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PAHO Health Emergencies Department

Mpox Multi-Country Outbreak

Regional Situation Report · Region of the Americas

Data as of 30 April 2026 (16:00 EST)

CURRENT REPORTING PERIOD
1 January – 30 April 2026

CASES	DEATHS	COUNTRIES
964	**1**	**10**
Confirmed	Reported	Reporting cases

CUMULATIVE TOTAL
13 May 2022 – 30 April 2026

CASES	DEATHS	COUNTRIES
74,678	**164**	**31**
Confirmed	Reported	Affected

MPOX CLADE Ib
1 November 2022 – 30 April 2026

39
Cumulative cases across 7 countries

By Country:
United States **23** · Brazil **5** · Canada **4** · Mexico **3** · Argentina **2** · Colombia **1** · Ecuador **1**

HEADLINE FINDING

In 2026, ten countries in the Region of the Americas have reported a total of 964 mpox cases and one death through 30 April. Seven countries have now reported a cumulative 39 cases of mpox clade Ib; most cases remain epidemiologically linked to international travel, with the others under investigation.

IN THIS ISSUE

01 Summary

Global and regional snapshot of the mpox outbreak

Between 2022 and 30 April 2026, a total of 184,531 confirmed cases of mpox have been reported globally from 145 countries and territories. The Region of the Americas accounts for the largest proportion of cases (40.1%), followed by the African (36.7%) and European (17.8%) Regions [1].

In the Region of the Americas, a cumulative total of 74,678 confirmed cases of mpox, including 164 deaths, have been reported across 31 countries and territories between 2022 and 2026.

In 2026, ten countries have reported a combined 964 mpox cases and one death: Argentina, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Ecuador, Mexico, Peru, and the United States (Figure 1).

Over the past three months, Argentina, Colombia, and Ecuador each confirmed their first case of mpox clade Ib, while the United States, Canada, Brazil, and Mexico reported additional clade Ib cases during the same period. To date, seven countries in the Region have reported a cumulative total of 39 clade Ib cases: the United States (23), Brazil (5), Canada (4), Mexico (3), Argentina (2), Colombia (1), and Ecuador (1).

Most clade Ib cases reported in the Region to date have occurred in individuals with recent travel to areas with documented clade Ib transmission, or in individuals with an identified epidemiological link to a traveller or confirmed case.

02 Epidemiological Overview

Region of the Americas · Data as of 30 April 2026

Subregional distribution (cumulative, 2022 – EW 17 of 2026)

