

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

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Summary

Between 2022 and 31 January 2026, a total of 179,612 confirmed cases of mpox have been reported globally, from 145 countries and territories. The Region of the Americas (41%) contributes the largest proportion of cases, followed by the African (36.2%) and European (17.8%) Regions [1].

In the Region of the Americas, a cumulative total of 73,641 confirmed cases of mpox, including 160 deaths, were reported in 31 countries and territories between 2022 and 2026.

In 2026, a total of 8 countries (Argentina, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Mexico, and the United States) have reported 172 mpox cases (Figure 1). No deaths have been reported to date.

In the last three months, two imported clade Ib cases have been confirmed in the Americas (Mexico: n=1; Brazil: n=1), bringing the regional cumulative total of clade Ib cases to 14. Both cases have been confirmed among travellers to their respective countries, with a history of exposure before entering, and who departed the country before test results were confirmed.

To date, four countries in the region have reported cases of mpox clade Ib, the United States (n=9 cases), Canada (n=2 cases), Brazil (n=2 cases), and Mexico (n=1 case).

Region of the Americas - An Epidemiological

Overview

Between 2022 and EW 4 of 2026, the North American subregion reported the highest number of mpox cases, with 44,571 cases and 103 deaths primarily from the United States (37,248 cases; 63 deaths), Mexico (5,001 cases; 40 deaths), and Canada (2,322 cases). The South American subregion followed

[1] World Health Organization. Global Mpox Trends. Geneva: WHO; 2026. [cited 23 Feb 2026]. Available from: https://worldhealthorg.shinyapps.io/mpox_global/

MPOX
SITUATION IN NUMBERS
Region of the Americas
As of 31 January 2026
(16:00 EST)

1 January 2026 – 31 January 2026:

170
Confirmed cases
0
Deaths
8
Countries with confirmed cases

Total (13 May 2022 – 31 January 2026):

73,641
Confirmed cases
160
Deaths
31
Countries with confirmed cases
14
Mpox Clade Ib cases
Males – 62,430/65,099 cases (95.9%)
Children <18 years – 815/69,716 cases (1.2%)
MSM (Men who have Sex with Men) – 17,891/24,523 cases (72.9%)
Concurrent HIV Infection – 13,801/23,383 cases (59%)
Healthcare Workers – 1,348/30,745 cases (4.4%)

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

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

with 27,871 cases and 51 deaths, while Central America reported 1,060 cases and 4 deaths, and the Caribbean and Atlantic Ocean Islands, 139 cases and 2 deaths.

In 2026, a total of 172 mpox cases were reported in 8 countries: Argentina (n=1 case), Bolivia (Plurinational State of) (n=1 case), Brazil (n=36 cases), Canada (n=5 cases), Chile (n=31 cases), Colombia (n=1 case), Mexico (n=12 cases), and the United States (n=85 cases) (Figure 1). No deaths have been reported in the region as of EW 4 2026.

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** continues to report the highest number of cases in the region, with a total of 2,520 cases in 2025. A resurgence of cases was observed since EW 25, continuing through EW 44, followed by a steadily declining trend. The beginning of 2026 saw the decline continue from EW 1 to EW 4, with a total of 85 cases reported.
- **Canada** reported similar numbers of cases almost every week in 2025, with a modest increase in cases between EW 25 to EW 28, returning to baseline from EW 29 onwards, and a small spike in EW 45. Canada continues to report cases in 2026, with 5 cases so far, in EW 4.
- **Mexico** saw a resurgence of cases in 2025, beginning in EW 15 and continuing up to EW 43, with a declining trend observed in the remainder of the year. 2026 has seen a small number of cases reported every week so far.
- **Brazil** continues to be one of the countries with the highest burden of mpox cases in South America, reporting 36 cases in 2026. A declining trend has been observed starting from 2024, with 2,073 cases, followed by 1,018 cases in 2025.
- **Chile** has reported 31 mpox cases in 2026, following an increasing trend observed since EW 42 of 2025. Similar numbers of cases have been observed each week since then, with peaks in EW 50 and EW 53 in 2025, and EW 1 in 2026.
- **Argentina** showed a gradual increase in cases starting from EW 18 of 2025, continuing to report similar numbers of cases each week, up to EW 45. Cases were reported sporadically since then, with three cases in EW 53 of 2025, and one case in EW 2 of 2026.
- **Colombia** showed a gradual increase from EW 35 2025, peaking in EW 39, continuing similar trends, and followed by a decrease in EW 49. A small number of cases continue to be reported each week in 2025, with one case reported in EW 1 2026.
- **Bolivia (Plurinational State of)** has reported 19 sporadic cases of mpox in 2025, the most recent in EW 47. This follows declining totals in previous years (1 case in 2024; 4 in 2023; 261 in 2022). There has been one reported case in the country in 2026, in EW 2.

