Public Health Ontario | Santé publique Ontario

ENHANCED EPIDEMIOLOGICAL SUMMARY

Mpox in Ontario: January 1 to October 31, 2026

Updated: November 2026

Introduction

In 2022, the global spread of clade IIb mpox virus (MPXV) resulted in outbreaks in countries where the disease was previously never reported, including Canada. Following its introduction to Ontario in May 2022, a large provincial outbreak involving 692 cases predominantly affected adult men who identified as gay or bisexual, as well as men who reported having sex with men (gbMSM). Commonly reported risk factors included having had a new, anonymous, and/or more than one sexual partner. Since its introduction in Ontario in 2022, there has been ongoing mpox transmission in Ontario with fluctuations in annual case counts from 2023 to 2025.

A new and more severe strain of mpox (clade Ib) emerged in Africa in 2023 and have since been detected in other countries outside of Africa, including Canada[1]. Both travel-associated and locally acquired clade Ib mpox cases have been reported in Ontario.

Provincial case definitions for mpox can be found in Appendix 1 of the Ministry of Health (MOH)'s Infectious Disease Protocol for Smallpox and other Orthopoxviruses, including mpox[2]. For further information regarding mpox and cases reported between 2022 and 2024, visit PHO's mpox webpage[3] and the MOH's mpox webpage[4].

The following provides an epidemiologic summary of confirmed mpox cases in Ontario using data from Ontario's integrated Public Health Information System (iPHIS) as of **November 3, 2026**.

Key Messages

- Between January 1 and October 31, 2026, 77 confirmed mpox cases were reported in Ontario, which is considerably less than the number of cases reported during the same period in 2024 and 2025 (260 and 150 cases, respectively). Of mpox cases reported to date in 2026, 41/77 (53.2%) are clade IIb and 36/77 (46.8%) are clade Ib. Since August 2026, clade Ib has emerged as the predominant mpox clade among reported mpox cases.
- Mpox continues to predominantly affect gbMSM with the most commonly reported risk factors being new, anonymous, and/or more than one sexual partner, and sex with same sex.
- Of the mpox cases reported since 2023, the majority (482/589; 81.8%) are either unvaccinated or have received only one dose of Imvamune® vaccine. As of Nov 3, 2026, of 46,435 Ontarians who received one dose of Imvamune vaccine, only 42.2% have received their second dose.
- Health care providers and Public Health Units (PHUs) should continue to recommend that eligible[3] individuals complete a two-dose Imvamune® vaccination series. An additional/booster dose is not recommended.

- Health care providers should also consider testing individuals for mpox who present with compatible risk factors and clinical evidence. Individuals who have received at least one dose of Imvamune® vaccine can still be infected with the virus but may have a milder clinical presentation. See Public Health Ontario's Test Information Sheet[5] for more information.

