of the cases reported globally to date.

This is the first time that local transmission of monkeypox has been reported in newly-affected countries without epidemiological links to countries in West or Central Africa that have previously reported monkeypox.

Figure 1. Epidemiological curve of weekly aggregated confirmed cases of monkeypox by region, from 1 January 2022 to 22 July 17:00 CEST*



Source: WHO

*This figure shows aggregated weekly data, for epidemiological weeks ending on Sundays. Data on the current week, with incomplete data, will be presented in the next situation report.

Table 1. Number of cumulative confirmed monkeypox cases and deaths reported to WHO, by WHO Region, from 1 January 2022 to 22 July 17:00 CEST

WHO Region	Confirmed cases	Deaths
African Region	301	5
Region of the Americas	3772	0
Eastern Mediterranean Region	21	0
European Region	11 865	0
South-East Asia Region	3	0
Western Pacific Region	54	0
Cumulative	16 016	5

Other key epidemiological findings:

- Data on sex are available for 73% (11 740/16 016) of cases. Of these, 99% (11 613/11 740) are males, and the median age of reported cases is 36 years (Interquartile range: 31-43). Males between 18-44 years of age continue to be disproportionately affected by this outbreak as they account for 77% of cases. Less than 1% (81/11 787) of cases with age data available are aged 0-17 years.
- Among cases with reported sexual orientation, 98% (5470/5561) identified as gay, bisexual, and other men who have sex with men; and 41% (1873/4614) of cases with reported- HIV status were positive for HIV.
- To date, 319 cases have been reported to be health care workers. However, most reported being infected in the community, and further investigation is ongoing to determine whether the remaining infections were due to occupational exposure.

With the exception of countries in the African Region, the ongoing outbreak of monkeypox continues to primarily affect men who identify as gay, bisexual and other men who have sex with men, and who have reported recent sex with one or multiple partners. While cases are being reported among other men as well as among women and children, there is no signal suggesting that transmission in these new groups is sustained.

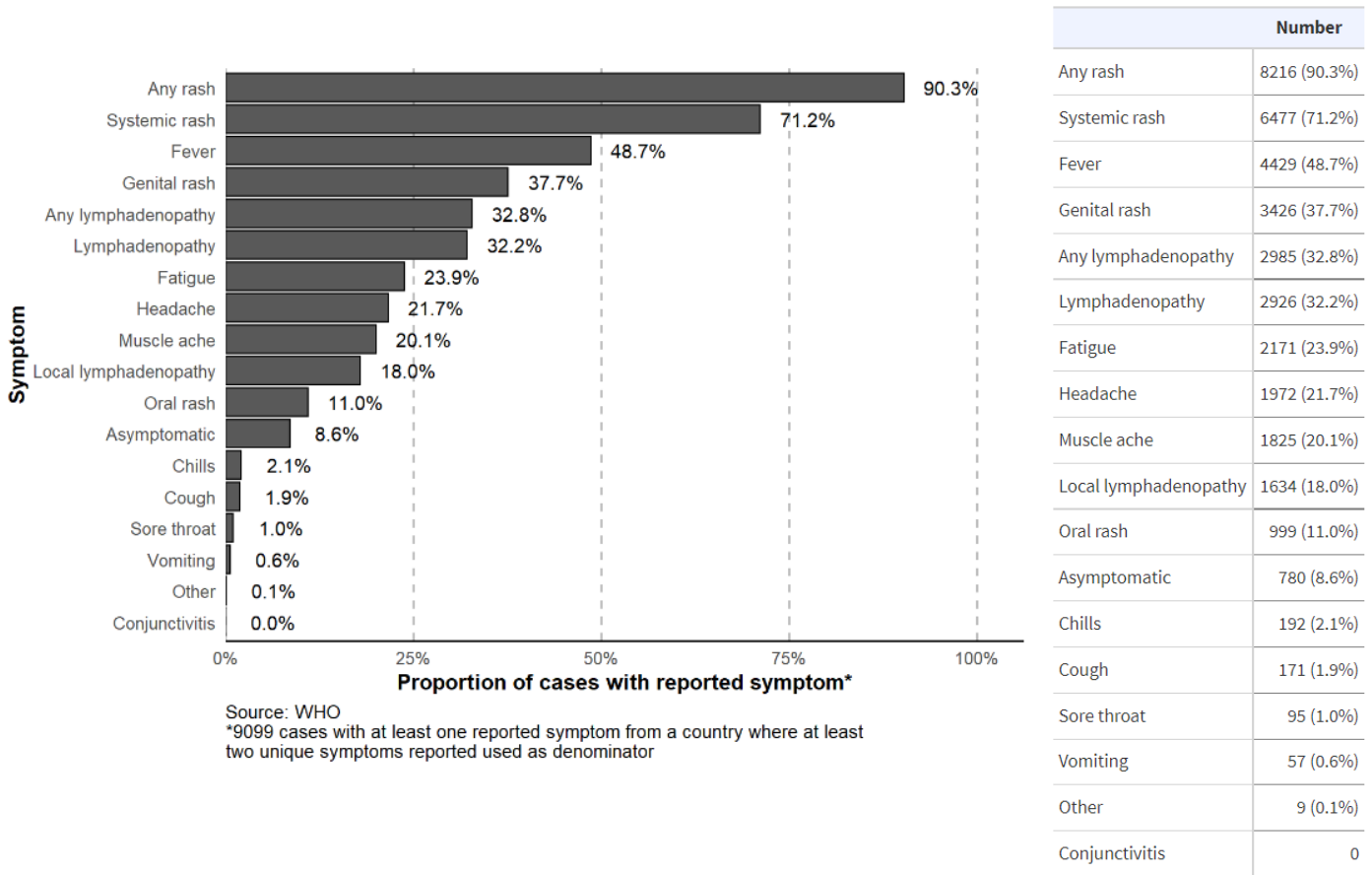
[In the African region, the latest data on monkeypox](#) shows an increase in cases since April 2022, compared to the same period in 2021. From 1 January to 8 July 2022, there have been 2087 cumulative monkeypox cases, of which only 203 were confirmed. The overall case fatality ratio for the 203 confirmed cases is 2%. Of the 175 confirmed cases for which there are case-specific data, 53% were male and the median age was 17 years, making the demographics of cases in Africa similar to recent previous outbreaks but significantly different from other Regions.

