

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

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MPOX SITUATION IN NUMBERS

Region of the Americas

As of 26 August 2024
(16:00 EST)

Highlights

Between 2022 and as of 26 August 2024, a total of 107,725 confirmed cases of Mpox have been reported globally. The Region of the Americas (64%) contributes the largest proportion of cases, followed by Europe (27%) and the African Region (5.4%).

In the Region of the Americas, as of 26 August 2024, 68,728 confirmed cases of Mpox, including 142 deaths, were reported in 32 countries and territories. The highest proportion of cases was recorded in 2022 (61,477 cases, 90%), with a progressive downward trend in 2023 (4,261 cases, 6.2%) and 2024 (2,990 cases, 4.4%) (**Figure 1**).

Region of the Americas – An Epidemiological Overview

As of 26 August 2024, the North American subregion reports the highest burden of Mpox cases, with 39,416 cases and 94 deaths reported up to EW 34 2024. The South American subregion has the next highest proportion of cases (24,162 cases and 44 deaths), followed by the Caribbean and Atlantic Ocean Islands (4,129 cases and 2 deaths), and Central America (1,021 cases and 2 deaths).

In 2024, a total of 2,990 Mpox cases have been reported in 11 countries: Argentina (n=8 cases), Brazil (n=728 cases), Canada (n=178 cases), Colombia (n=113 cases), Dominican Republic (n=8 cases), Ecuador (n=4 cases), Guatemala (1 case), Mexico (n=55 cases), Panama (n= 4 cases), Peru (n=77 cases), and the United States (n=1,814 cases and 1 death) (**Figure 1**).

Total

(13 May 2022 – 26 August
2024)

68,728

Confirmed cases

142

Deaths

32

Countries with
confirmed cases

Males – 57,564 cases (96%)

Children <18 years – 777
cases

MSM (Men who have Sex with
Men) – 13,279 cases (67%)

Concurrent HIV Infection –
12,749 cases (58%)

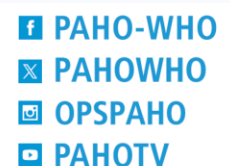
Healthcare Workers – 1,203
cases (5.2%)

Information is updated from
Monday to Friday by 18:00 GTM-5,
at:

[Mpox Dashboard](#)

