Situation Report on Mpox Multi-Country Outbreak Response - Region of the Americas

Issue 5/2025, published 02 June 2025

Contents:

MPOX SITUATION IN NUMBERS

Region of the Americas

As of 30 April 2025 (16:00 EST)

Total

(13 May 2022 – 30 April 2025)

68,840
Confirmed cases

152
Deaths

31
Countries with confirmed cases

Males – 60,689/63,319 cases (95.8%)

Children <18 years – 792/67,186 cases (1.2%)

MSM (Men who have Sex with Men) – 14,447/20,419 cases (70.8%)

Concurrent HIV Infection – 13,362/22,923 cases (58.3%)

Healthcare Workers – 1,290/29,358 cases (4.4%)

Information is updated between 17:30 to 18:00 GTM-5 on Mondays, at:

Mpox (https:/shiny.paho-phe.org/mpox/)

Summary

Between 2022 and 30 April 2025, a total of 142,151 confirmed cases of mpox have been reported globally, from 127 countries and territories. The Region of the Americas (48.4%) contributes the largest proportion of cases, followed by the African (25.2%) and European (21%) Regions [1].

In the Region of the Americas, a cumulative total of 68,840 confirmed cases of mpox, including 152 deaths, were reported in 31 countries and territories between 2022 and 2025.

In 2025, a total of nine countries (Argentina, Brazil, Canada, Chile, Costa Rica, Jamaica, Mexico, Paraguay, and the United States) have reported mpox cases, with one recorded death in Brazil (Figure 1).

Jamaica reported a single case of mpox in the country in 2025 during EW 16, after reporting no cases and deaths in 2024. Prior to that, Jamaica reported 18 cases in 2022 and 3 cases in 2023, with no deaths reported in the country so far.

The United States (n=4 cases), Canada (n=1 case), and Brazil (n=1case) remain the only countries in the Region to have reported cases of mpox clade Ib. To date, no secondary case has been detected in the Region.

Wastewater surveillance for the mpox virus in the United States detected the clade Ib virus in Iowa and North Carolina. A detailed investigation by the US CDC and state health authorities revealed no detection of cases of clade Ib mpox in either of the states.

Region of the Americas - An Epidemiological Overview

Between 2022 and 2025, the North American subregion reported the highest burden of mpox cases, with 41,203 cases and 98 deaths (the United States with 34,859 cases and 63 deaths [2], Mexico with 4,268 cases and 35 deaths, and Canada with 2,076 cases) reported up to EW 18 2025. The South American subregion reported the next highest proportion of cases (26,441 cases and 48 deaths), followed by Central America (1,029 cases and 4 deaths), and the Caribbean and Atlantic Ocean Islands (167 cases and 2 deaths).

[1] World Health Organization. Global Mpox Trends. Geneva: WHO; 2025. [cited 27 May 2025]. Available from: https://worldhealthorg.shinyapps.io/mpx_global/

[2] Information for the United States of America includes the number of deaths up to July 2024, and the number of cases up to 30 April 2025.

525 23rd St. NW
Washington, DC 20037

www.paho.org

PAHO-WHO
PAHOWHO
OPSPAHO
PAHOTV

In 2025, a total of 902 mpox cases and 1 death were reported in nine countries: Argentina (n=12 cases), Brazil (n=425 cases, 1 death), Canada (n=70 cases), Chile (n=79 cases), Costa Rica (n=1 case), Jamaica (n=1 case), Mexico (n=66 cases), Paraguay (n=3 cases), and the United States (n=245 cases) (Figure 1).

Most of the cases reported in the Americas Region were identified through human immunodeficiency virus (HIV) care services, sexual health services, or primary and/or secondary health care facilities, involving mainly but not exclusively, men who have sex with men (MSM).