Clinical Presentation

Although most cases in the current outbreak have presented with mild disease symptoms, the monkeypox virus may cause severe disease in certain population groups (young children, pregnant women, and immunosuppressed persons). The clinical presentation of some monkeypox cases associated with this outbreak has been atypical, as many cases in newly-affected areas are not presenting with the classically described clinical picture for monkeypox (fever, swollen lymph nodes, followed by a centrifugal rash).

A cumulative number of 9099 cases (57%, 9099/16016) have reported at least one symptom. Rash occurring in any part of the body is reported in 90% (8216/9099) of cases, followed by a systemic rash (widespread rash on the body) in 71% (6477/9099) of cases, and fever in 49% (4429/9099) (Figure 2). Identifying true denominators for symptomatology is difficult due to a general lack of negative reporting, and symptom definitions which may vary between reporting systems.

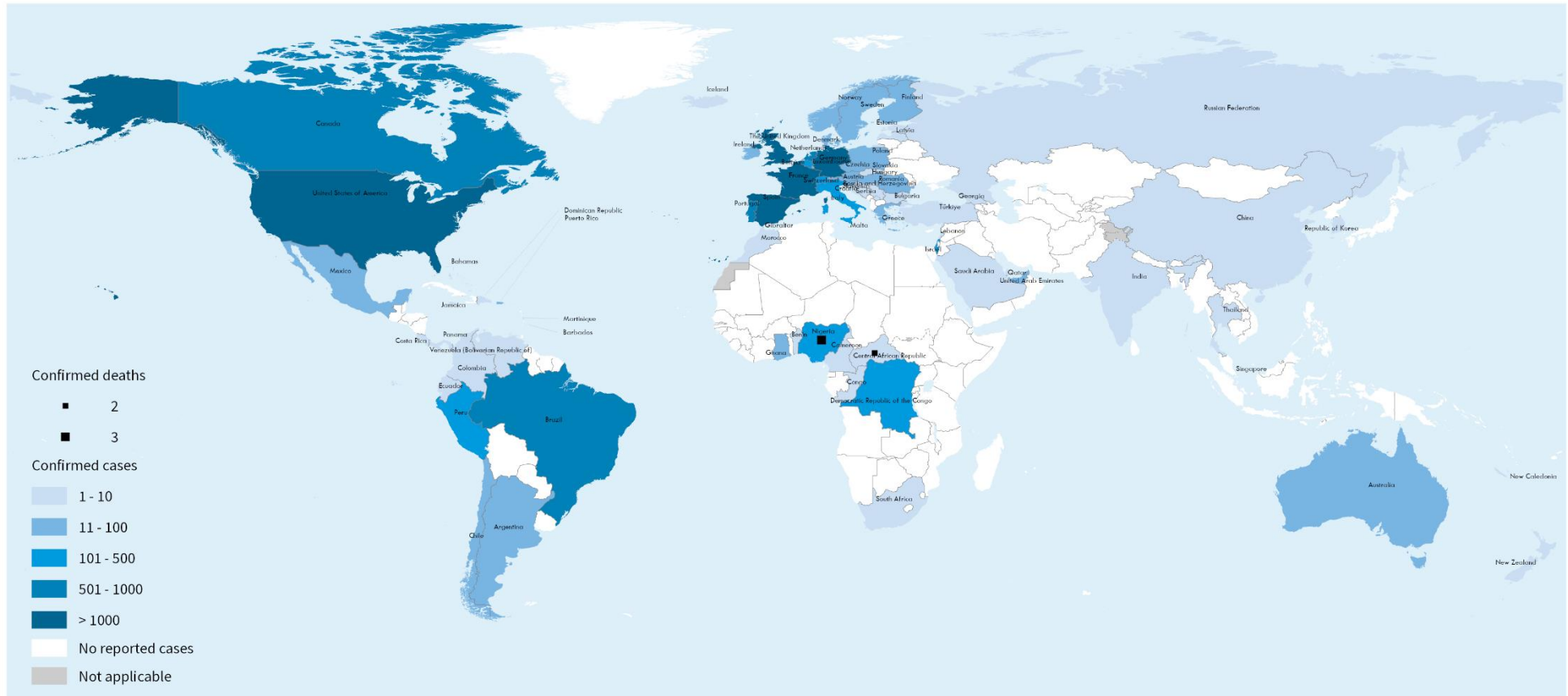
Figure 2. Frequency of symptoms reported by cases of monkeypox globally, as of 22 July 2022 (n=9099)



Numerator: number of cases who reported the indicated symptom listed above. A case can report multiple symptoms.
 Denominator: number of cases who reported at least one symptom (n=9099), from a country that has reported at least two unique symptoms. Generally, cases include confirmed cases; for the WHO European region, case numbers include both confirmed and probable cases. Any rash refers to rash reported anywhere on the body (systemic, oral, genital, or specific location not reported). Any lymphadenopathy refers to either general or local lymphadenopathy.

For further information, please see the [WHO Multi-country Monkeypox Outbreak – Global Trends](#).

Figure 3. Geographic distribution of confirmed cases of monkeypox reported to or identified by WHO from official public sources from 1 January 2022 to 22 July 17:00 CEST



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
 Map Production: WHO Health Emergencies Programme
 Map Date: 25 July 2022

Updates and WHO Advice