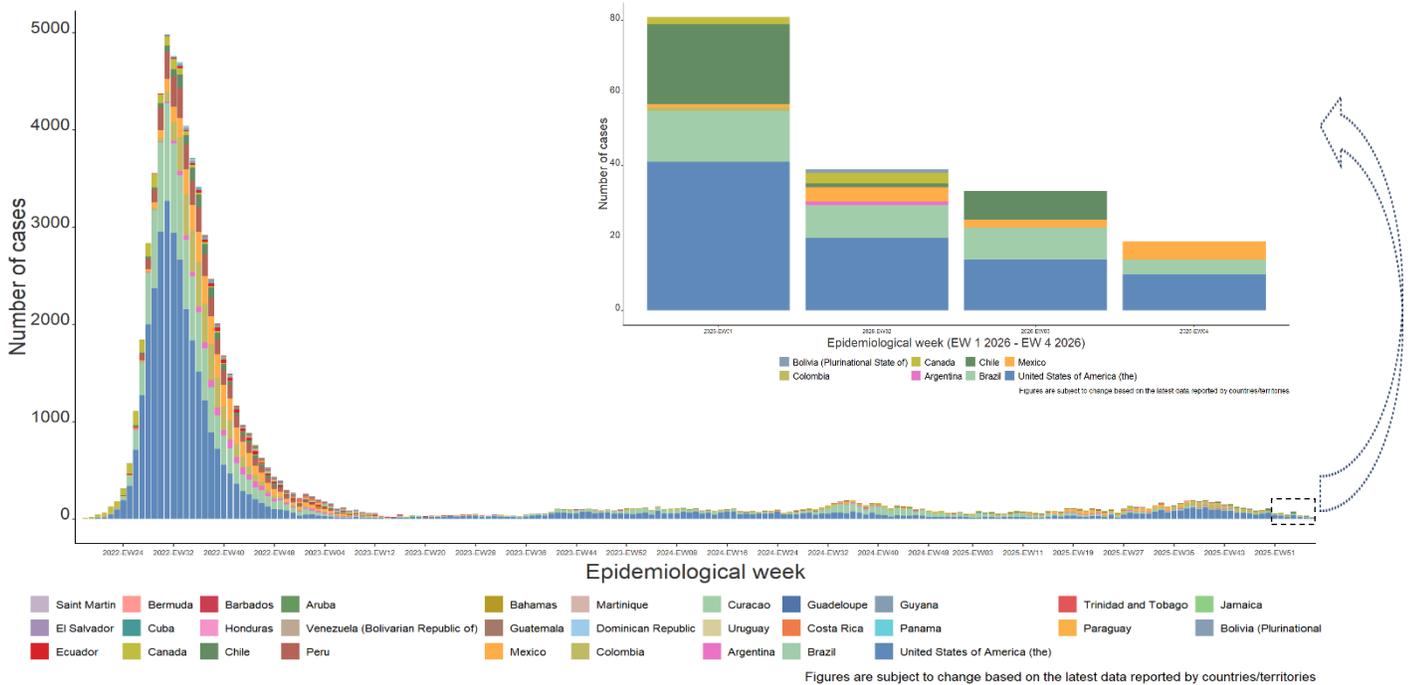
Clade Ib Detection and Transmission

Mexico identified a case of mpox clade Ib in a 50-year-old male traveller from Germany, who entered the country on 11 December 2025. The person had a history of travel to the United States on 8 December 2025, and remained in Mexico from 11 to 22 December 2025, when he departed the country. There is a positive history of sexual contact with a male partner in Germany. He had presented with symptoms on 12 December and had samples taken from skin lesions on 21 December. Lab confirmation was received on 24 December, after the patient left the country. No secondary cases have been identified in Mexico so far.

Brazil reported the second imported case of clade Ib mpox within its borders on 15 January 2026, in Sao Paulo, in a traveller from Portugal, who was in the country from 21 – 30 December 2025. The person was immunocompromised, on regular treatment, and reported a history of sexual exposure in Portugal, before entering the country and developing symptoms on 25 December 2025. Lab confirmation was received after the case departed from Brazil and returned to Portugal. No secondary cases have been identified in the country.

There has been a total of 14 cases of mpox clade Ib reported in the Region of the Americas, in the United States (n=9 cases), Canada (n=2 cases), Brazil (n=2 cases), and Mexico (n=1 case). The United States has reported cases of community transmission among MSM communities, while the cases in Canada, Brazil, and Mexico have been observed in people with travel to endemic countries and imported from travellers.

Figure 1. Confirmed cases of Mpox by epidemiological week of onset of symptoms/notification. Americas Region, as of 31 January 2026.



Source: Adapted from Pan American Health Organization. Mpox cases – Americas Region. Washington, D.C.: PAHO; 2026 [cited 23 Feb 2026]. 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 \(https://shiny.paho-phe.org/mpox/\)](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](#).

