

Mpox Multi-Country Outbreak

Regional Situation Report · Region of the Americas

Data as of 31 July 2026 (16:00 EST)

CURRENT REPORTING PERIOD 1 January – 31 July 2026			CUMULATIVE TOTAL 13 May 2022 – 31 July 2026		
CASES	DEATHS	COUNTRIES	CASES	DEATHS	COUNTRIES
1,203	3	11	74,888	166	31
Confirmed	Reported	Reporting cases	Confirmed	Reported	Affected

MPOX CLADE 1b 1 November 2022 – 31 July 2026 77 Cumulative cases across 9 countries	By Country: United States 50 · Canada 8 · Brazil 5 · Colombia 5 · Mexico 3 · Argentina 2 · Costa Rica 2 · Ecuador 1 · Chile 1
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HEADLINE FINDING

In 2026, 11 countries in the Region of the Americas reported a total of 1,203 mpox cases and three deaths through 31 July. Nine countries have now reported a cumulative 77 cases of mpox clade 1b; most cases remain epidemiologically linked to international travel, with the others under investigation.

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01 Summary

Global and regional snapshot of the mpox outbreak

Between 2022 and 30 June 2026, a total of 185,565 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 (39.7%), followed by the African (37.3%) and European (17.9%) Regions [1].

In the Region of the Americas, as of 31 July 2026, a cumulative total of 74,888 confirmed cases of mpox, including 166 deaths, have been reported across 31 countries and territories between 2022 and 2026.

In 2026, 11 countries have reported a combined 1,203 mpox cases and three deaths: Argentina, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Ecuador, Mexico, Peru, and the United States (Figure 1).

Over the past three months, Costa Rica, and Chile each confirmed their first case of mpox clade Ib, while the United States, Canada, and Colombia reported additional clade Ib cases during the same period. To date, nine countries in the Region have reported a cumulative total of 77 clade Ib cases: the United States (50)¹, Canada (8), Brazil (5), Colombia (5), Mexico (3), Argentina (2), Costa Rica (2), Ecuador (1), and Chile (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 traveler or confirmed case. However, the United States has recently reported a clade I case without a history of international travel or identifiable epidemiological link to a traveler or confirmed case in July 2026. The most recent mpox clade Ib case in Canada, reported in July 2026, was confirmed to be locally acquired, with no history of international travel or contact with confirmed cases.

¹ The United States has stopped characterizing mpox clade I cases according to the subclades Ia and Ib and has reported only the number of mpox clade I cases since February 2026. In data available from the US CDC as of 27 August 2026, 50 cases had been characterized and reported as clade I from November 2024 to 31 July 2026 and are included in the regional clade Ib total. Differences may also reflect reporting cutoffs and data-update schedules.

02 Epidemiological Overview

Region of the Americas · Data as of 31 July 2026

Subregional distribution (cumulative, 2022 – EW 30 of 2026)

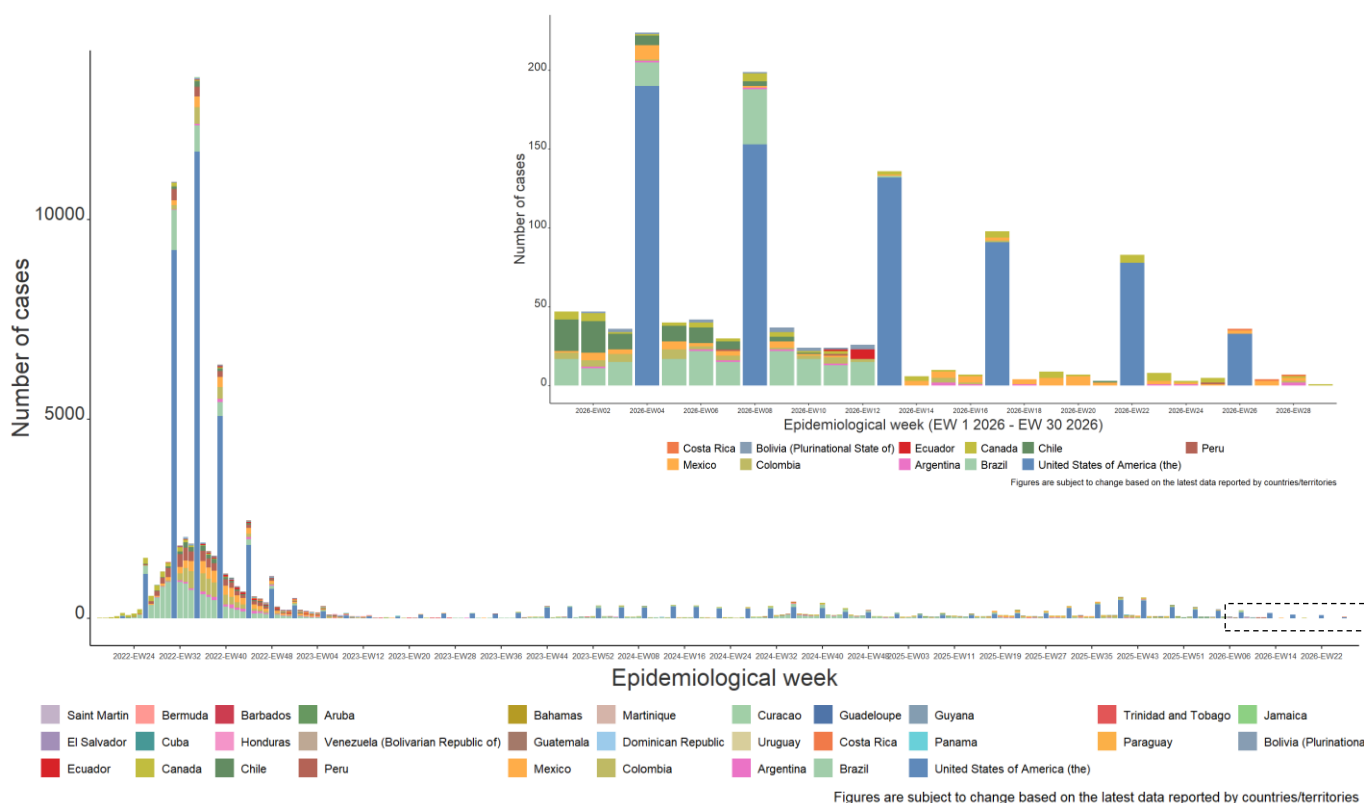
Between 2022 and EW 30 of 2026, the North American subregion reported the highest number of mpox cases, with 45,382 cases and 105 deaths primarily from the United States (37,929 cases; 63 deaths), Mexico (5,068 cases; 42 deaths), and Canada (2,382 cases). The South American subregion followed with 28,306 cases and 55 deaths, while Central America reported 1,063 cases and 4 deaths, and the Caribbean and Atlantic Ocean Islands, 140 cases and 2 deaths.

