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

Issue 6/2025, published 03 September 2025

Contents:

MPOX SITUATION IN NUMBERS

Region of the Americas

As of 31 July 2025 (16:00 EST)

Total

(13 May 2022 – 31 July 2025)

69,905
Confirmed cases

153
Deaths

31
Countries with confirmed cases

Males – 61,412/64,054 cases (95.9%)

Children <18 years – 802/67,120 cases (1.2%)

MSM (Men who have Sex with Men) – 14,705/20,969 cases (70.1%)

Concurrent HIV Infection – 13,648/23,274 cases (58.6%)

Healthcare Workers – 1,322/29,888 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 31 July 2025, a total of 158,425 confirmed cases of mpox have been reported globally, from 127 countries and territories. The Region of the Americas (44.1%) contributes the largest proportion of cases, followed by the African (31.4%) and European (19.3%) Regions [1].

In the Region of the Americas, a cumulative total of 69,905 confirmed cases of mpox, including 153 deaths, were reported in 31 countries and territories between 2022 and 2025.

In 2025, a total of 13 countries (Argentina, Brazil, Canada, Chile, Colombia, Costa Rica, Guatemala, Honduras, Jamaica, Mexico, Paraguay, Peru, and the United States) have reported mpox cases, with two recorded deaths in Mexico (Figure 1).

In 2025, Mexico has reported an increase in cases, with incidence beginning to rise in epidemiological week (EW) 17 and continuing through EW 31. To date, 2 deaths have been reported.

Colombia, Guatemala, Honduras, and Peru have reported their first cases in 2025 in the last 3 months.

The United States (n=5 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.

Region of the Americas - An Epidemiological Overview

Between 2022 and 2025, the North American subregion reported the highest burden of mpox cases, with 42,145 cases and 100 deaths (the United States with 35,280 cases and 63 deaths, Mexico with 4,693 cases and 37 deaths, and Canada with 2,172 cases) reported up to EW 31 2025. The South American subregion reported the next highest proportion of cases (26,558 cases and 47 deaths), followed by Central America (1,035 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 26 Aug 2025]. Available from: https://worldhealthorg.shinyapps.io/mpx_global/

525 23rd St. NW
Washington, DC 20037

www.paho.org

PAHO-WHO
PAHOWHO
OPSPAHO
PAHOTV

In 2025, a total of 2,036 mpox cases and 2 deaths were reported in 13 countries: Argentina (n=81 cases), Brazil (n=541 cases), Canada (n=163 cases), Chile (n=79 cases), Colombia (n=15 cases), Costa Rica (n=3 cases), Guatemala (n=3 cases), Honduras (n=1 case), Jamaica (n=1 case), Mexico (n=491 cases, 2 deaths), Paraguay (n=4 cases), Peru (n=1 case), and the United States (n=653 cases) (Figure 1).

Mexico has seen a resurgence of cases reported in the last 3 months, with the rise in cases identified in EW 17 of 2025. The increased incidence has continued, with a similar trend every week up to EW 31. So far, 491 cases and 2 deaths have been reported in 2025, compared to 123 cases and 1 death in 2024, and 312 cases and 13 deaths in 2023. The majority of cases have been isolated in Mexico City, followed by the states of Mexico, Jalisco, and Nueva Leon.

Guatemala reported 3 mpox cases in 2025, with the first in EW 21, and 2 cases in EW 28, after about 6 months of no reported cases in the country. There were 2 cases and 1 death identified in 2024, and 121 cases and 1 death reported in 2023.

Peru has reported 1 mpox case in EW 23, the only one so far this year. Prior to this, there have been 89 cases and 2 deaths in 2024, and 169 cases and 1 death reported in 2023. No secondary cases have been identified so far.

Honduras has reported the first case of 2025 in EW 27, with no cases identified in 2024, and 30 cases reported in 2023. No secondary cases have been identified in 2025, and no deaths due to mpox have been reported by Honduras so far.