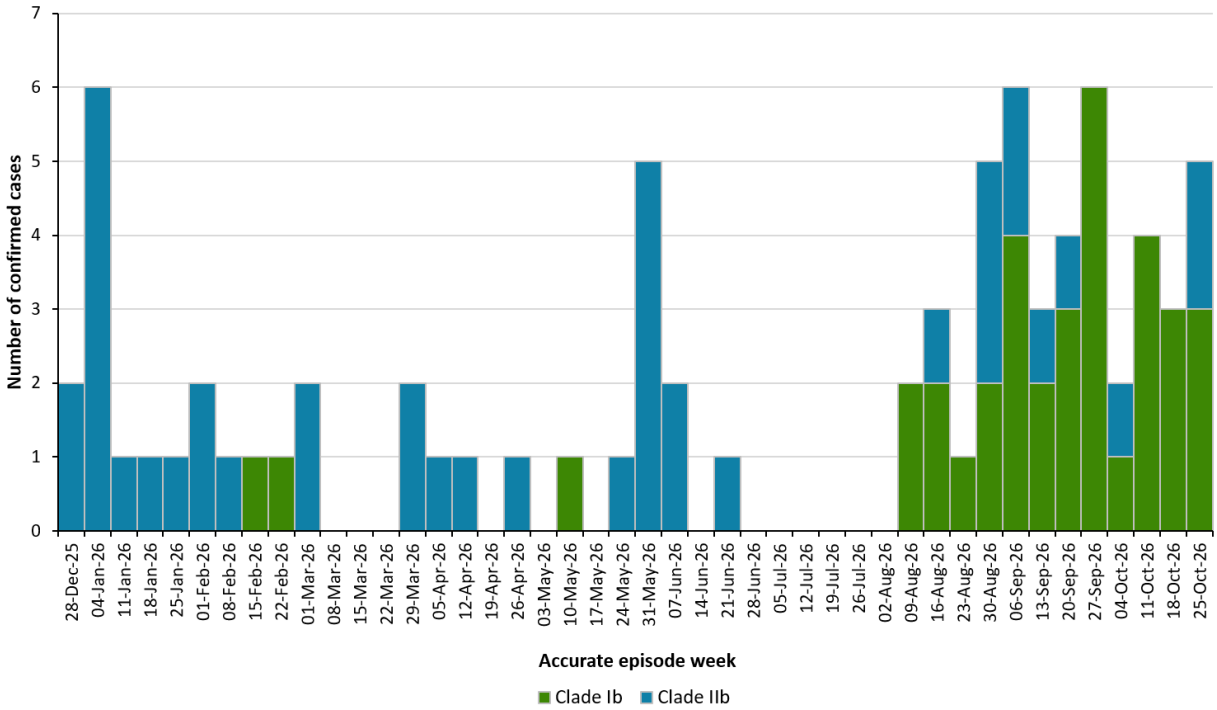
Case Characteristics

Trends Over Time

Between January 1 to October 31, 2026, a total of 77 laboratory-confirmed mpox cases were reported in Ontario. (Figure 1) Of the 77 reported cases, 36 (46.8%) were identified as MPXV clade Ib. Weekly case counts remained low throughout most of 2026, generally ranging from zero to two cases per week. Since August, an increase in weekly mpox case counts has been observed, driven primarily by transmission of MPXV clade Ib cases, with weekly counts mostly ranging from two to six cases.

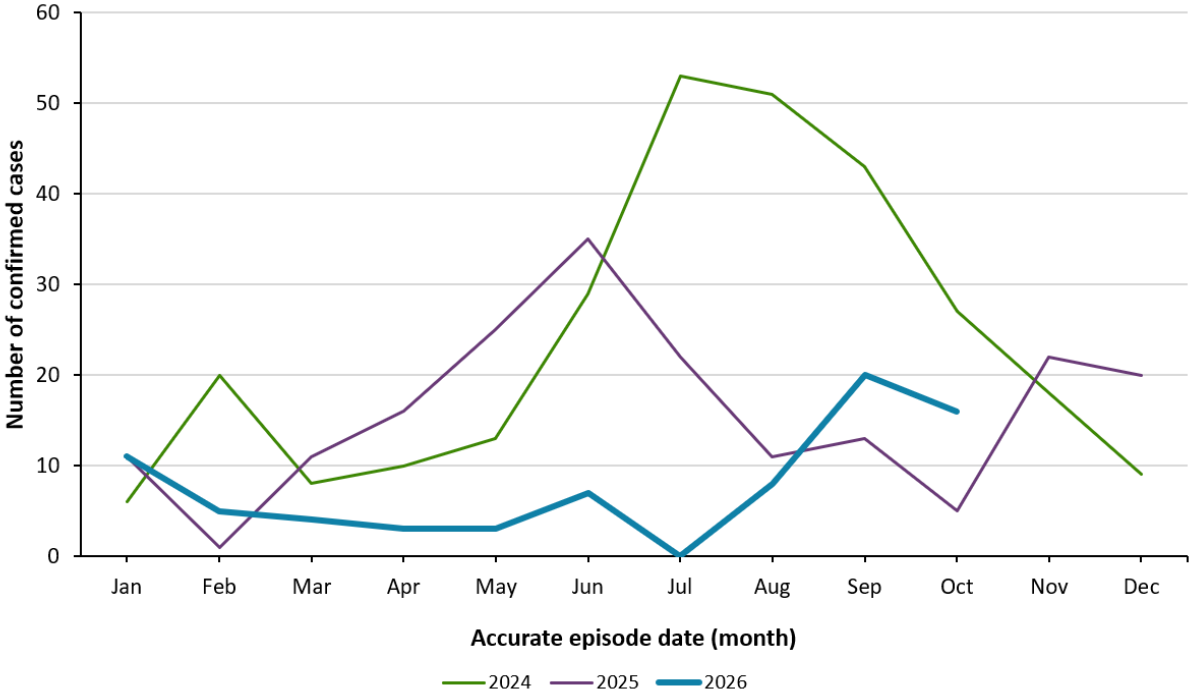
In 2024, mpox incidence peaked in July and August, with 53 and 51 cases, respectively. In 2025, incidence peaked in June and November, with 35 and 22 cases, respectively. (Figure 2) Unlike in 2024 and 2025, when cases generally peaked during the summer, the highest number of cases in 2026 was reported in September, with 20 cases, followed by October with 16 cases.