Country distribution, 2026

In 2026, a total of 1,203 mpox cases were reported across 11 countries: the United States (677), Brazil (215), Chile (89, including 1 death), Mexico (76, including 2 deaths), Canada (62), Colombia (40), Bolivia (Plurinational State of) (16), Argentina (15), Ecuador (7), Peru (3), and Costa Rica (3) (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).

Figure 1. Confirmed mpox cases by epidemiological week (EW) EW 17 2022 – EW 30 2026. Region of the Americas²



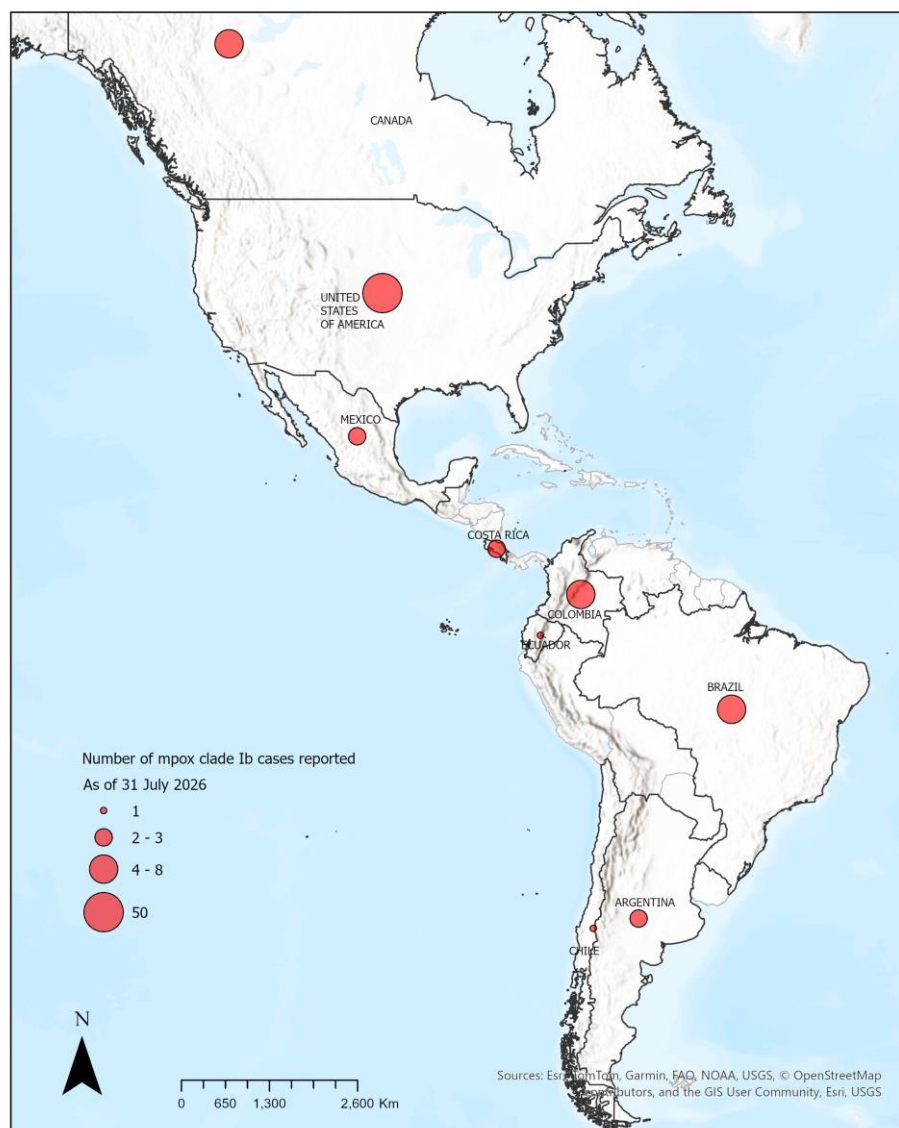
Source: Adapted from Pan American Health Organization. Mpox cases — Americas Region. Washington, D.C.: PAHO; 2026 [cited 24 August 2026]. Available at: <https://shiny.paho-phe.org/mpox>, and from data reported by the IHR National Focal Points to PAHO/WHO. Figures are subject to change based on the latest data reported by countries and territories.

