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

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Contents:

MPOX SITUATION IN NUMBERS

Region of the Americas

As of 31 October 2025 (16:00 EST)

1 January 2025 – 31 October 2025:

3,815
Confirmed cases

3
Deaths

16
Countries with confirmed cases

Total (13 May 2022 – 31 October 2025):

71,483
Confirmed cases

154
Deaths

31
Countries with confirmed cases

12
Mpox Clade Ib cases

Males – 61,850/64,504 cases (95.9%)

Children <18 years – 790/68,459 cases (1.2%)

MSM (Men who have Sex with Men) – 17,216/23,607 cases (72.9%)

Concurrent HIV Infection – 13,784/23,556 cases (58.5%)

Healthcare Workers – 1,334/30,186 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 October 2025, a total of 168,736 confirmed cases of mpox have been reported globally, from 142 countries and territories. The Region of the Americas (42.4%) contributes the largest proportion of cases, followed by the African (36.2%) and European (18.5%) Regions [1].

In the Region of the Americas, a cumulative total of 71,483 confirmed cases of mpox, including 154 deaths, were reported in 31 countries and territories between 2022 and 2025.

In 2025, a total of 16 countries (Argentina, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Ecuador, Guatemala, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, and the United States) have reported 3,815 mpox cases, including three deaths, all in Mexico (Figure 1).

The United States, Mexico, and Canada reported an increase in cases for a few weeks between EW 25 and EW 38, with cases on a decreasing trend in later weeks.

Bolivia (Plurinational State of), Panama, and Ecuador reported the first mpox cases of 2025, after a declining trend in 2023 and 2024.

In the last three months, five new clade Ib cases have been confirmed in the Americas (United States: n=4; Canada: n=1), bringing the regional cumulative total of clade Ib cases to 12. Three unrelated locally acquired cases in California, all among MSM without travel history, suggest undetected community transmission of clade Ib within MSM networks.

To date, the United States (n=9 cases), Canada (n=2 cases), and Brazil (n=1case) remain the only countries in the Region to have reported cases of mpox clade Ib.

[1] World Health Organization. Global Mpox Trends. Geneva: WHO; 2025. [cited 24 Nov 2025]. Available from: https://worldhealthorg.shinyapps.io/mpx_global/

525 23rd St. NW
Washington, DC 20037

www.paho.org

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Region of the Americas - An Epidemiological

Overview

Between 2022 and EW 44 of 2025, the North American subregion reported the highest number of mpox cases, with 43,441 cases and 101 deaths primarily from the United States (36,326 cases;63 deaths), Mexico (4,862 cases; 38 deaths), and Canada (2,253 cases). The South American subregion followed with 26,847 cases and 47 deaths, while Central America reported 1,055 cases and 4 deaths, and the Caribbean and Atlantic Ocean Islands, 140 cases and 2 deaths.

In 2025, a total of 3,815 mpox cases including 3 deaths were reported in 16 countries: Argentina (n=140 cases), Bolivia (Plurinational State of) (n=12 cases), Brazil (n=541 cases), Canada (n=236 cases), Chile (n=180 cases), Colombia (n=127 cases), Costa Rica (n=5 cases), Ecuador (n=1 case), Guatemala (n=4 cases), Honduras (n=5 case), Jamaica (n=1 case), Mexico (n=657 cases, 3 deaths), Panama (n=14 cases), Paraguay (n=4 cases), Peru (n=6 cases), and the United States (n=1,882 cases) (Figure 1).

Most cases in the Region continue to be detected through HIV care services, sexual health clinics, and primary/secondary healthcare facilities, primarily—though not exclusively—among men who have sex with men (MSM).

