NEW YORK STATE | Department of Health

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To: Healthcare Providers, Hospitals, Local Health Departments, Laboratories, Sexual Health Providers, Family Planning Providers, Emergency Rooms, Community Health Centers, College Health Centers, Community-Based Organizations, and Internal Medicine, Family Medicine, Pediatric, Adolescent Medicine, Dermatology, Infectious Disease, and Primary Care Providers, Higher Education Institution Health Clinics, Pharmacies

From: New York State Department of Health, AIDS Institute

Date: October 24, 2025

Dear Providers:

Please see the attached health advisory from the California Department of Public Health issued October 17th, 2025 announcing three new autochthonous Clade I mpox cases in Southern California. This health advisory marks the only Clade I mpox cases in the Country that are not linked to recent international travel.

While both Clade I and Clade II can be transmitted sexually, Clade I results in more severe symptoms and illness. The recent California advisory is concerning and requires heightened vigilance among all healthcare and public health professionals to reduce the likelihood of mpox transmission in New York State.

As of October 22nd, 2025, the preliminary number of newly reported **Clade II** mpox cases in New York State counties outside of New York City is **43**. At the current pace, new diagnoses of mpox will surpass both 2023 and 2024 reported cases, respectively. While most reported cases have been clustered in counties closer to New York City, cases have also been reported in Central and Western New York. All transmissions appear to be locally acquired and not related to international travel.

Most mpox cases reported to date in New York State outside of New York City are among males, primarily among men with a history of male-to-male sexual contact. In addition to the 43 Clade II mpox cases reported this year, there was one individual diagnosed with travel-associated mpox Clade I. In addition, there is a recent increase in the number of persons living with diagnosed HIV who were newly diagnosed with mpox. Though data are preliminary, eleven of the 12 reported Clade II mpox cases among persons living with diagnosed HIV in 2025 were unvaccinated/not known to be vaccinated. The only vaccinated individual received the vaccine a few days before symptom onset, indicating that infection likely occurred before the vaccine could provide protection.

While mpox is rarely fatal it can result in severe painful sores and disability. Mpox can be especially serious in persons who are immunocompromised, like those living with HIV. As a result of continuing increases including among individuals living with diagnosed HIV, the New York State Department of Health recommends health care providers do the following:

1. Ensure that you have the most current information about mpox including signs and symptoms, testing, and reporting.
2. Encourage and provide JYNNEOS vaccination to anyone with risk factors for mpox or to those with a recent exposure to mpox (as post-exposure prophylaxis). The JYNNEOS vaccine, the principal vaccine currently deployed for use against mpox Clade II, is considered effective against Clade I. The JYNNEOS vaccine is available for commercial ordering and is covered by Medicare and Medicaid, and commercial insurance. New York State continues to take steps to make the JYNNEOS vaccine as accessible as possible, including permitting pharmacists to administer mpox vaccines. New York State healthcare providers, especially those serving New Yorkers disproportionately affected by mpox, are encouraged to consider maintaining a supply of JYNNEOS vaccine or identifying available referral pathways for patients eligible for and seeking vaccination. Providers seeking to order vaccine can find a list of JYNNEOS distributors on the Bavarian Nordic website and are encouraged to contact their local pharmacies.
3. Access the New York State mpox dashboard to get the latest count of mpox by county and to remain updated on the number of newly reported cases in your jurisdiction.
4. Comprehensively screen for all sexually transmitted infections (STI) in individuals who have not had a recent STI screening.
5. Keep mpox in your differential diagnoses for individuals who present with skin lesions.
6. Follow guidelines for collecting and handling specimens for mpox testing, including the proper use of personal protective equipment.
7. Remind individuals living with HIV of the importance of remaining adherent to antiretroviral therapy and of maintaining a suppressed viral load.

Thank you for all you are doing to keep New Yorkers healthy.