Figure 1: Confirmed Mpox Cases by Accurate Episode Week and MPXV Clade: Ontario, January 1 to October 31, 2026



Data Source: Ontario Ministry of Health's integrated Public Health Information System (iPHIS)
Note: Accurate episode week is derived from the Accurate Episode Date and shows the start date of that week. The Accurate Episode Date is defined in the Data Caveats. Due to potential delays between symptom onset, reporting of laboratory test results, and data entry into iPHIS, case counts for the last few weeks may be incomplete and should be interpreted with caution.

Figure 2: Confirmed Mpox Cases by Month of Accurate Episode Date: Ontario, 2024-2026

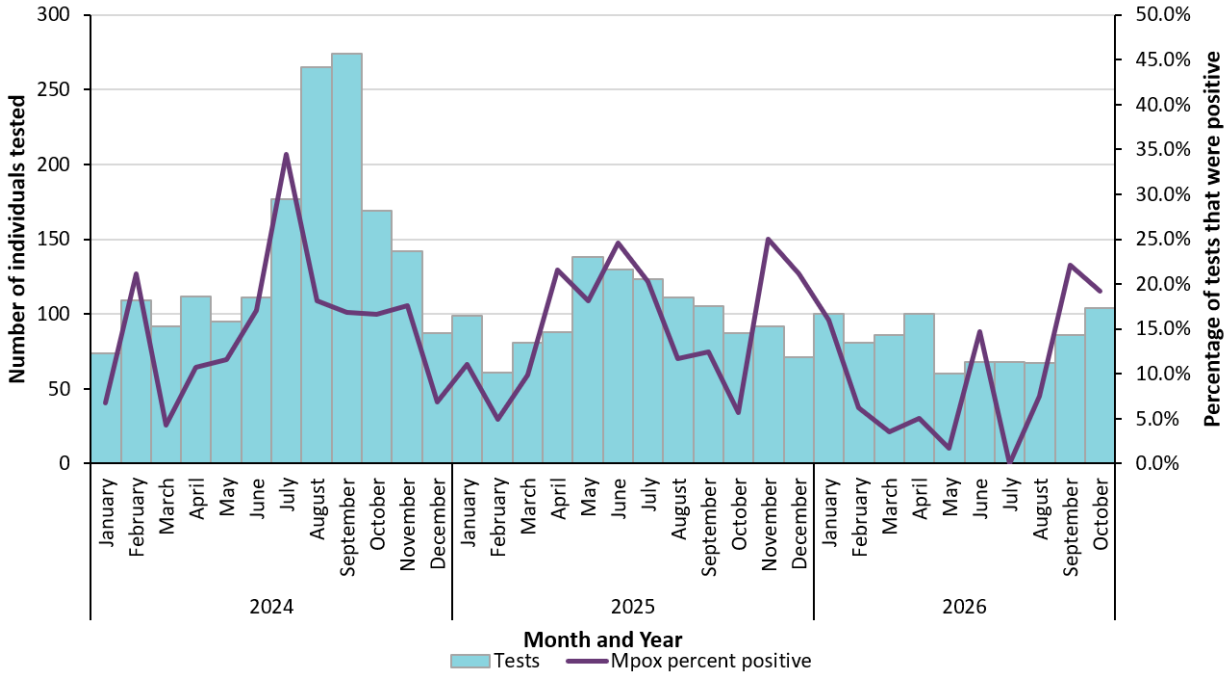


Data Source: iPHIS
Note: Accurate Episode Date is defined in the Data Caveats. Due to potential delays between symptom onset, reporting of laboratory test results, and data entry into iPHIS, case counts for the most recent month may be incomplete and should be interpreted with caution.

Percent Positivity

Mpox percent positivity is the percentage of all mpox virus tests completed at Public Health Ontario's laboratory that yield a positive result. Percent positivity peaked in July 2024 (34.5%), followed by slightly lower peaks in June 2025 (24.6%) and November 2025 (25.0%) before decreasing steadily to only 1.7% in May 2026. (Figure 3) Following a smaller peak in June 2026 (14.7%), percent positivity dropped to 0.0% in July 2026; however, a sharp increase in percent positivity was observed in both September 2026 (22.1%) and October 2026 (19.2%), driven largely by clade Ib MPXV activity.