- **The United States of America** experienced a resurgence beginning in EW 25, 2025, peaking in EW 38, followed by a steady decline through EW 44. The United States continues to report the highest number of cases in the region.
- **Canada** reported a modest increase in cases between EW 25 to EW 28, returning to baseline from EW 29 onwards.
- **Mexico** saw a rise beginning in EW 17, peaking in EW 34, followed by a decline. No new cases have been reported in the past six weeks. In 2025, Mexico reported 657 cases and 3 deaths, including one death. Mexico remains the only country in the Americas with reported deaths this year.
- **Colombia** showed a gradual increase from **EW 33**, peaking in **EW 37**, followed by decreases in EW 38–39. No cases have been reported after EW 39.
- **Bolivia (Plurinational State of)** reported its first mpox cases of 2025 in EW 33 and has since reported 12 sporadic cases, the most recent in EW 43. This follows declining totals in previous years (1 case in 2024; 4 in 2023; 261 in 2022).
- **Panama** reported the first cases of 2025 in EW 27, and has reported 14 cases up to EW 44, typically between one and two cases per week. Panama reported 6 mpox cases in 2024, 148 cases in 2023, and 89 cases in 2022.
- **Ecuador** reported their first case of mpox in 2025 in EW 4, with no other cases reported since then. There have been 31 mpox cases reported in Ecuador in 2024, 132 in 2023, and 465 cases in 2022.

