

Regarding the distribution of cases by country and territory, the largest proportion of confirmed Mpox cases between May 2022 and September 2024 corresponds to the United States of America (n= 33,633)

In 2024, a total of 14 countries have confirmed cases of mpox: Argentina (n= 22 cases), Bolivia (n= 1 case), Brazil (n= 946 cases), Canada (n= 178 cases), Chile (n= 7 cases), Colombia (n= 118 cases), Costa Rica (n= 1 case), the Dominican Republic (n= 8 cases), Ecuador (n= 7 cases), Guatemala (n= 1 case), Mexico (n= 55 cases), Panama (n= 4 cases), Peru (n= 80 cases, including 2 deaths), and the United States (n= 1,816 cases, including 1 death) () (4).

In the subregion,³ between 2022 and 3 September 2024, 39,418 confirmed cases of mpox were reported, including 94 deaths. The highest proportion of cases was reported in the with 85% of cases. During 2024, as of 3 September 2024, all three countries comprising this subregion have reported cases (n= 2,049 cases) () (4).

Confirmed cases of mpox by month and year of symptom onset/notification. North America Subregion, as of 3 September 2024.



Adapted from Pan American Health Organization. Dashboard of mpox cases - Region of the Americas. Washington, D.C.: PAHO; 2024 [cited 3 September 2024]. Available from: <https://shiny.paho-phe.org/mpox/> and Mpox Dataset Americas Region 2022-2024 (Information submitted by the International Health Regulations National Focal Points (IHR NFPs) or extracted from publicly available official sources). Washington, D.C.: PAHO; 2024. [cited 3 September 2024]. Unpublished (2, 4).

In the between EW 1 and EW 34 of 2024, 1,816 confirmed cases of mpox were reported, with a weekly average of 54 cases. Males accounted for 96% of cases (n= 1,638 cases) and 41% of cases were in the 30-39-year age group (n= 710 cases), with 7 cases reported in children under 18 years of age. Of the 1,416 cases with available information, 11% were hospitalized (5).

³ Canada, Mexico, and the United States.

In between EW 1 and EW 35 of 2024, 945 confirmed cases of mpox have been reported, with a weekly average of 27 cases (), with an upward trend as of EW 30 of 2024. Males accounted for 94.8% of cases (n= 897 cases) and 46.3% were in the 30-39 years age group (n= 415 cases). Twelve cases were reported in children under 18 years of age. Of 723 cases with available information, 9.3% of the cases were hospitalized (7)

Confirmed cases of mpox according to epidemiological week (EW) of notification. Brazil, between EW 1 and EW 35 of 2024.

Adapted from information sent by the Brazil International Health Regulations National Focal Point (IHR NFP)

In the subregion,⁶ thirteen countries and territories have notified cases. Between 2022 and 3 September 2024, 167 cases of mpox were notified, including two deaths. The highest proportion of cases was recorded in the Dominican Republic with 66% of cases, followed by Jamaica with 13%, and Cuba with 5%. The Dominican Republic is the only country in this subregion that reported cases during 2024 () (2, 4).

Confirmed cases of mpox by month and year of symptom onset/notification. Subregion of the Caribbean and Atlantic Ocean Islands, as of 3 September 2024.

Adapted from Pan American Health Organization. Dashboard of mpox cases - Americas Region. Washington, D.C.: PAHO; 2024 [cited 3 September 2024]. Available from: <https://shiny.paho-phe.org/mpox/> and mpox Dataset Americas Region 2022-2024 (Information submitted by International Health Regulations National Focal Points (IHR NFPs) or extracted from publicly available official sources). Washington, D.C.: PAHO; 2024. [cited 3 September 2024]. Unpublished (2,4).

Following the declaration of Public Health Emergency of International Concern (PHEIC) on 14 August 2024, the WHO has issued temporary recommendations and maintained, for an additional 12 months, the current standing recommendations on mpox (all clades) (1, 10).