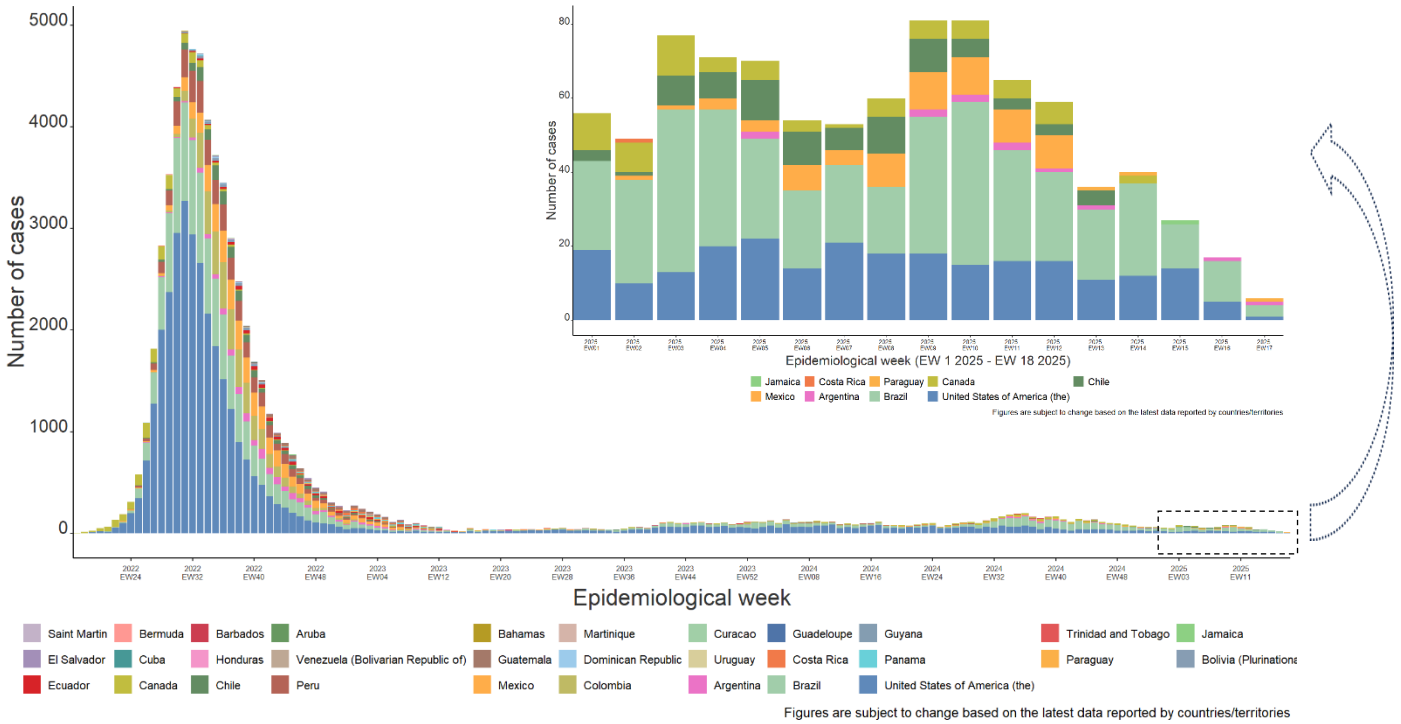
Wastewater surveillance testing for the mpox virus reported detection of the clade Ib virus in the states of North Carolina and Iowa between March to May 2025. A joint investigation by the US CDC and state partners determined that the signal detected in Iowa was likely due to non-infectious laboratory reagent production, highlighting the importance of contextual interpretation when no human cases are reported. In North Carolina, local and state health authorities raised awareness among the public and urged healthcare providers to remain vigilant and consider history of recent international travel when evaluating patients. There have been no cases of clade Ib mpox detected in both Iowa and North Carolina till date.

Brazil reported the first case of clade Ib mpox in the country in March 2025, in a 29-year old female in São Paulo. The case had no history of travel or recent contact with symptomatic individuals or sexual partners but reported a visit from family members who reside in the Democratic Republic of Congo in February 2025. The patient was discharged following medical care and improving symptoms.

The U.S. has reported 4 cases of clade Ib mpox as of February 2025. The first clade Ib case of mpox in the country was isolated in California in November 2024, and the second in Georgia in January 2025, both in travelers to areas with ongoing mpox transmission, and who have fully recovered. The third case was isolated in New Hampshire in January 2025, and the fourth in New York in February 2025, both with a history of travel to East Africa, and have recovered without need for medical isolation. All 4 cases in the U.S. represent unrelated and separate events, with no case of secondary transmission detected.

In Canada, a case of clade Ib mpox was reported in a traveler returning from Nigeria (with transit through Rwanda and the United States) in November 2024. To date, no secondary transmission of clade Ib has been reported in the Region of the Americas.

Figure 1. Confirmed cases of Mpox by epidemiological week of onset symptoms/notification. Americas Region, as of 30 April 2025.