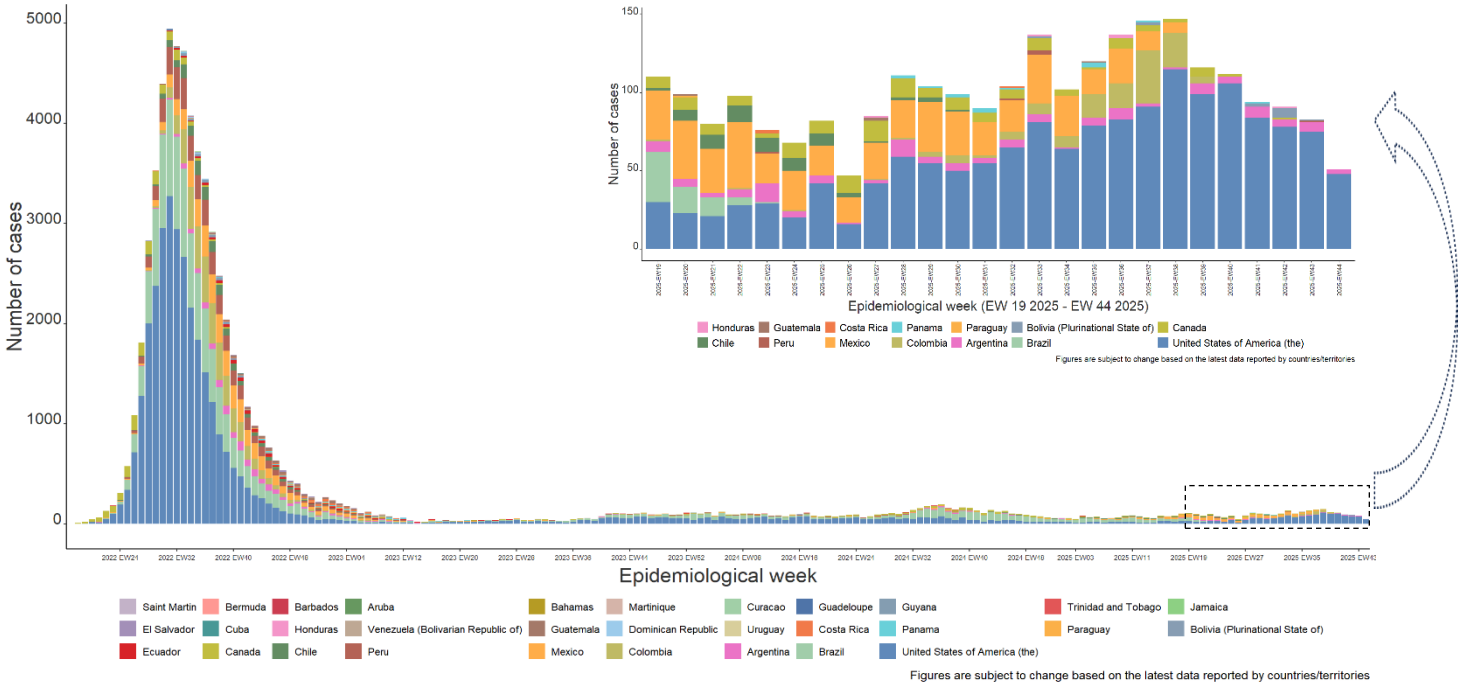
Clade Ib Detection and Transmission

The US reported its sixth case of clade Ib mpox in September 2025, in an individual with recent travel history to the Middle East. No secondary cases were identified.

Between 14 and 17 October 2025, the US confirmed three unrelated clade Ib cases in California State (Long Beach: n=1; Los Angeles County: n=2) – its 7th,8th, and 9th confirmed cases of clade Ib mpox. All 3 cases occurred among men who have sex with men (MSM), of age greater than 18 years, and with no travel history outside the country. One case was immunocompromised. All of them have been hospitalized following confirmation, received standard care, and are recovering at home. Household, healthcare, and social contacts are being investigated. The absence of travel history in these unrelated cases suggests a community transmission of clade Ib mpox within the MSM community and their social networks. Of note, on 24 October 2025, the ECDC published a threat assessment following the detection of five cases of MPOX clade 1b in four different countries, with no history of travel and reporting sexual contact with another male. They assessed the overall risk of MPXV clade Ib infection as moderate for men who have sex with men and low for the general population

Canada confirmed its second clade Ib mpox in September 2025 in Nova Scotia, detected in a traveller returning from Lebanon. The individual reported a sexual exposure in Lebanon, with no subsequent contacts or partners in Canada, had received two doses of the Imvamune vaccine in 2024, and had no prior history of mpox infection. The person is recovering at home following guidance to prevent further transmission. No contacts have been identified, and the Public Health Agency of Canada continues to monitor the situation.

Figure 1. Confirmed cases of Mpox by epidemiological week of onset of symptoms/notification. Americas Region, as of 31 October 2025.



Source: Adapted from Pan American Health Organization. Mpox cases – Americas Region. Washington, D.C.: PAHO; 2025 [cited 24 Nov 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.