Although no cases of mpox belonging to the new variant of the Ib clade have been detected in the Americas Region, the risk of introduction cannot be ruled out, and health authorities are encouraged to continue their surveillance efforts to characterize the situation and respond rapidly in the event of an introduction of this or any other variant of the mpox virus (MPXV).

Member States are reminded of the main recommendations for surveillance, clinical management, prophylaxis, and risk communication (11).

⁶

PAHO reminds Member States that mass vaccination against mpox in the population is neither required nor recommended; every effort should be made to control the person-to-person spread of mpox through early detection and diagnosis of cases, isolation, and contact tracing (16).

In May 2022, the PAHO technical advisory group on Vaccine Preventable Diseases recommended that vaccination should only be offered to high-risk close contacts of a confirmed case of mpox (16). In this case, the vaccine should ideally be administered within four days of exposure.

All decisions on immunization with mpox vaccines should be based on a case-by-case assessment of risks and benefits through shared clinical decision-making. Implementation of vaccination should be accompanied by robust pharmacovigilance, and vaccine efficacy studies under clinical trial protocols are recommended (16).

Following the declaration of the Public Health Emergency of International Concern (PHEIC) on 14 August 2024, WHO published the "

" (17), which states that in response to the mpox outbreak, it is critical to improve control strategies through strategic vaccination. The implementation of targeted vaccination strategies can help reduce the spread of the virus by focusing on those at highest risk of infection, thereby reducing overall transmission. This vaccination strategy prioritizes individuals at substantially higher risk of exposure, including close contacts (such as sexual partners and household members) of confirmed cases. Identification of populations at risk of exposure should be based on epidemiologic data (17).

In outbreak response management, 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.

Identifying cases of mpox can be challenging given the similarity to other infections and conditions (18, 19). It is important to distinguish mpox from chickenpox, measles, bacterial skin infections, scabies, herpes, syphilis, other sexually transmitted infections, and drug-associated allergies. A person with mpox may also simultaneously have another sexually transmitted infection, particularly syphilis, or have an undiagnosed HIV infection. Alternatively, a child or adult with suspected mpox may also have chickenpox. For these reasons, testing is key to getting people into appropriate care as soon as possible and to prevent further spread (19).

Treatment is based on lesion care, pain control, and prevention of complications. The use of specific antiviral drugs, such as tecovirimat, has been proposed, particularly for severe cases or people at higher risk of complications, but there is still no evidence of its effectiveness (20). WHO recommends the use of tecovirimat in randomized clinical trials (RCTs) to contribute to the production

14. World Health Organization Fourth meeting of the International Health Regulations (2005) (IHR) Emergency Committee on the Multi-Country Outbreak of monkeypox (mpox). 15 February 2023. Geneva: WHO; 2023. Available from: [https://www.who.int/news/item/15-02-2023-fourth-meeting-of-the-international-health-regulations-\(2005\)-\(ihr\)-emergency-committee-on-the-multi-country-outbreak-of-monkeypox-\(mpox\)](https://www.who.int/news/item/15-02-2023-fourth-meeting-of-the-international-health-regulations-(2005)-(ihr)-emergency-committee-on-the-multi-country-outbreak-of-monkeypox-(mpox)).
15. McQuiston JH, Luce R, Kazadi DM, Bwangandu CN, Mbala-Kingebeni P, Anderson M, et al. U.S. Preparedness and Response to Increasing Clade I Mpox Cases in the Democratic Republic of the Congo - United States, 2024 Weekly / 16 May 2024 / 73 (19); 435-440; Atlanta: CDC; 2024. Available from: <https://www.cdc.gov/mmwr/volumes/73/wr/mm7319a3.htm>.
16. Pan American Health Organization. J =5X`<c WA YYh]b[`c Z D5 <C Ng HY W b]WU` 5Xj]gc fmi Group (TAG) On 16.