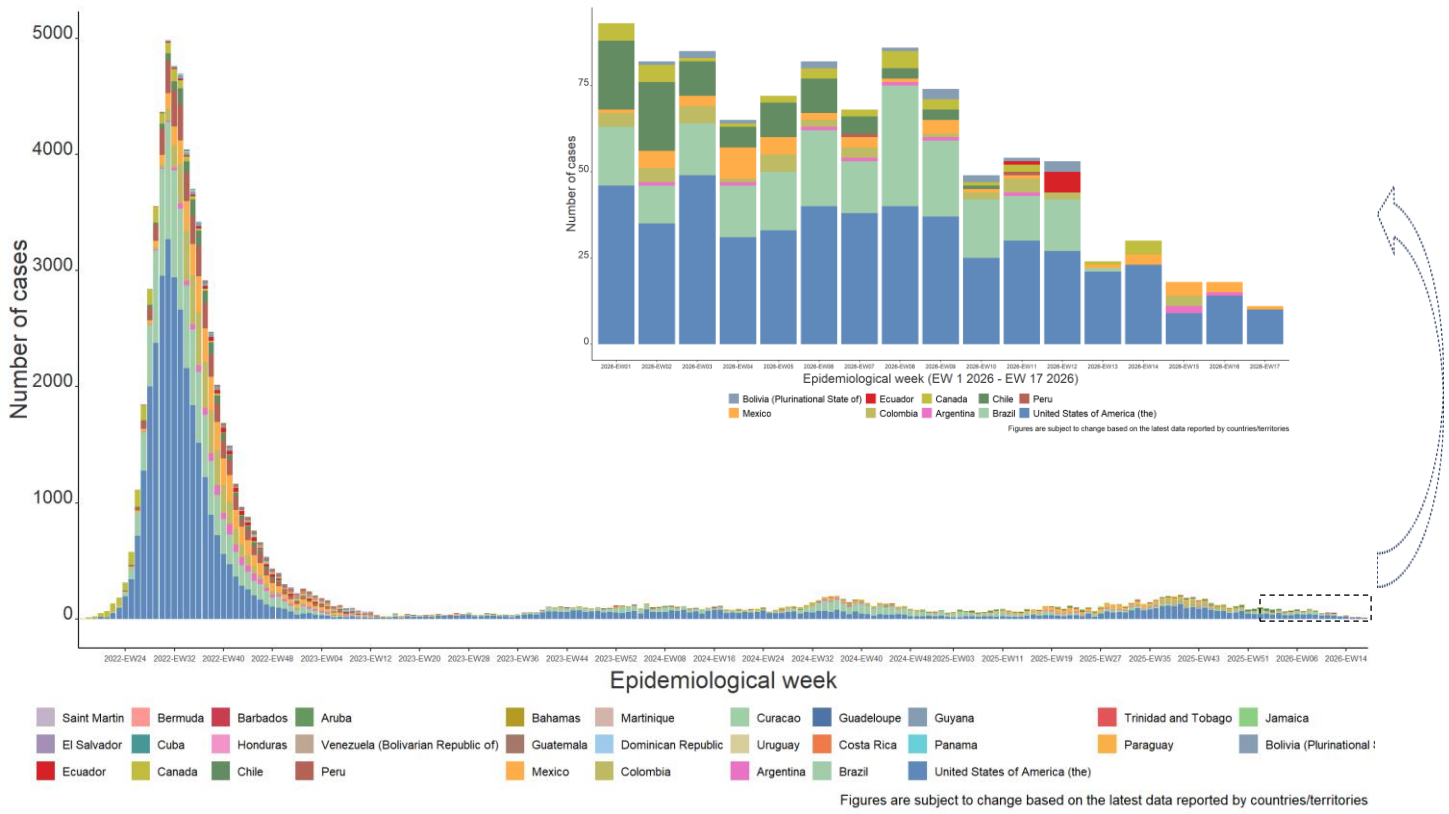
Between 2022 and EW 17 of 2026, the North American subregion reported the highest number of mpox cases, with 45,183 cases and 104 deaths primarily from the United States (37,789 cases; 63 deaths), Mexico (5,039 cases; 41 deaths), and Canada (2,355 cases). The South American subregion followed with 28,295 cases and 54 deaths, while Central America reported 1,060 cases and 4 deaths, and the Caribbean and Atlantic Ocean Islands, 140 cases and 2 deaths.

Country distribution, 2026

In 2026, a total of 964 mpox cases were reported across ten countries: the United States (508), Brazil (215), Chile (88), Mexico (47, including 1 death), Colombia (36), Canada (35), Bolivia (Plurinational State of) (16), Argentina (10), Ecuador (7), and Peru (2) (Figure 1). No additional deaths have been reported in the Region as of EW 17 of 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).