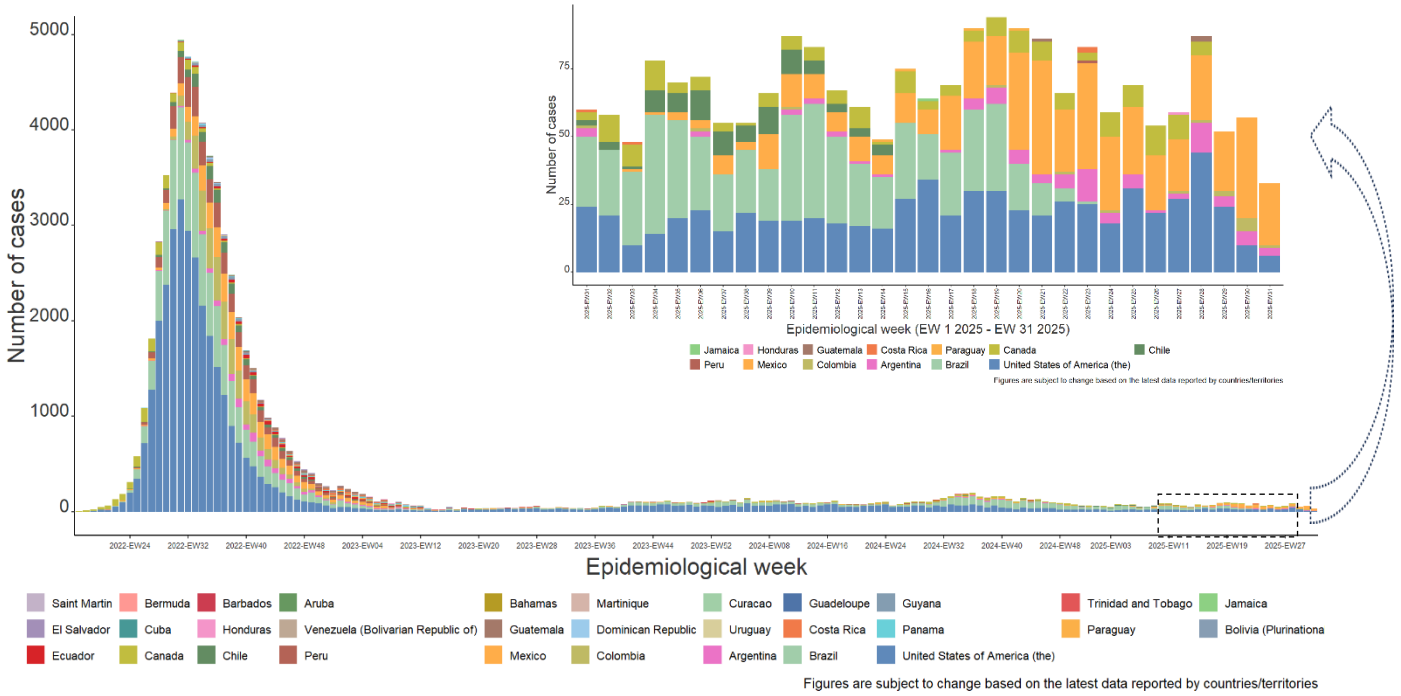
Most of the cases reported in the Americas Region were identified through human immunodeficiency virus (HIV) care services, sexual health services, or primary and/or secondary health care facilities, involving mainly, but not exclusively, men who have sex with men (MSM).

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 improvement in symptoms.

On 17 June 2025, the US reported the fifth case of clade 1b mpox in the country in Massachusetts, in a person with a history of travel to an East African country. No secondary cases have been identified, and an investigation to identify and monitor contacts has been undertaken. The U.S. has reported 4 cases of clade Ib mpox in 2025. The first case 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 the need for medical isolation. All 5 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 31 July 2025.



Source: Adapted from Pan American Health Organization. Mpox case board – Americas Region. Washington, D.C.: PAHO; 2025 [cited 26 Aug 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.