WHO continues to closely monitor the situation, and support international coordination and information sharing with the Member States and partners. Clinical and public health incident response have been activated by Member States to coordinate comprehensive case finding, contact tracing, laboratory investigation, isolation, clinical management, implementation of infection prevention and control measures, and vaccination activities, as well as support ongoing epidemiological and countermeasures research.

Emergency Committee

The International Health Regulations Emergency Committee on the multi-country outbreak of monkeypox [held its second meeting on 21 July 2022](#). Having considered the views of Committee Members and Advisors as well as other factors in line with the [International Health Regulations \(2005\)](#), the WHO Director-General [declared this outbreak a public health emergency of international concern \(PHEIC\)](#) and issued Temporary Recommendations in relation to the outbreak. The Temporary Recommendations are recommendations proposed by the WHO Director-General which are issued in relation to each specific PHEIC determined and are directed to National Authorities. The WHO Director-General considered the following five elements in deciding whether this outbreak constitutes a public health emergency of international concern:

- The information provided by countries – which in this case shows that this virus has spread rapidly to many countries that have not seen it before;
- The three criteria for declaring a public health emergency of international concern (1. an extraordinary event, 2. which constitutes a public health risk to other States through international spread, and 3. which potentially requires a coordinated international response.), which have been met;
- The advice of the Emergency Committee, which did not reach a consensus on this occasion;
- Scientific principles, evidence, and other relevant information – which currently leave us with many unknowns; and
- The risk to human health, international spread, and the potential for interference with international traffic.