²The United States changed its public reporting of mpox cases from epidemiological week-based reporting to monthly reporting. To maintain consistency with the weekly dashboard, monthly case counts have been assigned to the last epidemiological week of each corresponding month. In addition, according to the CDC, 2024–2026 case counts are preliminary and subject to change. Data for the most recent month may be incomplete due to reporting delays and should be interpreted with caution.

Clade 1b Detection and Transmission

As of 31 July 2026, 77 cases of mpox clade 1b have been reported across nine countries in the Region of the Americas. Most clade 1b cases reported in the Region have been travel-associated or epidemiologically linked to a known case; locally acquired cases and cases under investigation have also been reported.

Figure 2. Clade 1b mpox cases reported in the Region of the Americas, EW 30 2026



PAHO



Americas Region

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The designations employed and the presentation of the material in these maps do not imply the expression of any opinion whatsoever on the part of the Secretariat of the Pan American Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.
Map production:
PAHO Health Emergencies Department (PHE)
Health Emergency Information and Risk Assessment Unit (HEIRU)

Source: Adapted from Pan American Health Organization. Mpox cases — Americas Region. Washington, D.C.: PAHO; 2026 [cited 24 August 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 the following 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 most of the 50 cases reported by the United States between November 2024 and July 2026, the fifth (reported in May 2026, with history of travel to North Macedonia, identified as the probable site of exposure) and seventh (reported in July 2026, with history of travel to Germany) Canadian cases, the second (May 2026, travel to Belgium, the Netherlands, and Spain), third (May 2026, travel to Spain, the United Kingdom, and France), fourth (May 2026, travel to Spain), and fifth (July 2026, with travel history to Rwanda) cases in Colombia, and Chile's first case reported in June 2026 (travel to Italy and Spain reported in May and June 2026).

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

Most of the remaining cases have been reported in individuals with no international travel but with a documented link to a confirmed case or returning traveler. Most cases reported in the United States without direct travel history have been identified to be epidemiologically linked to travelers.

Pattern 3 · Cases without personal travel history or an identified epidemiological link to a traveler or confirmed case

The United States reported its first clade I mpox case without a history of domestic or international travel or identifiable epidemiological link to a traveler or confirmed case, in July 2026, suggesting community transmission of the viral subclade among local populations. The person reported having received two doses of the mpox vaccine in 2022, has been in home isolation for the duration of the illness and has since recovered. No additional linked clade Ib mpox cases have been identified. The eighth mpox clade Ib case in Canada, reported in July 2026, was confirmed to be locally acquired, with no history of travel, and genomic sequencing showing a common lineage with clade Ib mpox cases reported in Europe.

Pattern 4 · Cases without personal travel history for which the source of exposure remains under investigation

A few of the cases reported in the region have no initial travel or related history but are still under investigation: Costa Rica reported the first two cases of clade Ib mpox in the country in July 2026 (both outpatient, favorable clinical outcomes, no secondary cases).

Clinical and demographic observations

Across the Region, most clade Ib cases have been managed on an outpatient basis with favorable clinical outcomes. Hospitalization has been required in a small number of cases, with almost all cases having recovered after home isolation. The continued identification of cases linked to international travel or to known cases, in the absence of sustained community transmission, underscores the importance of sustained traveler 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)

Historically, clade I MPXV has been associated with more severe disease than clade II; however, evidence on the relative severity of subclade Ib remains limited, and most cases reported outside Africa have had mild clinical courses. 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 24 August 2026]. Available at:

https://worldhealthorg.shinyapps.io/mpx_global/

[2] Pan American Health Organization. Mpox cases — Americas Region. Washington, D.C.: PAHO; 2026 [cited 24 August 2026].

Available at: <https://shiny.paho-phe.org/mpox/>