Sincerely,

Joseph Kerwin
Director, AIDS Institute

State of California—Health and Human Services Agency
California Department of Public Health

Erica Pan, MD, MPH
State Public Health Officer & Director

Gavin Newsom
Governor

Health Advisory

TO: Healthcare Providers, Commercial Laboratories, and Local Health Departments
Community Spread of Clade I Mpox Within California
10/17/2025

Key Messages

- Three new unrelated clade I mpox cases have been confirmed in Southern California with no history of recent international travel. Public health investigation indicates that community transmission of clade I mpox within California is occurring among gay, bisexual, and other men who have sex with men and their social networks.
    - At this time, clade I mpox has not been shown to be more transmissible than clade II . Transmission studies are ongoing.
    - Clade I mpox transmission can occur through sexual or intimate contact (e.g., massage, cuddling) or shared living spaces or personal items.
    - Clade I mpox can be severe. Risk of severe disease and hospitalization are highest for people with weakened immune systems.
    - At this time, the overall risk of clade I mpox to the general population in California and the United States continues to be low.
- Commercial laboratories should retain positive orthopoxvirus specimens and await guidance for further testing from the public health department.
- Mpox vaccination with two doses is recommended for individuals who may be at risk for mpox and is expected to protect against both clade I and clade II mpox or any subclades. Providers should incorporate assessments for mpox risk and vaccination status at all sexual health visits.
    - Boosters (third doses) are not recommended at this time.
    - Vaccines are available at many chain pharmacies and certain clinics—see Mpox Vaccine Locator.

- Mpox testing should be considered for patients with compatible signs and symptoms (PDF), regardless of vaccination status or previous infection.

Background

In October 2025, three clade I mpox cases were identified in Southern California who did not report travel history, or contact with one another. This is indicative of community spread of clade I monkeypox virus (MPXV) in California. All prior cases of clade I mpox in California and in the United States have been associated with international travel to areas in which spread of clade I MPXV is ongoing.

As of October 15, all three patients required hospitalization and are recovering with standard medical care. Contact investigation is ongoing. The California Department of Public Health (CDPH) continues to work closely with local public health departments to conduct enhanced surveillance to detect additional clade I cases. There have also been recent increases in clade II mpox cases reported in California.

At this time, clade I mpox has not been shown to be more transmissible than clade II. Transmission studies are ongoing. Transmission can occur via sexual contact, non-sexual close contact (e.g., massage, cuddling), shared living spaces or personal items. Clade I mpox can be severe. Risk of severe disease and hospitalization are highest for people with weakened immune systems.

Recommendations

Recommendations for Commercial Laboratories

Commercial laboratories should not discard the following California specimens:

- Positive orthopoxvirus (NVO or OPXV) without clade determination
- Positive monkeypoxvirus (MPXV generic) without clade determination
- Positive orthopoxvirus (NVO or OPXV) with indeterminate clade II MPXV
- Positive orthopoxvirus (NVO or OPXV) with a negative clade II MPXV

Commercial laboratories will be contacted by the public health department. Specimens will be directed to either the local public health laboratory or to the CDPH Viral and Rickettsial Disease Laboratory: (510) 307-8585 or VRDL.Submittal@cdph.ca.gov.

Recommendations for Healthcare Providers

Mpox guidance including practice recommendations and information on clinical recognition, treatment, and vaccination are outlined in CDPH Health Advisory: Recent Rise of Mpox Cases in California and the Bay Area (8/26/2025). These recommendations apply to both clade I and clade II mpox.

Follow specimen collection guidelines and your lab submission criteria to collect specimens, from 2 lesions.

- Use 2 sterile synthetic swabs to vigorously swab each lesion, place into appropriate sterile container labeled with anatomic location.
- Do not de-r oof or aspirate lesion(s) due to risk of sharps injury and exposure.
- Do not use antiseptic or other topicals before swabbing as these can interfere with test results.

Ensure infection control measures are in place for all suspected clade I and II mpox cases at the time of presentation for clinical care.