Figure 1. Confirmed mpox cases by epidemiological week, 2026

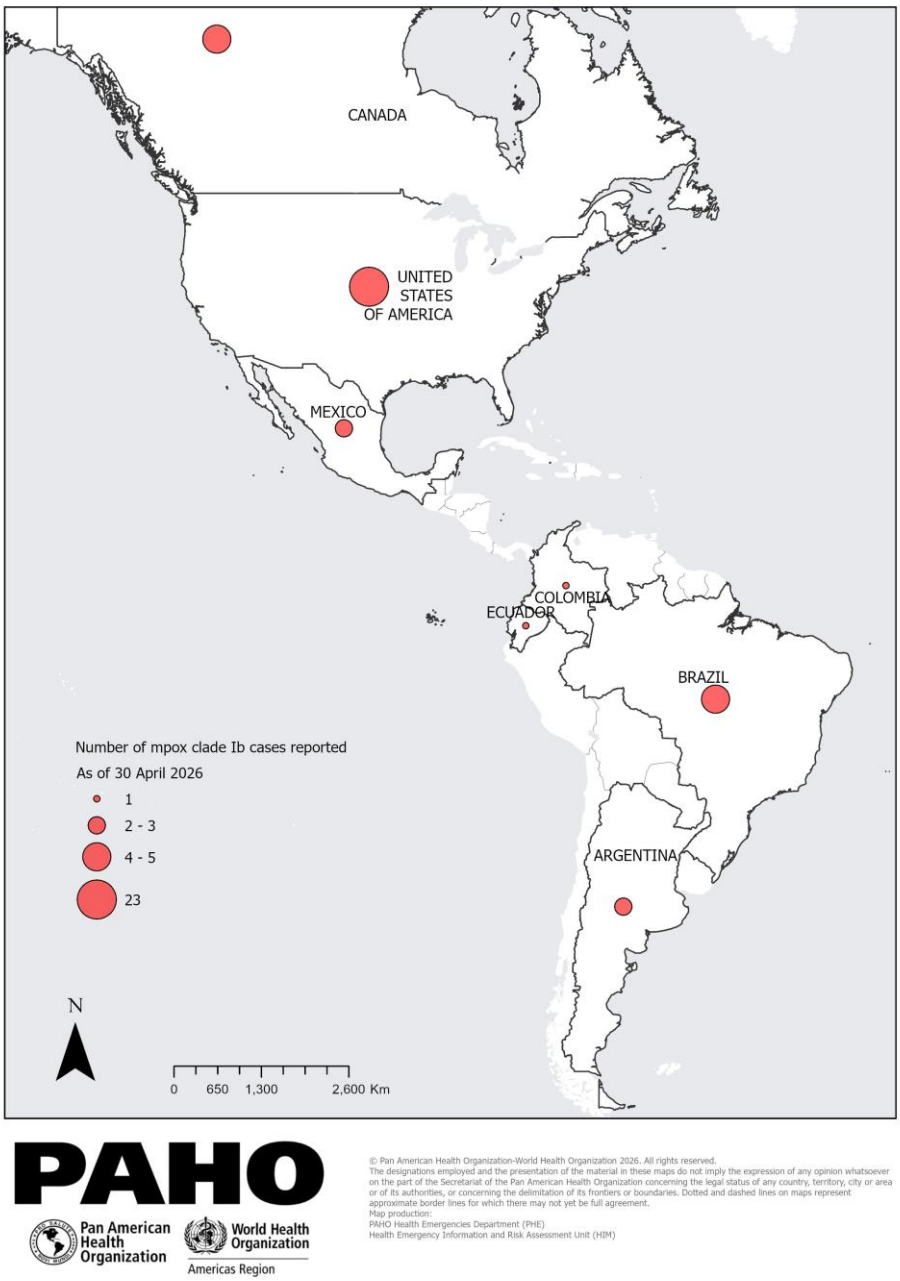


Source: *Adapted from Pan American Health Organization. Mpox cases — Americas Region. Washington, D.C.: PAHO; 2026 [cited 26 May 2026]. Available at: shiny.paho-phe.org/mpox, and from data reported by the IHR National Focal Points to PAHO/WHO. Figures are subject to change based on the latest data reported by countries and territories.*

Clade Ib Detection and Transmission

As of 30 April 2026, 39 cases of mpox clade Ib have been reported across seven countries in the Region of the Americas. To date, most reported cases have occurred either in individuals with recent travel to areas with documented clade Ib transmission, or in individuals with an identified epidemiological link to a traveller or confirmed case. Three cases in Brazil, two cases each in Argentina and Mexico, and one case in Colombia are still under investigation regarding their source of infection.

Figure 2. Clade 1b mpox cases reported in the Region of the Americas, EW 17 2026



PAHO
Pan American Health Organization
World Health Organization
Americas Region

Map production:
PAHO Health Emergencies Department (PHE)
Health Emergency Information and Risk Assessment Unit (HIM)

Source: *Adapted from Pan American Health Organization. Mpox cases — Americas Region. Washington, D.C.: PAHO; 2026 [cited 26 May 2026]. Available at: shiny.paho-phe.org/mpox, and from data reported by the IHR National Focal Points to PAHO/WHO. Figures are subject to change based on the latest data reported by countries and territories.*

Cases fall into two epidemiological patterns:

Pattern 1 · Travel-associated cases (predominant pattern)

The majority of clade Ib cases in the Region have been reported in individuals with recent travel to endemic countries in Central and Eastern Africa or to Western Europe. This pattern accounts for almost all 23 cases reported by the United States between November 2024 and April 2026, the third Canadian case reported in March 2026 (recent travel to Germany, identified as the probable site of exposure), and Ecuador's first case reported in April 2026 (Quito resident with recent travel to Colombia and subsequent high-risk exposure considered the most probable source of infection; patient hospitalized and stable under clinical management. The source of the high-risk exposure in Colombia is still under investigation).