The [Temporary Recommendations](#) issued by the Director-General in relation to the multi-country outbreak of monkeypox apply to different groups of States Parties, based on their epidemiological situation, patterns of transmission and capacities. Each State Party, at any given point in time, falls either under Group 1 or under Group 2. Some States Parties may also fall under Group 3 and/or Group 4.

For further information, see:

- [WHO Second meeting of the International Health Regulations \(2005\) \(IHR\) Emergency Committee regarding the multi-country outbreak of monkeypox, 23 July 2022](#)
- [WHO Director-General's statement at the press conference following IHR Emergency Committee regarding the multi-country outbreak of monkeypox, 23 July 2022](#)

Surveillance and Laboratory

The monkeypox virus that is currently causing the multi-country outbreak shows a specific mutational pattern in some genomes (from Nigeria) sequenced since 2017 that are indicative of the activity of a host enzyme (APOBEC3 deaminase). This specific mutational pattern may be indicative of virus adaptation to a vertebrate host, possibly humans, but more information is needed from viral genomes prior to and over that period.

WHO's interim guidance on [Surveillance, case investigation and contact tracing for monkeypox](#) outlines the criteria for testing, reporting, case investigation, and contact tracing.

WHO has prepared an in-depth [Monkeypox Case investigation form \(CIF\), as well as a minimum dataset Case reporting form \(CRF\)](#) which defines the minimum data that are requested to be reported to WHO. Currently WHO has received the CRF for around 87% of the total confirmed cases reported at a global level. The consistency and completeness of these data vary widely between countries. From the analysis of CRF received, WHO has published a [detailed report](#) describing the main features of the outbreak. A protocol to support in-depth case investigation using the CIF will be published soon.

WHO is also preparing to systematically collect information about the outbreak response implemented by countries for monkeypox through a Response Tracker.

For further information on WHO recommendations, see the last [situation report published on 6 July](#).

Clinical management, vaccines and therapeutics

Vaccines

WHO has recently developed [interim guidance on vaccines and immunization for monkeypox](#). WHO has strongly encouraged Member States to consider the context of the current multi-country outbreak of monkeypox and convene their national immunization technical advisory groups (NITAGs) to review the evidence and develop policy recommendations for the use of vaccines as relevant to the national context. Post-exposure prophylaxis (PEP) is recommended for contacts of cases, ideally within four days of first exposure (and up to 14 days in the absence of symptoms), to prevent onset of the disease. Pre-exposure vaccination is recommended for health workers at high risk of exposure, laboratory personnel working with orthopoxviruses, clinical laboratory personnel performing diagnostic testing for monkeypox, outbreak response team members, and other individuals engaged who may be at risk in this outbreak such as persons with multiple sex partners. All decisions around immunization of individuals with smallpox or monkeypox vaccines (before or following potential exposure) should be by shared clinical decision-making between the health care provider and prospective vaccinee, based on a joint assessment of risks and benefits, on a case-by-case basis.

Member States using vaccines against monkeypox are encouraged to do so within a framework of collaborative clinical studies using standardized design methods and data collection tools for clinical and outcome data to rapidly increase evidence generation, especially on vaccine efficacy/effectiveness and safety. Where participation in placebo-controlled clinical efficacy trials for monkeypox vaccines and schedules is not considered feasible, the use of a range of other robust [study designs to assess vaccine effectiveness](#) should be rapidly put in place employing standard data collection methods.

WHO in collaboration with Uppsala Monitoring Centre (WHO Collaborating Centre) has developed a mobile application (VigiMobile App) to report adverse events following immunization with smallpox and monkeypox vaccines.

Other key updates

- Gatherings

Gatherings may represent a conducive environment for the transmission of the monkeypox virus as some settings which entail close, prolonged, and frequent close contact interaction between people may pose a higher risk of monkeypox virus transmission. However, such events can be used as opportunities to conduct outreach for specific population groups with public health messaging.