Figure 3: Number of Individuals Tested for Mpox and Percent Positive for Mpox by Month and Year: Public Health Ontario, January 1, 2024 to October 31, 2026



Data Source: Public Health Ontario Laboratory Information Management System
Note: Excludes individuals with invalid, indeterminate, or pending test results. Month was assigned using sample collection date, if provided, and login date otherwise. Includes repeat positive tests from nine individuals; a repeat test (positive or negative) was counted for an individual if separated by greater than six weeks from their initial test. As Public Health Ontario is not the sole provider of mpox testing in Ontario, data may not be a complete representation of individuals tested in the province. For further details, see Technical Notes.

Sex, Age, Vaccination Status, and Severity

Of the mpox cases reported from January 1 to October 31, 2026, 74 (96.1%) were male and 3 (3.9%) were female. (Table 1) The majority (88.3%) were between 20 and 49 years of age. More than half (55.8%) of mpox cases reported during this period have not received any doses of mpox vaccine. Four cases have been hospitalized, including three clade IIb cases and one clade Ib case. No deaths have been reported.

Of cases reported, 64/77 (83.1%) had at least one risk factor. Of these, 19/64 (29.7%) cases reported travel outside of Ontario during the 21 days prior to symptom onset, suggesting that the majority of cases acquired their infection within Ontario (i.e., ongoing local transmission). Among the 36 clade Ib cases identified, six reported travel outside of Ontario in the 21 days prior to symptom onset and 30 reported no travel outside of Ontario.

Table 1: Characteristics of Confirmed Mpox Cases by MPXV Clade: Ontario, January 1 to October 31, 2026

Case Characteristics	Clade Ib n (%)	Clade IIb n (%)	Total
Sex*			
Male	36 (100.0)	38 (92.7)	74 (96.1)
Female	0 (0.0)	3 (7.3)	3 (3.9)
Unknown	0 (0.0)	0 (0.0)	0 (0.0)
Age Group			
< 20 years	1 (2.8)	1 (2.4)	2 (2.6)
20 – 29 years	9 (25.0)	6 (14.6)	15 (19.5)
30 – 39 years	15 (41.7)	22 (53.7)	37 (48.1)
40 – 49 years	7 (19.4)	9 (22.0)	16 (20.8)
≥ 50 years	4 (11.1)	3 (7.3)	7 (9.1)
Vaccination Status			
Unvaccinated	23 (63.9)	20 (48.8)	43 (55.8)
1 dose of Imvamune®	9 (25.0)	9 (22.0)	18 (23.4)
2 doses of Imvamune®	4 (11.1)	12 (29.3)	16 (20.8)
Severity			
Hospitalized	1 (2.8)	3 (7.3)	4 (5.2)
Death	0 (0.0)	0 (0.0)	0 (0.0)
Total	**36 (46.8)**	**41 (53.2)**	**77 (100.0)**

Data sources: iPHIS and Digital Health Immunization Repository

*The categories 'Male' and 'Female' reflect an individual's internal and individual experience of gender and not necessarily their sex assignment at birth. Case counts and details may change based on updates made by public health units.

Geography

Of the 77 confirmed mpox cases reported between January 1 and October 31, 2026, the majority (58/77; 75.3%) were reported by Toronto Public Health; the remaining 19/77 (24.7%) cases were reported by 11 other public health units (PHUs). (Table 2) Additionally, Toronto Public Health reported the majority of clade Ib cases (26/36; 72.2%), with seven other public health units accounting for the remaining clade Ib cases. Seventeen of 29 (58.6%) PHUs have not reported any confirmed mpox cases since January 1, 2026 and are not included in Table 2.

Table 2: Diagnosing Public Health Unit of Confirmed Mpox Cases by MPXV Clade: Ontario, January 1 to October 31, 2026

Public Health Unit	Clade Ib n (%)	Clade IIb n (%)	Total n (%)
Toronto Public Health	26 (72.2)	32 (78.0)	58 (75.3)
Peel Public Health	2 (5.6)	3 (7.3)	5 (6.5)
City of Hamilton Public Health Services	0 (0.0)	2 (4.9)	2 (2.6)
Middlesex-London Health Unit	0 (0.0)	2 (4.9)	2 (2.6)
Niagara Region Public Health	2 (5.6)	0 (0.0)	2 (2.6)
York Region Public Health	2 (5.6)	0 (0.0)	2 (2.6)
Grand Erie Public Health	1 (2.8)	0 (0.0)	1 (1.3)
Halton Region Public Health	0 (0.0)	1 (2.4)	1 (1.3)
Northeastern Public Health	1 (2.8)	0 (0.0)	1 (1.3)
Ottawa Public Health	1 (2.8)	0 (0.0)	1 (1.3)
Public Health Sudbury & Districts	0 (0.0)	1 (2.4)	1 (1.3)
Renfrew County and District Health Unit	1 (2.8)	0 (0.0)	1 (1.3)
Total	**36 (46.8)**	**41 (53.2)**	**77 (100.0)**

