

# 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 30 September 2024 (16:00 EST)

### Total

(13 May 2022 – 30 September 2024)

**65,884**

Confirmed cases

**150**

Deaths

**31**

Countries with confirmed cases

Males – 57,628/60,122 cases (95.9%)

Children <18 years – 7,489/63,837 cases (11.7%)

MSM (Men who have Sex with Men) – 11,129/16,153 cases (68.9%)

Concurrent HIV Infection – 10,486/17,976 cases (58%)

Healthcare Workers – 1,039/20,163 cases (5.2%)

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

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

## Highlights

Between 2022 and 30 September 2024, a total of 105,089 confirmed cases of mpox have been reported globally. The Region of the Americas (62.7%) contributes the largest proportion of cases, followed by the European (26.3%) and African Regions (5.7%) [1].

In the Region of the Americas, as of 30 September 2024, 65,554 confirmed cases of Mpox, including 150 deaths, were reported in 31 countries and territories. The highest proportion of cases was recorded in 2022 (57,697 cases, 87.6%), with a progressive downward trend in 2023 (3,966 cases, 6%) and 2024 (4,221 cases, 6.4%) (Figure 1).

To date, no cases of mpox clade I have been detected in the Region of the Americas.

## Region of the Americas - An Epidemiological Overview

As of 30 September 2024, the North American subregion reports the highest burden of Mpox cases, with 40,045 cases and 98 deaths (United States with 34,067 cases and 63 deaths, Mexico with 4,178 cases and 25 deaths, and Canada with 1,800 cases) reported up to EW 40 2024. The South American subregion has the next highest proportion of cases (24,652 cases and 47 deaths), followed by Central America (1,021 cases and 3 deaths), and the Caribbean and Atlantic Ocean Islands (166 cases and 2 deaths).

In 2024, a total of 4,221 Mpox cases have been reported in 14 countries: Argentina (n=70 cases), Bolivia (Plurinational State of) (n=1 case), Brazil (n=1,225 cases), Canada (n=255 cases), Chile (n=10 cases), Colombia (n=121 cases), Costa Rica (n=1 case), Dominican Republic (n=8 cases),

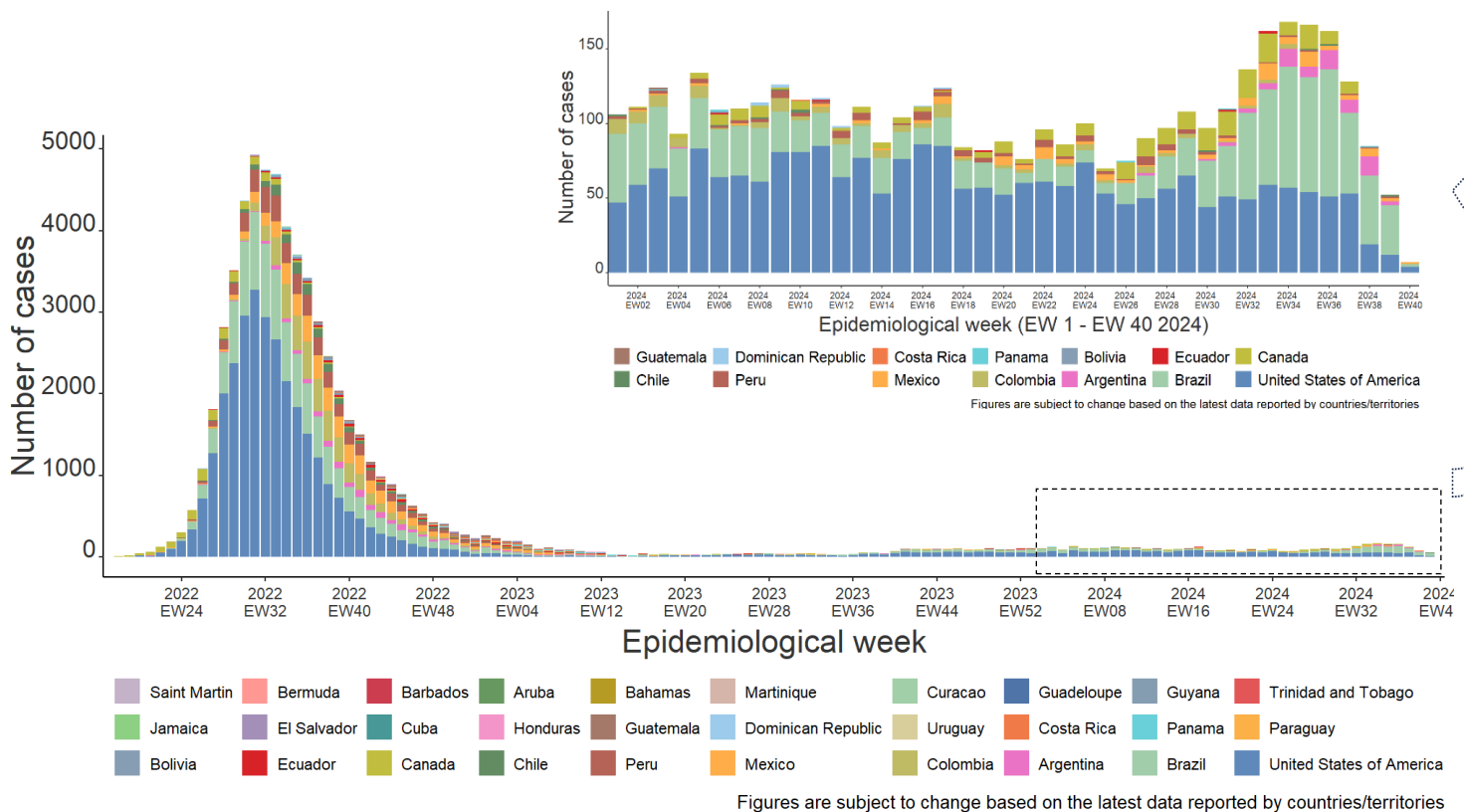
[1] World Health Organization. 2022-24 Mpox (Monkeypox) Outbreak: Global Trends. Geneva: WHO; 2024. [cited 21 October 2024].

Available from: [https://worldhealthorg.shinyapps.io/mpox\\_global/](https://worldhealthorg.shinyapps.io/mpox_global/)

Ecuador (n=7 cases), Guatemala (1 case), Mexico (n=99 cases and 1 death), Panama (n= 5 cases), Peru (n=89 cases and 2 deaths), and the United States (n=2,329 cases and 3 deaths) (Figure 1).

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 30 September 2024.



**Source:** Adapted from Pan American Health Organization. Mpox case board – Americas Region. Washington, D.C.: PAHO; 2024 [cited 21 October 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 \(https://shiny.paho-phe.org/mpox/\)](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 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](#), 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.

## 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.

## **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.