As outlined in the [Temporary Recommendations](#), WHO recommends the following actions: In countries with no history of monkeypox in the human population (or not having detected a case for over 21 days) public health authorities and other stakeholders should continue to focus risk communication and community support efforts on settings and venues where close contact activities or intimate encounters may take place. This includes engaging with and supporting the organizers of large and smaller scale events so that they may promote personal protective measures and risk-reducing behaviour.

In countries with recently imported cases of monkeypox and/or otherwise experiencing human-to-human transmission of monkeypox virus, including in key population groups and communities at high risk of exposure, health authorities and other stakeholders should continue to engage with organizers of gatherings (large and small), including those that may facilitate close contact or intimate encounters (e.g. venues for sex-on-premises), to promote personal protective measures and behaviours, apply a risk-based approach to the holding of such events and discuss the possibility of postponing events for which risk measures cannot be put in place. All necessary information should be provided for risk communication on personal choices and for infection prevention and control including regular cleaning of event venues and premises.

Attendees should always be reminded to apply individual-level responsibility to their decisions and actions, with the aim of preserving their health, that of the people they interact with, and ultimately that of their community. This is especially important for spontaneous or unplanned gatherings. As it is standard practice for mass gatherings, authorities and event organizers are invited to apply the WHO recommended risk-based approach to decision-making, and tailor it to the large or small social events under consideration. Such an approach should consider and factor in all existing risks, including those associated with monkeypox.

On 28 June, WHO published guidance to provide public health advice for gatherings during the current monkeypox outbreak, [now available in all six UN languages](#). The advice is for host governments, public health authorities, national or international organizers, and professional staff involved in the planning and delivery of gatherings, including people organizing smaller gatherings or attending gatherings of any type and size.

Technical guidance and other resources

WHO Guidance and Public Health Recommendations

- WHO Second meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the multi-country outbreak of monkeypox, 23 July 2022. [https://www.who.int/news/item/23-07-2022-second-meeting-of-the-international-health-regulations-\(2005\)-\(ihr\)-emergency-committee-regarding-the-multi-country-outbreak-of-monkeypox](https://www.who.int/news/item/23-07-2022-second-meeting-of-the-international-health-regulations-(2005)-(ihr)-emergency-committee-regarding-the-multi-country-outbreak-of-monkeypox)
- WHO Director-General's statement at the press conference following IHR Emergency Committee regarding the multi-country outbreak of monkeypox, 23 July 2022. <https://www.who.int/director-general/speeches/detail/who-director-general-s-statement-on-the-press-conference-following-IHR-emergency-committee-regarding-the-multi-country-outbreak-of-monkeypox--23-july-2022>
- WHO Global clinical data platform for monkeypox case report form (CRF), 15 July 2022. <https://www.who.int/publications/i/item/WHO-MPX-Clinical-CRF-2022.2>
- Public health advice for gatherings during the current monkeypox outbreak, 28 June 2022: <https://www.who.int/publications/i/item/WHO-MPX-Gatherings-2022.1>
- WHO Surveillance, case investigation and contact tracing for Monkeypox: Interim guidance, 24 June 2022. <https://www.who.int/publications/i/item/WHO-MONKEYPOX-surveillance-2022.1>
- WHO Vaccines and immunization for monkeypox: Interim guidance, 14 June 2022. <https://apps.who.int/iris/bitstream/handle/10665/356120/WHO-MPX-Immunization-2022.1-eng.pdf>
- 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>
- WHO Technical brief (interim) and priority actions: enhancing readiness for monkeypox in WHO South-East Asia Region, 28 May 2022. https://cdn.who.int/media/docs/default-source/searo/whe/monkeypox/searo-mp-techbrief_priority-actions_300522.pdf?sfvrsn=ae7be762_1

Data management

- Case and contact investigation form (CIF), 16 June 2022. [https://www.who.int/publications/m/item/monkeypox-minimum-dataset-case-reporting-form-\(crf\)](https://www.who.int/publications/m/item/monkeypox-minimum-dataset-case-reporting-form-(crf))
- WHO Monkeypox minimum dataset case reporting form (CRF), 14 June 2022. [https://www.who.int/publications/m/item/monkeypox-minimum-dataset-case-reporting-form-\(crf\)](https://www.who.int/publications/m/item/monkeypox-minimum-dataset-case-reporting-form-(crf))
- The WHO Global Clinical Platform for monkeypox, 14 June 2022. <https://www.who.int/tools/global-clinical-platform/monkeypox>
- Global clinical data platform for monkeypox case report form (CRF), 14 June 2022. <https://www.who.int/publications/i/item/WHO-MPX-Clinical-CRF-2022.1>
- WHO Go.Data: Managing complex data in outbreaks. <https://www.who.int/tools/godata>