Data source: iPHIS

Technical Notes

Data Sources

- The data for this report were based on information entered in:
  - the Ontario Ministry of Health's integrated Public Health Information System as of **November 3, 2026**.
  - the Public Health Ontario Laboratory Information Management System as of **November 5, 2026**.
  - the Digital Health Immunization Repository as of **November 3, 2026**.
- iPHIS is a dynamic disease reporting system that allows ongoing updates to previously entered data. As a result, data extracted from iPHIS represent a snapshot at the time of extraction and may differ from previous or subsequent reports.

Data Caveats

- These data only represent confirmed cases of mpox reported to public health and recorded in iPHIS. As a result, all case counts are subject to varying degrees of underreporting due to a variety of factors, such as disease awareness and medical care seeking behaviours that may depend on severity of illness, clinical practices, and changes in laboratory testing and reporting behaviours.
- Only mpox cases meeting the confirmed case classification as listed in the Ontario MOH surveillance case definitions[2] are included in the reported case counts.
- Cases of mpox are reported based on the Episode Date, which is an estimate of the onset date of disease for a case. In order to determine this date, the following hierarchy exists in iPHIS: Onset Date > Specimen Collection Date > Lab Test Date > Reported Date.
  - For example: If an Onset Date exists, it will be used as the Episode Date. If Onset Date is not available, then the next available date in the hierarchy (i.e., Specimen Collection Date) will be used, and so on.
- Case counts by geography are based on the diagnosing health unit (DHU). DHU refers to the case's public health unit of residence at the time of illness onset or report to public health and not necessarily the location of exposure.
- On January 1, 2025, a number of public health units merged:
  - Brant County Health Unit and Haldimand-Norfolk Health Unit have merged into Grand Erie Public Health;
  - Hastings and Prince Edward Counties Health Unit, Kingston, Frontenac and Lennox and Addington Health Unit and Leeds, Grenville and Lanark District Health Unit have merged into South East Health Unit;
  - Porcupine Health Unit and Timiskaming Health Unit have merged into Northeastern Public Health.
  - Haliburton, Kawartha, Pine Ridge District Health Unit and Peterborough County-City Health Unit have merged into Lakelands Public Health Unit.

- The vaccination status of mpox cases was determined as follows:
  - Unvaccinated: Did not receive any doses of Imvamune® vaccine or their Episode Date occurred within 14 days of receiving their first dose.
  - 1 Dose of Imvamune®: Their Episode Date occurred more than 14 days after receiving their first dose or their Episode Date occurred within 14 days of receiving their second dose.
  - 2 Doses of Imvamune®: Their Episode Date occurred more than 14 days after receiving their second dose.
- Hospitalized cases include those with an Intervention Type Description of 'Hospitalization' or 'ICU' and an Intervention Start Date that occurs on or after the case's Episode Date.
- Fatal cases include those with an Outcome of 'Fatal' and Type of Death is not captured as 'Reportable Disease was Unrelated to Cause of Death'.
- Cases for which the Disposition Status was reported as ENTERED IN ERROR, DOES NOT MEET DEFINITION, DUPLICATE-DO NOT USE, or any variation on these values, were excluded from this analysis.
- The potential for duplicates exists because duplicate sets were not identified and excluded unless they were already resolved at either the local or provincial level prior to data extraction from iPHIS.
- Number of new individuals tested for mpox excludes individuals with invalid, indeterminate or pending test results. For individuals with multiple test results, the following hierarchy was used to assign a single result: Detected > Indeterminate > Not detected > Invalid > Pending. For multiple results at the same level in the hierarchy, the earliest result was used.
- Testing data includes repeat positive tests; a repeat test (positive or negative) was counted for an individual if separated by greater than six weeks from their initial test.
- Data on hospitalizations and fatalities may be incomplete for cases reported in the most recent week(s) and should be interpreted with caution. This information may be updated in subsequent reports pending further data collection and entry by public health units.

References

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Citation

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