Infection Control

- Patients with a rash should be **roomed promptly and wear appropriate source control** as able (e.g., well-fitted face mask and lesions covered with clothing or bandages).
- **Healthcare providers and assisting staff should wear full personal protective equipment (PPE)** when evaluating someone with mpox symptoms. This includes gloves, a gown, eyewear, and a fit-tested N95 respirator.
- Special precautions, including **full PPE, should also be taken when cleaning and disinfecting rooms after a visit.**

Home Isolation Recommendations

Any patients being tested for suspected clade I or II mpox should be advised to isolate at home, away from others, pending results.

- Home isolation should continue for the duration of mpox illness, until the rash is healed.
- Isolation, disinfection, and other precautions within the household are recommended. Clade I mpox may spread, including within the household (e.g., through contaminated surfaces or linens).
- Post-exposure prophylaxis (PEP) with JYNNEOS vaccine is recommended for close contacts of people with mpox—including household contacts and recent sexual contacts. PEP can be given within 14 days of last exposure but is most effective when given as soon as possible. See vaccination section below.

Vaccination

The mpox vaccine is expected to be protective against both clade I and clade II mpox and remains the best strategy to protect against complications including severe illness, hospitalization, and death.

To simplify assessment and improve community vaccination coverage among those at increased risk of exposure given current outbreak data, CDPH recommends the mpox vaccine for any person who:

- Is gay, bisexual, or other man who has sex with men *or*
- Is transgender, nonbinary, or gender-diverse *or*
- Has HIV, or is taking/eligible for HIV PrEP or doxy PEP *or*
- Was exposed to someone with mpox in the last 14 days *or*
- Is planning to travel to sub-Saharan Africa, the Middle East or a country with a clade I mpox outbreak and anticipates sexual or intimate contact while traveling *or*
- Anticipates attending a commercial sex event or venue (like a sex club or bathhouse) *or*
- Has a sex partner with any of the above risks *or*
- Requests mpox vaccination, even if they have not disclosed any risks listed above

JYNNEOS is covered by Medi-Cal and most private insurers. It is also on the formularies for AIDS Drug Assistance Program (ADAP) and Pre-Exposure Prophylaxis Program (PrEP-AP), which helps cover the cost of medications, certain vaccines, lab tests, and doctor's visits for HIV prevention in eligible Californians.

Mpox vaccines are available at many chain pharmacies and certain clinics—see Mpox Vaccine Locator.

Recommendations for Local Health Departments

Notify CDPH immediately if clade I mpox is confirmed or suspected. This includes symptomatic patients who:

- History of international travel or close contact to an international traveler in the prior 21 days, *or*
- History of close contact to a clade I mpox case *or*
- Have preliminary mpox test results that suggest clade I MPXV:
  - Positive orthopoxvirus (NVO+, OPXV+) with negative clade II MPXV
  - Positive orthopoxvirus (NVO+, OPXV+) with indeterminate clade II MPXV

Resources

- Public health contact information:
  - CDPH STD Control Branch: stdcb@cdph.ca.gov or mpoxadmin@cdph.ca.gov business hours (510) 620-3400 or after hours duty officer (916) 328-3605
  - CDPH VRDL (clade I testing): 510-307-8585 or VRDL.Submittal@cdph.ca.gov
  - CDC Poxvirus and Rabies Branch: poxvirus@cdc.gov or after hours via the CDC Emergency Operations Center (EOC) at (770) 488-7100
  - CDPH Local Health Department Communicable Disease Contact List
- California Prevention Training Center | Mpox Clinical Recognition & Testing Overview
- CDC | Infection Prevention and Control in Healthcare Settings [Monkeypox]
- CDPH | Mpox Vaccination
- CDPH | Mpox Treatment Information for Providers
- CDPH | Provider and Health System Access to Commercially Available JYNNEOS Vaccine in California
- CDPH | Health Advisory: Recent Rise of Mpox Cases in California and the Bay Area (8/26/2025)
- CDC | Clinical Features of Mpox
- CDC | Safer Sex, Social Gatherings, and Mpox
- CDC | Clade I Mpox Outbreak Originating in Africa

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