Risk communication and community engagement

- Monkeypox Q&A, 12 July 2022. <https://www.who.int/news-room/questions-and-answers/item/monkeypox>
- Risk communication and community engagement (RCCE) for monkeypox outbreaks: Interim guidance, 24 June 2022. <https://www.who.int/publications/i/item/WHO-MPX-RCCE-2022.1>
- Interim advice for public health authorities on summer events during the monkeypox outbreak in Europe, 2022. 14 June 2022. <https://www.who.int/europe/publications/m/item/interim-advice-for-public-health-authorities--on-summer-events-during-the-monkeypox--outbreak-in-europe--2022>
- Interim advice on Risk Communication and Community Engagement during the monkeypox outbreak in Europe, 2022. Joint report by WHO Regional office for Europe/ECDC, 2 June 2022. https://www.euro.who.int/_data/assets/pdf_file/0009/539046/ECDC-WHO-interim-advice-RCCE-Monkeypox-2-06-2022-eng.pdf
- WHO Monkeypox outbreak: update and advice for health workers, 26 May 2022. https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update_monkeypox-.pdf?sfvrsn=99baeb03_1

- Monkeypox: public health advice for gay, bisexual and other men who have sex with men, 25 May 2022, <https://www.who.int/news/item/25-05-2022-monkeypox--public-health-advice-for-gay--bisexual-and-other-men-who-have-sex-with-men>
- Risk communication and community engagement. Public health advice on the recent outbreak of monkeypox in the WHO European Region, 24 May 2022. https://www.euro.who.int/_data/assets/pdf_file/0004/538537/public-health-advice-monkeypox-eng.pdf

Laboratory and genomic studies

- WHO Laboratory testing for the monkeypox virus: Interim guidance, 23 May 2022. <https://apps.who.int/iris/handle/10665/354488>
- WHO Guidance on regulations for the transport of infectious substances 2021-2023, 25 February 2021. <https://www.who.int/publications/i/item/9789240019720>
- Genomic epidemiology of monkeypox virus. <https://nextstrain.org/monkeypox?c=country>

Disease Outbreak News and situation reports

- WHO Multi-country outbreak of monkeypox, External situation report #1 - 6 July 2022: <https://www.who.int/publications/m/item/multi-country-outbreak-of-monkeypox--external-situation-report--1---6-july-2022>
- WHO disease outbreak news: Monkeypox, all items related to multi-country outbreak: <https://www.who.int/emergencies/emergency-events/item/2022-e000121>
- WHO disease outbreak news: Monkeypox, all previous items including endemic countries and traveler-associated outbreaks: <https://www.who.int/emergencies/emergency-events/item/monkeypox>

Training and Education

- WHO monkeypox outbreak tool kit, June 2021. https://www.who.int/docs/default-source/documents/emergencies/outbreak-toolkit/monkeypox-toolbox-20112019.pdf?sfvrsn=c849bd8b_2
- WHO factsheet on monkeypox, publishing date, 19 May 2022. <http://www.who.int/news-room/factsheets/detail/monkeypox>
- Health topics – Monkeypox: https://www.who.int/health-topics/monkeypox#tab=tab_1
- Open WHO. Online training module. Monkeypox: Introduction. 2020 English: <https://openwho.org/courses/monkeypox-introduction> Français: <https://openwho.org/courses/variole-du-singe-introduction>
- Open WHO. Extended training. Monkeypox epidemiology, preparedness and response. 2021.English: <https://openwho.org/courses/monkeypox-intermediate>; Français: <https://openwho.org/courses/variole-du-singe-intermediaire>