Source: Adapted from Pan American Health Organization. Mpox case board – Americas Region. Washington, D.C.: PAHO; 2025 [cited 27 May 2025]. Available from: https://shiny.paho-phe.org/Mpox/ and from data reported by the IHR National Focal Points to PAHO/WHO.

PAHO/WHO Response per Pillar

Coordination

PAHO continues to strengthen coordination efforts with Ministries of Health of Member States by supporting epidemiological surveillance, case management, lab diagnosis, community engagement, and risk communication.

Surveillance

PAHO has been working in close collaboration with local health authorities to help strengthen epidemiological surveillance for mpox in countries. PAHO, in collaboration with Ministries of Health reviews the situation of mpox in countries and supports organization of workshops aimed to strengthen the national response in the management and surveillance of mpox, review infection prevention and control measures. Efforts to provide technical cooperation on surveillance and response to Mpox outbreaks are also being undertaken.

The Organization continued to update the mpox cases dashboard (Mpox (https://shiny.paho-phe.org/mpox/)) and disseminate its use among Member States. It was developed to facilitate data visualization, analysis, and follow-up. The tool is available in English, French, Portuguese, and Spanish. Information is collected through the IHR National Focal Point (NFP) channels and publicly available data from the Ministries of health.

Laboratory

PAHO continues efforts to strengthen laboratory capacity in Member States for the rapid detection and diagnosis of mpox, including procuring equipment, laboratory materials, and reagents.

The organization also provided technical support to the implementation of the mpox virus detection by PCR, through the provision of supplies, and sharing and reviewing available protocols. Routine meetings are held with staff from laboratories in the Region to review data, test results, troubleshoot, and follow-up on any events in the respective countries.

PAHO has published and updated the Laboratory Guidelines for the Detection and Diagnosis of Monkeypox Virus Infection.

Clinical Management and Infection Prevention and Control (IPC)

Clade Ib is expected to produce more morbidity and mortality than Clade II. Most of the deaths associated to mpox were among individuals with advanced HIV infection, unaware of their status or disengaged from care. Therefore, all individuals with lesions suspected to be mpox should be offered HIV test to be able to start antiretroviral treatment as soon as possible.

PAHO is working with clinicians in Member States to learn and disseminate information on clinical features, diagnostic challenges, and clinical management practices of suspected and confirmed mpox infections.

The Organization is continuously evaluating IPC interventions that can prevent transmission of mpox to health care workers in occupational settings in countries in the Region. PAHO routinely participates in meetings with WHO to define the need to update the management guide for cases, and guidelines for infection control and prevention.

Webinars are periodically held to disseminate IPC and clinical management recommendations for persons with mpox, including home care of uncomplicated cases.

The WHO Clinical Platform for Mpox collects anonymized data to understand the clinical features and outcomes of mpox. Guidance documents for clinical management and infection prevention and control, are being updated.

WHO has launched a call for Expressions of Interest to receive a donation of tecovirimat for use under the Revised MERUI protocol. Countries interested in receiving this drug should contact the local PAHO office for more details. A new Atlas of Mpox lesions has been published to harmonize the assessments of lesions and improve the quality of the collected data.

WHO produced infographic material to support the triage, screening tools, differential diagnostic and management of lesions, available in different languages here.

