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

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Contents:

MPOX SITUATION IN NUMBERS

Region of the Americas

As of 31 December 2024 (16:00 EST)

Total

(13 May 2022 – 31 December 2024)

67,220
Confirmed cases

151
Deaths

31
Countries with confirmed cases

Males – 59,741/62,316 cases (95.9%)

Children <18 years – 766/66,096 cases (1.2%)

MSM (Men who have Sex with Men) – 14,004/19,852 cases (70.5%)

Concurrent HIV Infection – 13,242/22,650 cases (58.5%)

Healthcare Workers – 1,271/29,111 cases (4.4%)

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

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

Highlights

Between 2022 and 31 December 2024, a total of 118,777 confirmed cases of mpox have been reported globally, from 127 countries and territories. The Region of the Americas (56.6%) contributes the largest proportion of cases, followed by the European (24.1%) and African Regions (13.4%) [1].

In the Region of the Americas, a cumulative total of 67,220 confirmed cases of mpox, including 151 deaths were reported in 31 countries and territories between 2022 and 2024. The highest proportion of cases was recorded in 2022 (57,616 cases, 85.7%), followed by a downward trend in 2023 (4,056 cases, 6%) and a slight increase in 2024 (5,548 cases, 8.3%) (Figure 1).

On 14 January 2025, the United States of America reported its second clade Ib mpox case—an imported infection in an individual with a history of travel to East Africa [2]. The United States and Canada remain the only two countries in the Region to have reported cases of mpox clade Ib. No secondary case has been detected in the Region so far.

Region of the Americas - An Epidemiological Overview

Between 2022 and 2024, the North American subregion reported the highest burden of mpox cases, with 40,578 cases and 98 deaths (the United States with 34,490 cases and 63 deaths [3], Mexico with 4,201 cases and 35 deaths, and Canada with 1,887 cases) reported up to EW 48 2024. The South American subregion reported the next highest proportion of cases (25,451 cases and 47 deaths), followed by Central America (1,025 cases and 4 deaths), and the Caribbean and Atlantic Ocean Islands (166 cases and 2 deaths).

In 2024, a total of 5,548 mpox cases and 8 deaths were reported in 15 countries: Argentina (n=107 cases), Bolivia (Plurinational State of) (n=1 case), Brazil (n=1,933 cases), Canada (n=414 cases), Chile (n=26 cases), Colombia (n=137 cases), Costa Rica (n=1 case), Dominican Republic (n=8 cases), Ecuador (n=31 cases and 1 death),

[1] World Health Organization. 2022-24 Mpox (Monkeypox) Outbreak: Global Trends. Geneva: WHO; 2025. [cited 22 January 2025]. Available from: https://worldhealthorg.shinyapps.io/mpx_global/

[2] A case of mpox clade I was reported by the United States of America on 15 January 2025. This case has not been included in the case counts in this situation report, which is as of 31 December 2024.

[3] Information for the United States of America includes the number of deaths up to July 2024, and the number of cases up to 31 December 2024.

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Guatemala (n=2 cases and 1 death), Mexico (n=122 cases and 1 death), Panama (n=5 cases), Peru (n=90 cases and 2 deaths), the United States (n=2,670 cases and 3 deaths), and Uruguay (n=1 case) (Figure 1).