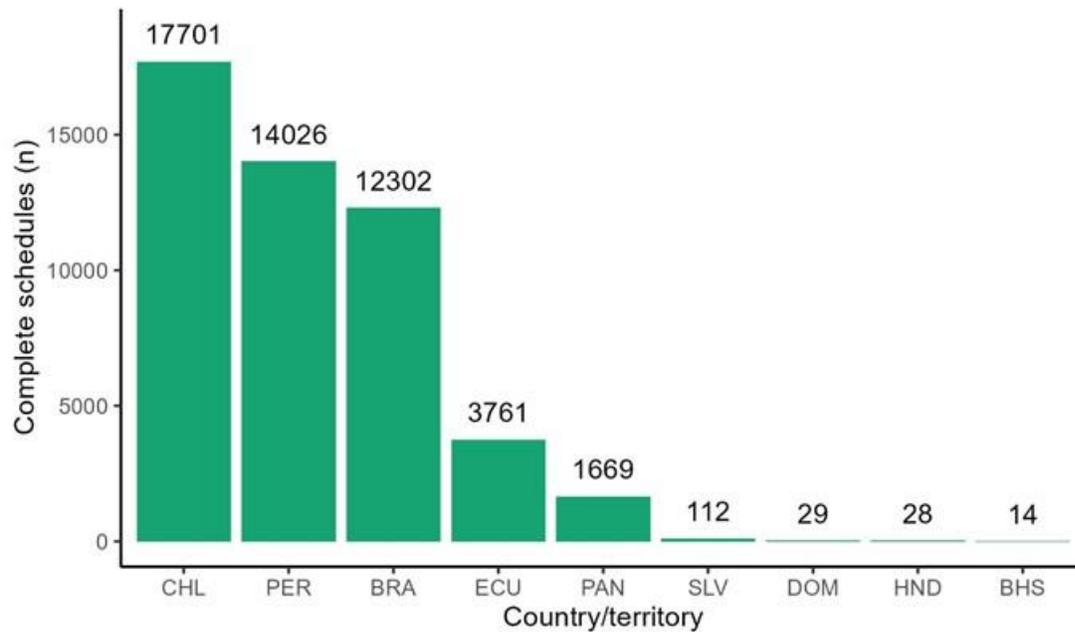
Vaccination

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.

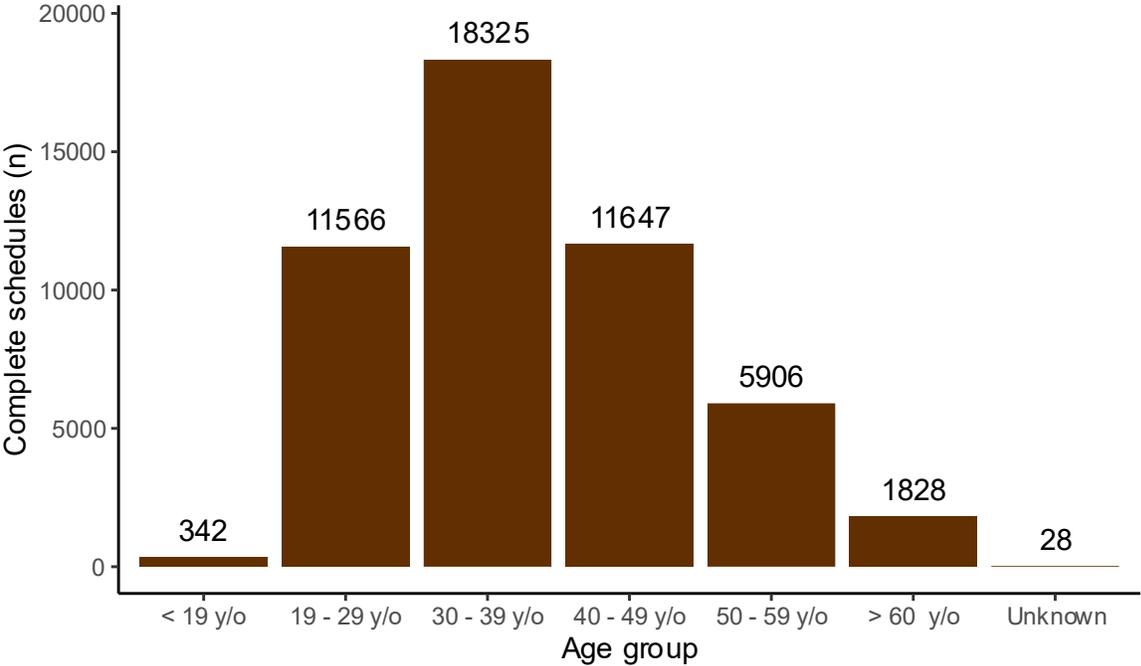
Figure 2. Number of people who have completed the full mpox vaccination course in each country. Americas Region, as of 25 March 2025 (Includes only countries that have reported vaccination data)



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

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.