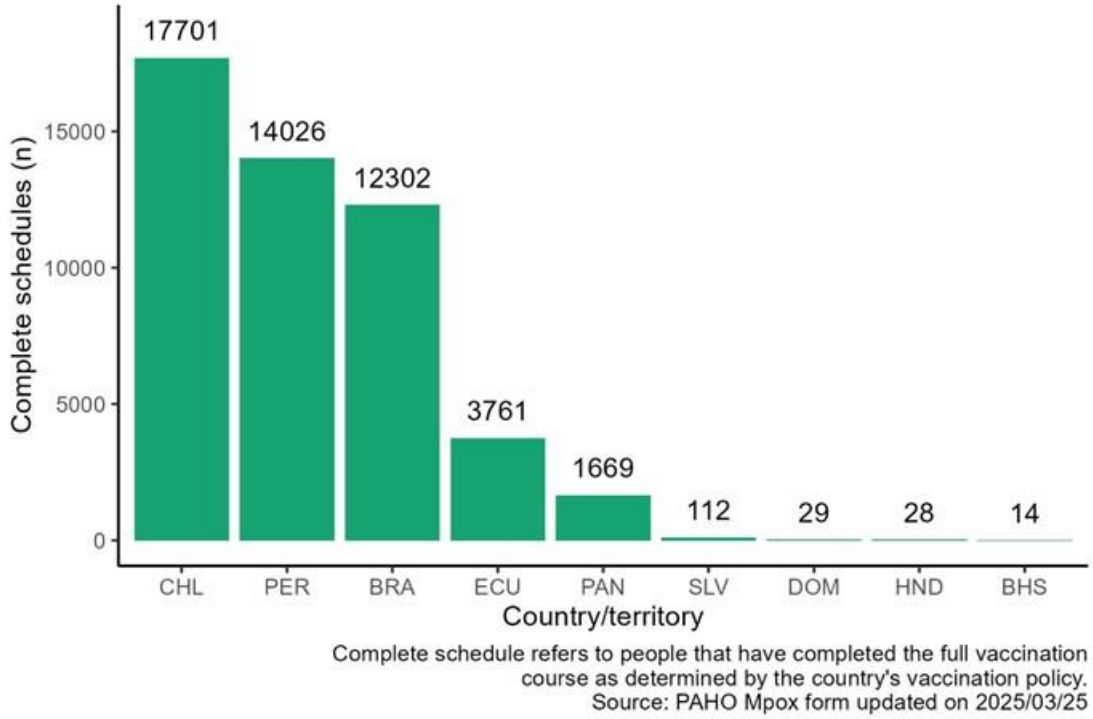
Vaccination

During the 2022-2023 period, 14 countries in the region acquired 106,400 vaccine doses through the Revolving Fund (RF), as part of their mpox prevention and control plans. An additional 47,600 doses were purchased in September 2024, following the WHO declaration of mpox as a Public Health Emergency of International Concern (PHEIC).

It is important that countries update their mpox vaccination plans as part of the national response plan, considering the epidemiological scenario and permanent recommendations, which aim to advance mpox prevention and control in accordance with the WHO Strategic Framework 2024-2027. This vaccination plan should be based on the most up-to-date recommendations of the WHO Strategic Advisory Group of Experts on Immunization (SAGE), WHO vaccination position papers and technical guidelines, and TAG reports.

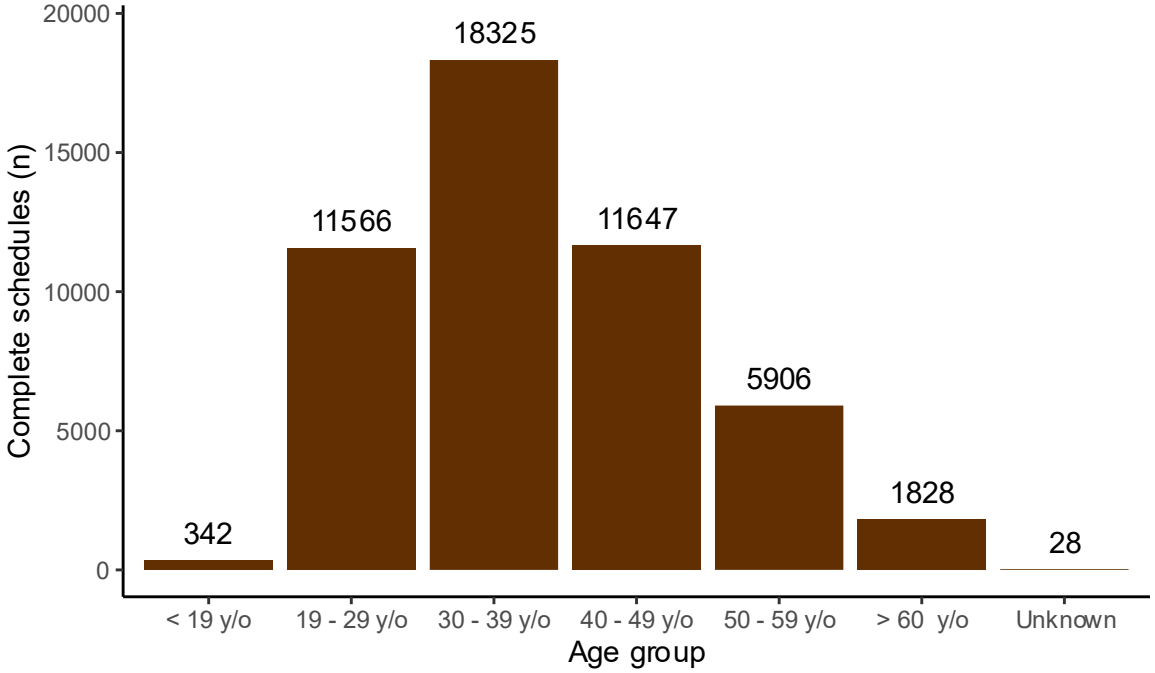
Between May 2022 and March 2025, 9 countries administered 49,642 complete vaccination series: Chile (n=17,701), Peru (n=14,026), Brazil (n=12,302), Ecuador (n=3,761), Panama (n=1,669), El Salvador (n=112), Dominican Republic (n=29), Honduras (n=28), and Bahamas (n=14). Notably, Peru reported an update of doses administered before 2024 that were not previously reported. The following figure describes the number of people who have completed the mpox vaccination schedule in each country.