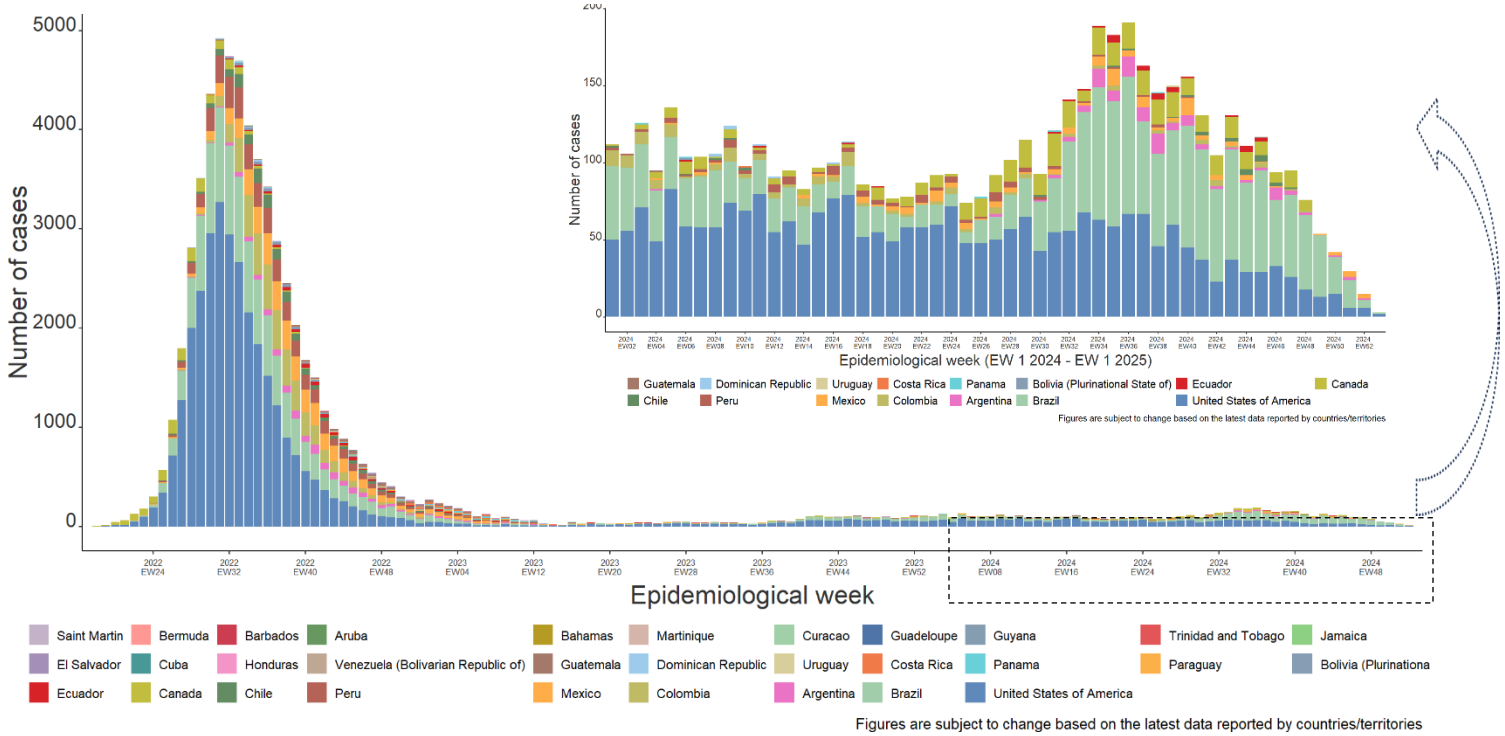
A 37% increase in total cases was observed in 2024 (n=5,548 cases) with 15 countries reporting relative to 2023 (n=4,056 cases) when a total of 21 countries reported mpox cases. Countries reporting the highest relative increase in cases compared to 2023 include: Canada (n=414; 500% increase); Brazil (n=1933 cases;130% increase); The United States of America (n=2,670; 54.5% increase); and Colombia (n=137 cases; 54% increase). Deaths continued to decline overall in 2024 with five countries reporting deaths due to mpox in 2024 (n=8 deaths) compared to the 7 countries in 2023 (n=27 deaths).

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).

The second U.S. clade Ib mpox case was identified in Georgia in an individual who developed symptoms upon arrival to the country on 4 January 2025, following travel to East Africa. Laboratory confirmation of mpox clade Ib occurred on 14 January 2025. The patient, who had not previously received mpox or orthopox vaccination, is in isolation with improving symptoms. The first U.S. clade Ib mpox case was reported in California in November 2024; that individual has fully recovered with no further transmission detected.

In Canada, the first clade Ib mpox case was reported in a traveler returning from Nigeria (with transit through Rwanda and the United States) in November 2024. The patient has received antiviral treatment and remains in isolation. To date, no secondary transmission of clade Ib has been reported in the Region of the Americas.

Figure 1. Confirmed cases of Mpox by epidemiological week of onset symptoms/notification. Americas Region, as of 31 December 2024.



Source: Adapted from Pan American Health Organization. Mpox case board – Americas Region. Washington, D.C.: PAHO; 2025 [cited 22 January 2025]. 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/)) 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.

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.