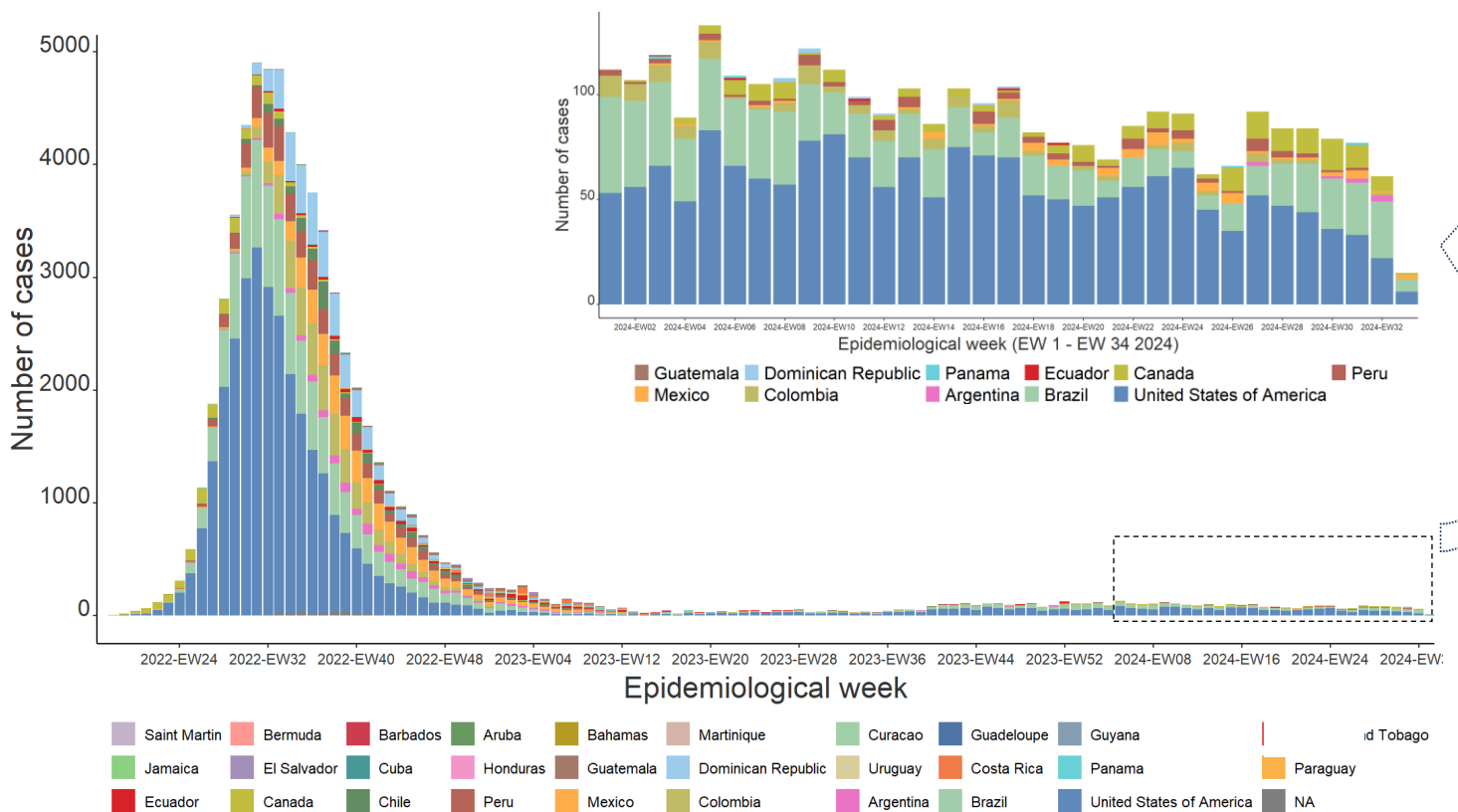
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Most of the cases reported in the Americas Region were identified through human immunodeficiency virus (HIV) care services, sexual health services, or primary and/or secondary health care facilities, involving mainly but not exclusively, men who have sex with men (MSM). Genomic surveillance identified clade IIb in all cases tested, which remains the only one detected to date in the Region.

Figure 1. Confirmed cases of Mpox by epidemiological week of onset symptoms/notification. Americas Region, as of 26 August 2024.



Figures are subject to change based on the latest data reported by countries/territories

Source: Adapted from Pan American Health Organization. Mpox case board – Americas Region. Washington, D.C.: PAHO; 2024 [cited 26 August 2024]. 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 \(paho-phe.org\)](https://paho-phe.org)) 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 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.

PAHO convenes webinars with the objective of sharing the experience of healthcare professionals to increase awareness of the presentation, risk factors, clinical features, differential diagnoses, and clinical management of Mpox cases.

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.

Routine webinars are held to disseminate IPC recommendations for management of persons with Mpox in healthcare settings and during 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](#), as well as [tools for researchers](#) have been published and routinely updated.

Vaccination

During the 2022-2023 period, 13 countries in the region acquired vaccines through the Revolving Fund (RF), as part of their Mpox prevention and control plans.

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.

It is important to take into consideration that, as reported by the RF 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.



PAHO

Risk Communication and Community Engagement

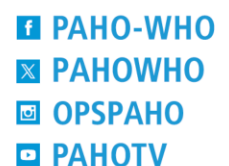
PAHO has held webinars together with Ministries of Health and organized Civil Societies on topics including Mpox epidemiology, clinical presentations, infection prevention and control, prevention, and treatment.

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.

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