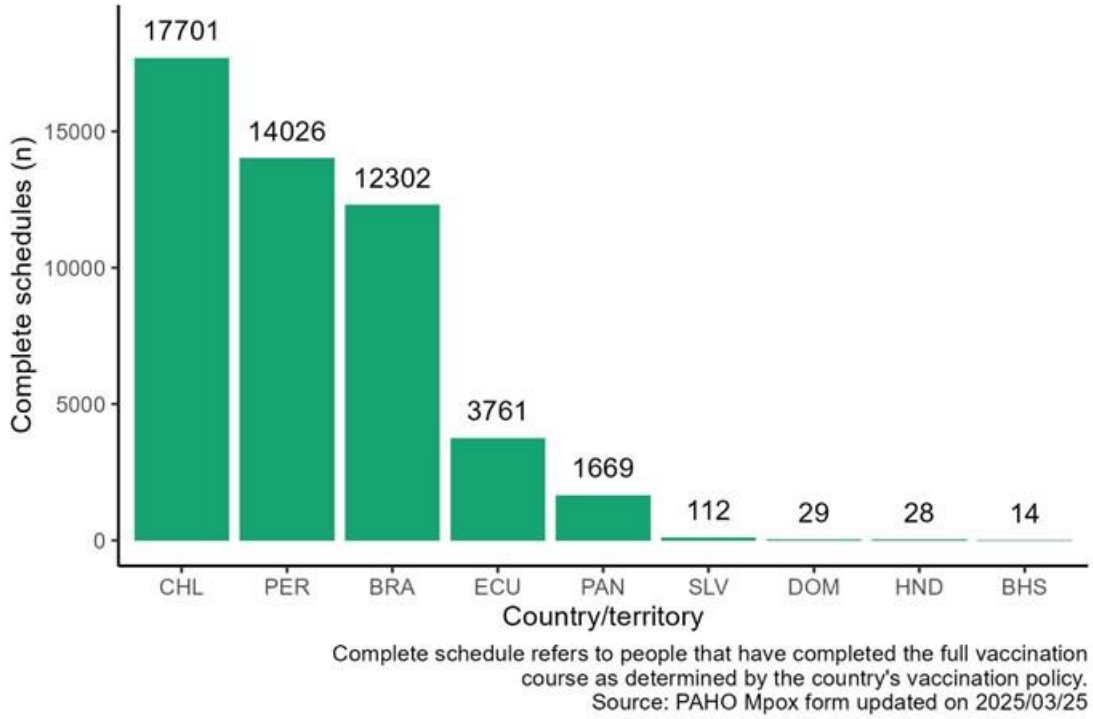
Vaccination

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.

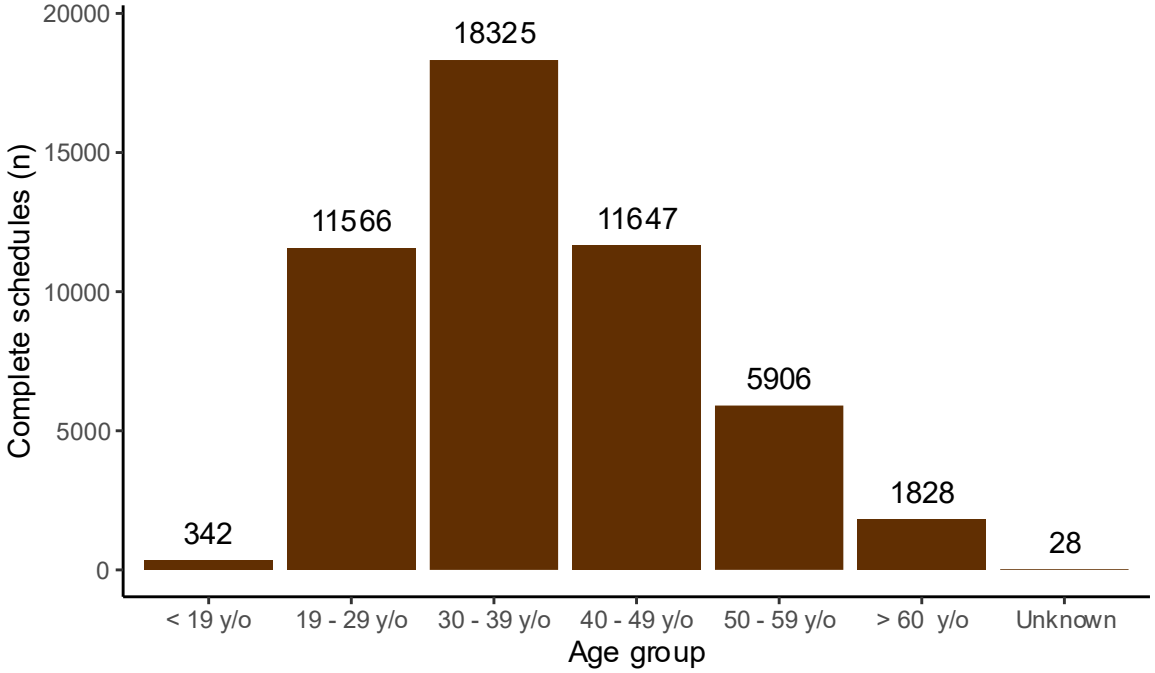
Between May 2022 and March 2025, 9 countries administered 49,642 complete vaccination series: Chile (n=17,701), Peru (n=14,026), Brazil (n=12,302), Ecuador (n=3,761), Panama (n=1,669), El Salvador (n=112), Dominican Republic (n=29), Honduras (n=28), and Bahamas (n=14). Notably, Peru reported an update 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.