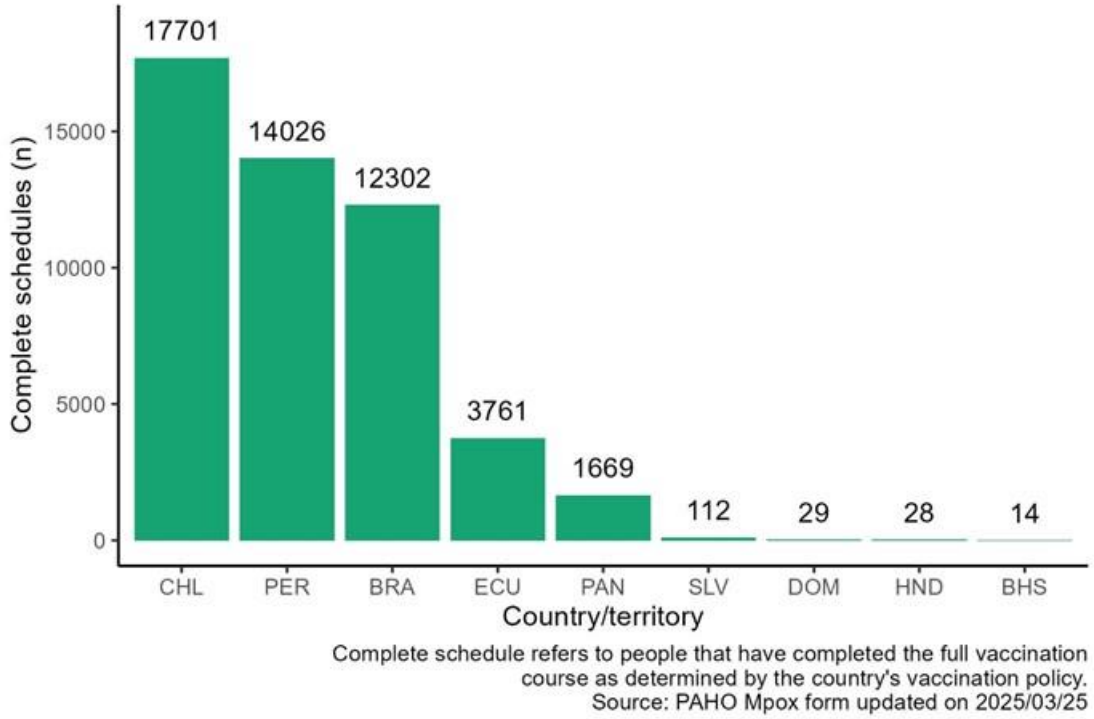
Vaccination

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.

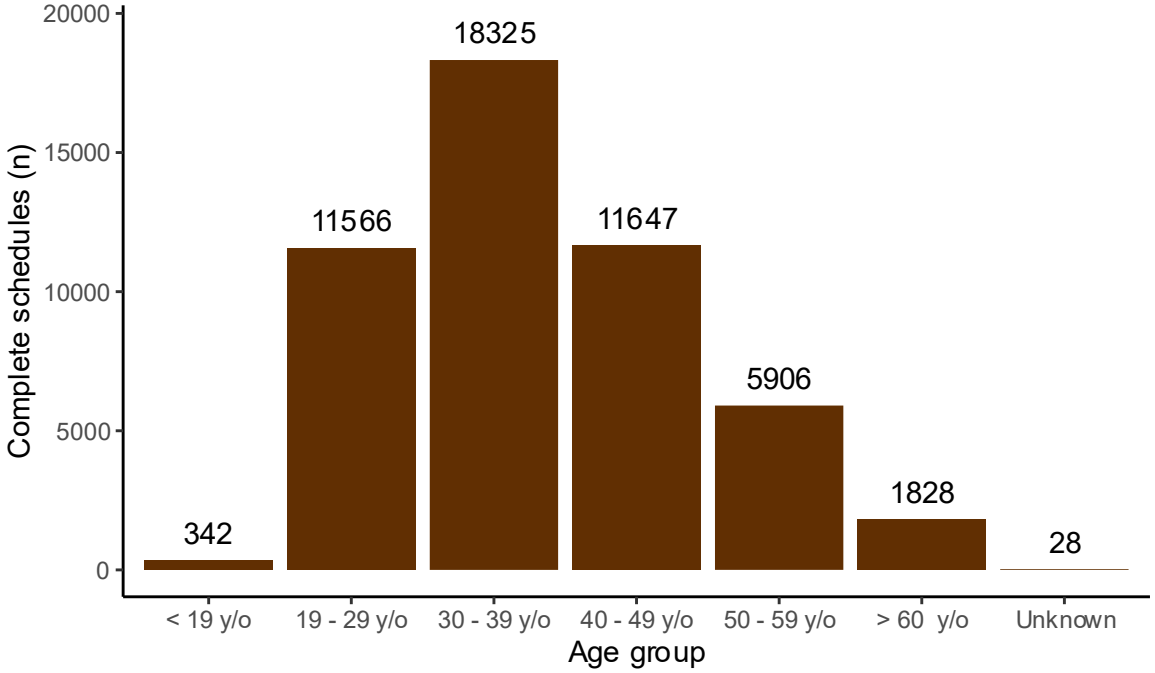
Between May 2022 and March 2025, 9 countries administered 49,642 complete vaccination series: Chile (n=17,701), Peru (n=14,026), Brazil (n=12,302), Ecuador (n=3,761), Panama (n=1,669), El Salvador (n=112), Dominican Republic (n=29), Honduras (n=28), and Bahamas (n=14). Notably, Peru reported an update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



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 (Includes only countries that have reported vaccination data)



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.