Figure 2. Number of people who have completed the full mpox vaccination course in each country. Americas Region, as of 25 March 2025



In addition, demographic information on recipients of mpox vaccination reveals that the major proportion of doses have been received by adults between 19-49 years of age, which corresponds with the age distribution of confirmed cases in the region.

Figure 3. Age distribution of people who have completed the full mpox vaccination course. Americas Region, as of 25 March 2025



Complete schedule refers to people that have completed the full vaccination course as determined by the country's vaccination policy.
Source: PAHO Mpox form updated on 2025/03/25

It is important to take into consideration that, as reported by the Revolving Fund and the WHO, there is limited availability of vaccines and that the vaccines currently available through the RF are already allocated. Given that in the short and medium term, vaccine availability is expected to be very limited, countries are recommended to consider vaccine deployment in phases in their vaccination plans, according to the epidemiological scenario and prioritization of groups at higher risk of severe disease. To this end, it is important to maintain an updated analysis of the mpox situation in order to guide prevention and control actions, in which vaccination is one of the components.

In managing the outbreak response, vaccination should be considered as an additional measure to complement primary public health interventions. At the individual level, vaccination should not replace other protective measures.

Risk Communication and Community Engagement

PAHO has held webinars together with Ministries of Health and organized Civil Societies on topics including mpox epidemiology, clinical presentations, infection prevention and control, prevention, and treatment.

PAHO has worked with non-governmental organizations, academic institutions, and community-led services working with gay, bisexual, and other men who have sex with men as partners for engagement and risk communication activities with these vulnerable populations. The organization has issued public health recommendations for gay, bisexual, and other men who have sex with men (available on the PAHO website).

The organization has developed and distributed brochures/pamphlets to be used in print and digital with information and general recommendations for the community of gay, bisexual men, and other men who have sex with men to share/distribute with organizers or attendees of festivals and other massive events, and on social media. Flyers with mpox facts and measures for recovering at home and key information for sex workers were also distributed at healthcare facilities and organizations serving high-risk groups.

PAHO has been monitoring travel measures for mpox through a methodical search across 35 countries in the Region of the Americas. To date, there are no travel measures in any of these countries, which aligns with WHO's recommendations.

Additionally, PAHO has constructed a calendar that categorizes events by type (cultural, sporting, religious, political, and pride) and country. In the first half of November, 3 cultural events (Mexico, Dominican Republic, and Panama), 2 political events (Colombia, and the United States of America), and 7 sporting events (Dominican Republic, Brazil, Venezuela (Bolivarian Republic of), Paraguay, Ecuador, Uruguay, Peru) were observed. For the second half of November, 3 cultural events (Guatemala, Mexico, Panama), 8 sporting events (Bolivia (Plurinational State of), Colombia, Argentina, Chile, Brazil, the United States of America, Paraguay, Peru), and a Pride Parade in Brazil are scheduled.

The WHO has also released two documents: "Considerations for border health and points of entry for mpox" and "Gatherings in the context of the 2024 Mpox outbreak: Public Health guidance." These documents provide comprehensive advice for managing mpox in these environments, emphasizing coordination, surveillance, and non-discriminatory practices. The first document targets national and subnational health authorities, PoE authorities, public health professionals, civil society organizations, and regional authorities. The second document is aimed at host governments, health authorities, event organizers, healthcare providers, and attendees of meetings of any size and type. These documents are being translated into Spanish and will be sent to the countries, along with the calendar.