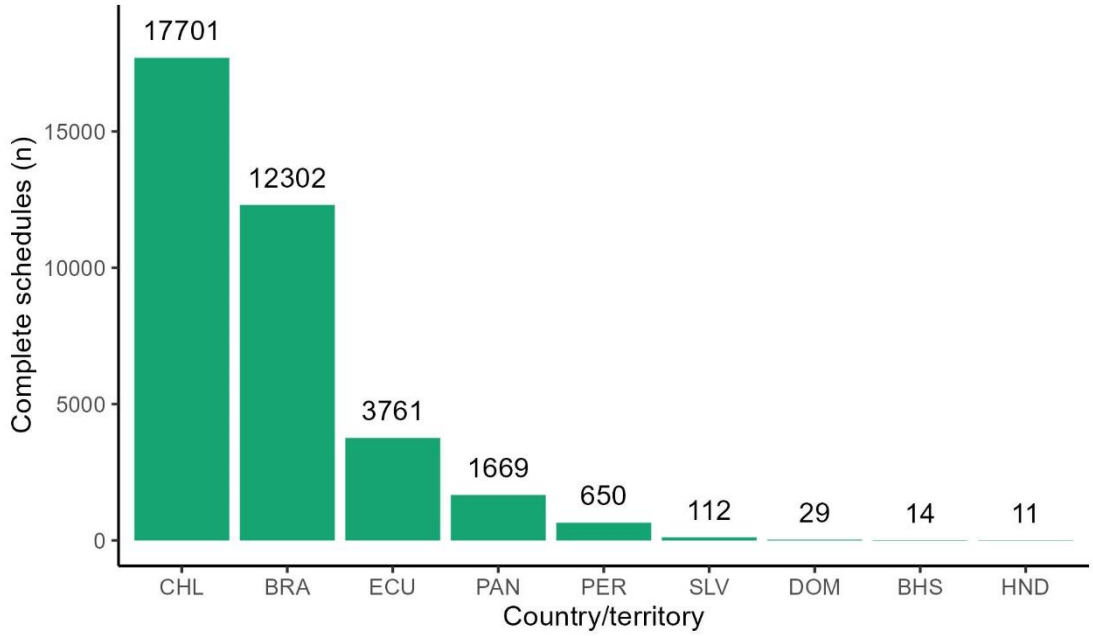
Vaccination

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 December 2024, 9 countries administered 36,249 complete vaccination series: Chile (n=17,701), Brazil (n=12,302), Ecuador (n=3,761), Panama (n=1,669), Peru (n=650), El Salvador (n=112), Dominican Republic (n=29), Bahamas (n=14) and Honduras (n=11). The following figure describes the number of people who have completed the mpox vaccination schedule in each country.

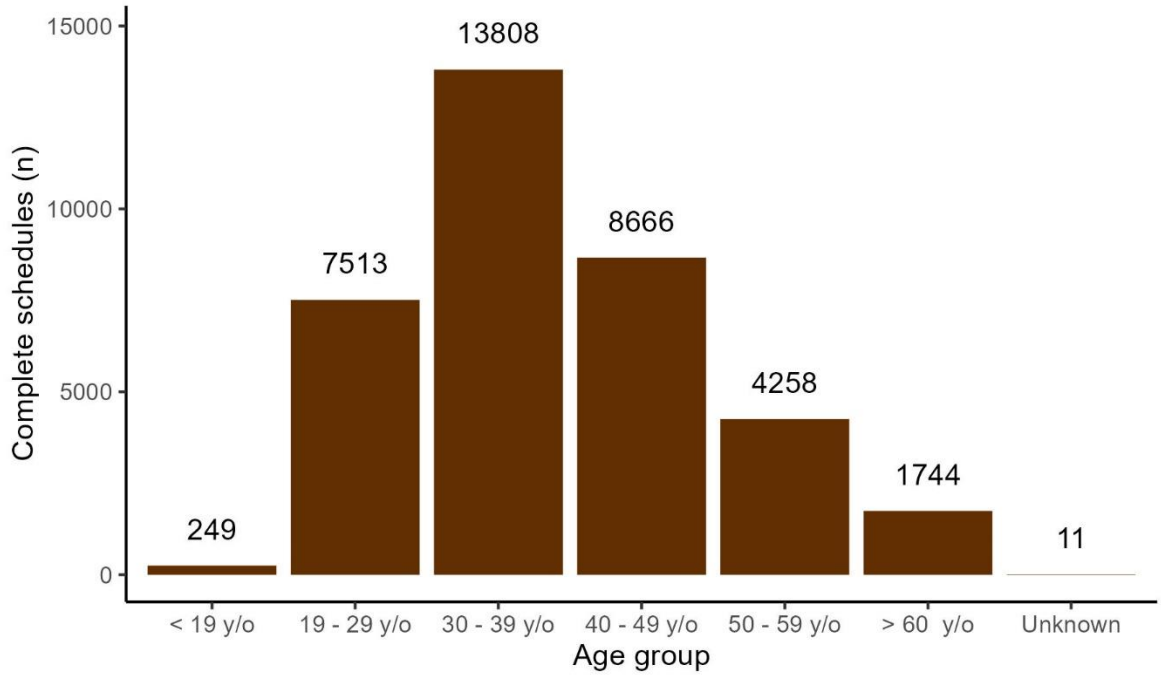
Figure 2. Number of people who have completed the full mpox vaccination course in each country. Americas Region, as of 28 January 2025



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 2025/01/28

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 28 January 2025



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 2025/01/28

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.