Other Resources

- WHO AFRO Weekly Bulletin on Outbreaks and Other Emergencies, all previous items: <https://www.afro.who.int/health-topics/disease-outbreaks/outbreaks-and-other-emergencies-updates>
- WHO 5 moments for hand hygiene. <https://www.who.int/campaigns/world-hand-hygiene-day>
- WHO One Health. <https://www.who.int/health-topics/one-health>
- World Organisation for Animal Health, founded as OIE: Monkeypox. <https://www.woah.org/en/disease/monkeypox/>
- Joint WHO Regional Office for Europe - European Centre for Disease Prevention and Control, Monkeypox surveillance bulletin, 13 July 2022. <https://www.who.int/europe/publications/m/item/joint-ecdc-who-regional-office-for-europe-monkeypox-surveillance-bulletin--13-july-2022>
- Joint WHO Regional Office for Europe - European Centre for Disease Prevention and Control, Monkeypox Resource toolkit to support national authorities and event organizers in their planning and coordination of mass and large gathering events. <https://www.who.int/europe/tools-and-toolkits/monkeypox-resource-toolkit-for-planning-and-coordination-of-mass-and-large-gathering-events/>

- WHO European Region Interim advice for public health authorities on summer events during the monkeypox outbreak in Europe, 2022 <https://www.who.int/europe/publications/m/item/interim-advice-for-public-health-authorities--on-summer-events-during-the-monkeypox--outbreak-in-europe--2022>
- Weekly epidemiological record (WER) no.11, 16 March 2018, Emergence of monkeypox in West Africa and Central Africa 1970-2017. <http://apps.who.int/iris/bitstream/handle/10665/260497/WER9311.pdf;jsessionid=7AB72F28D04CFE6CE24996192FC478FF?sequence=1>
- Jezek Z., Fenner F.: Human Monkeypox. Monogr Virol. Basel, Karger, 1988, vol 17, pp 1-5. doi: 10.1159/isbn.978-3-318-04039-5

Annex 1: Data, table and figure notes

Caution must be taken when interpreting all data presented. Differences are to be expected between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change. Case detection, definitions, testing strategies, reporting practice, and lag times differ between countries/territories/areas. These factors, amongst others, influence the counts presented, with variable underestimation of true case and death counts, and variable delays to reflecting these data at global level.

Annex 2: Confirmed cases of monkeypox by WHO region and country from 1 January 2022 to 22 July 2022, 17:00 CEST*

WHO Region	Country/territory/area	Confirmed cases	Deaths
African Region	Benin	3	0
	Cameroon	7	0
	Central African Republic	3	2
	Congo	2	0
	Democratic Republic of the Congo	163	0
	Ghana	19	0
	Nigeria	101	3
	South Africa	3	0
Region of the Americas	Argentina	18	0
	Bahamas	1	0
	Barbados	1	0
	Brazil	592	0
	Canada	615	0
	Chile	20	0
	Colombia	10	0
	Costa Rica	1	0
	Dominican Republic	3	0
	Ecuador	2	0

	Jamaica	1	0
	Martinique	1	0
	Mexico	52	0
	Panama	1	0
	Peru	126	0
	Puerto Rico	11	0
	United States of America	2316	0
	Venezuela (Bolivarian Republic of)	1	0
Eastern Mediterranean Region	Lebanon	4	0
	Morocco	1	0
	Qatar	1	0
	Saudi Arabia	2	0
	United Arab Emirates	13	0
European Region	Austria	91	0
	Belgium	312	0
	Bosnia and Herzegovina	1	0
	Bulgaria	3	0
	Croatia	8	0
	Czechia	14	0
	Denmark	51	0
	Estonia	4	0
	Finland	13	0
	France	1453	0
	Georgia	1	0
	Germany	2268	0
	Gibraltar	5	0
	Greece	20	0
	Hungary	33	0
	Iceland	9	0
	Ireland	69	0
	Israel	105	0
	Italy	374	0
	Latvia	3	0
	Luxembourg	14	0
	Malta	17	0
	Netherlands	712	0
	Norway	46	0
	Poland	40	0
	Portugal	588	0
	Romania	19	0
Russian Federation	1	0	
Serbia	5	0	
Slovakia	3	0	

	Slovenia	27	0
	Spain	3125	0
	Sweden	77	0
	Switzerland	216	0
	The United Kingdom	2137	0
	Türkiye	1	0
South-East Asia Region	India	2	0
	Thailand	1	0
Western Pacific Region	Australia	42	0
	China	2	0
	New Caledonia	1	0
	New Zealand	2	0
	Republic of Korea	1	0
	Singapore	6	0
Cumulative	75 countries/territories/areas	16 016	5