Pattern 2 · Cases without personal travel history but with an identified epidemiological link to a traveller or confirmed case

The majority of the remaining cases have been reported in individuals with no international travel but with a documented link to a confirmed case or returning traveller. Cases reported in the United States without direct travel history have been identified to be epidemiologically linked to travellers. Canada's fourth case (March 2026) was identified as a contact of the third case; one secondary contact received post-exposure prophylaxis, and both cases recovered without hospitalization.

The remaining cases reported in the region have no initial travel or related history but are still under investigation: Argentina reported 2 cases in March 2026 (both outpatient, favourable clinical outcomes, no secondary cases). Brazil reported 3 additional cases in April 2026 — 2 in Rio de Janeiro and 1 in São Paulo — none with prior mpox vaccination, all recovered as outpatients. Mexico reported its 2nd and 3rd cases in January and April 2026 in Mexico City and Puebla respectively, both in immunocompromised men who have sex with men (MSM); the Mexico City case required hospitalization, and no secondary contacts were identified. Colombia reported its first case in April 2026 in a resident of Antioquia department, who recovered under home isolation with no secondary cases identified.

Clinical and demographic observations

Across the Region, most clade Ib cases have been managed on an outpatient basis with favourable clinical outcomes. Hospitalization has been required in a small number of cases, predominantly among immunocompromised individuals (Mexico) or those with severe presentation (Ecuador). The continued identification of cases linked to international travel or to known cases, in the absence of confirmed autochthonous transmission, underscores the importance of sustained traveller surveillance, contact tracing, and timely genomic characterization to detect any future shifts in transmission patterns.

03 PAHO/WHO Response by Pillar

Coordination, surveillance, laboratory, clinical management, vaccination, and risk communication

Coordination

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

Surveillance

PAHO has been working in close collaboration with local health authorities to strengthen epidemiological surveillance for mpox in countries. In collaboration with Ministries of Health, PAHO reviews the situation of mpox in countries and supports workshops aimed at strengthening the national response in management and surveillance of mpox and reviewing infection prevention and control measures. PAHO continues to update the mpox cases dashboard (shiny.paho-phe.org/mpox) and disseminate its use among Member States. The tool is available in English, French, Portuguese, and Spanish. Information is collected through IHR National Focal Point (NFP) channels and publicly available data from Ministries of Health.

Laboratory

PAHO continues efforts to strengthen laboratory capacity in Member States for the rapid detection and diagnosis of mpox, including procurement of equipment, laboratory materials, and reagents. PAHO has provided technical support for the implementation of mpox virus detection by PCR through provision of supplies and sharing of protocols. Routine meetings are held with laboratory staff in the Region to review data, test results, troubleshoot, and follow up on country events. 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 deaths associated with mpox have occurred among individuals with advanced HIV infection, unaware of their status or disengaged from care. All individuals with lesions suspected to be mpox should therefore be offered HIV testing so that antiretroviral treatment can be initiated as early as possible. PAHO is working with clinicians in Member States to learn and disseminate information on clinical features, diagnostic challenges, and clinical management of suspected and confirmed mpox infections, and is continuously evaluating IPC interventions to prevent transmission to health care workers in occupational settings.

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). Between May 2022 and March 2025, 9 countries administered 49,642 complete vaccination series: Chile (17,701), Peru (14,026), Brazil (12,302), Ecuador (3,761), Panama (1,669), El Salvador (112), Dominican Republic (29), Honduras (28), and Bahamas (14). Countries are recommended to consider phased vaccine deployment according to the epidemiological scenario and prioritization of groups at higher risk of severe disease.

Risk Communication and Community Engagement

PAHO has held webinars with Ministries of Health and organized Civil Societies on mpox epidemiology, clinical presentations, infection prevention and control, and treatment. PAHO has worked with non-governmental organizations, academic institutions, and community-led services serving gay, bisexual, and other men who have sex with men as partners for engagement and risk-communication activities. The Organization continues to monitor travel measures for mpox across 35 countries in the Region of the Americas; to date, no travel measures are in place, which aligns with WHO recommendations.

About this report

This situation report is produced by the Pan American Health Organization (PAHO), the Regional Office of the World Health Organization (WHO) for the Americas. It is published quarterly to inform Member States, partners, and the public on the regional mpox situation and response.

For the most recent data, visit the PAHO mpox dashboard at shiny.paho-phe.org/mpox. Information is collected through IHR National Focal Point channels and publicly available data from Ministries of Health.

References

[1] World Health Organization. Global Mpox Trends. Geneva: WHO; 2026 [cited 26 May 2026]. Available at: worldhealthorg.shinyapps.io/mpx_global