



February 12, 2025

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

**HEALTH ADVISORY: TRAVEL ASSOCIATED MPOX CLADE I CASE DETECTED
IN NEW YORK STATE; RISK TO PUBLIC REMAINS LOW**

SUMMARY:

- New York State Department of Health in collaboration with the Centers for Disease Control and Prevention has detected mpox clade I in a recently submitted specimen.
- Specimen was obtained from a symptomatic individual with a recent history of travel to Africa.
- The individual is under the care of a physician and has been isolating until full resolution of all symptoms.
- This is the first known mpox clade I case detected in New York State including New York City.
- There is **NO** known local transmission of mpox clade I in the community in which the individual resides nor anywhere within New York State.
- From November 2024 to date, 4 mpox clade I cases have been detected in the United States – California, Georgia, New Hampshire, and now in New York State - all diagnosed cases have been travel-related.
- Providers should continue to include mpox in their differential diagnosis and ensure patients have access to vaccination.

BACKGROUND AND CLINICAL PRESENTATION OF MPOX:

On January 29th, 2025, the New York State Department of Health was contacted by a physician about an individual exhibiting signs and symptoms of mpox who resides in a county outside of New York City. The individual returned from travel to Africa and shortly thereafter, presented to the physician with symptoms indicative of mpox. New York State Department of Health advised the physician to test for mpox and other sexually transmitted infections, recommended precautions to take during specimen collection and testing, and provided guidance to the symptomatic individual until results were confirmed. Since testing, the patient has been

recovering while isolating and has not returned to work waiting until all symptoms have resolved. Additionally, the individual has been taking precautions to avoid any contact with household members and has been keeping all items including bedding and linens separate. There have been no new reported diagnosis associated with this individual.

The New York State Department of Health as well as the local county health department continue to monitor the situation and continues to maintain high vigilance to ensure that any individuals who present with symptoms indicating or suspected to be mpox are rapidly tested and further transmission is contained.

At present the risk to the public is low and there are no additional known community cases of clade I mpox in circulation.

The first reported case of clade I was reported in [California](#) in November 2024 and was associated with travel to regions of Africa still continue to experience an ongoing outbreak of clade I mpox. Prior to this report, all cases, starting with the outbreak of 2022, in the United States were caused by clade II. Since then, there have been two additional reported clade I mpox diagnoses reported from Georgia (reported in January 2025), and [New Hampshire](#) (reported on February 7th). There are no reported links between either the Georgia or New Hampshire case with the New York case.

RECOMMENDATIONS:

The New York State Department of Health requests that all New York State providers maintain a high degree of vigilance and have a raised index of suspicion for persons presenting with identified symptoms of mpox. Additionally, providers should:

- understand the transmissibility, signs, and symptoms of clade I and II mpox,
- inquire about recent travel and record the name of the countries traveled to,
- be prepared to collect and submit specimens for testing ([guidelines for specimen collection](#)),
- determine the appropriate treatment, therapy, isolation,
- provide vaccination to anyone with risk factors for mpox or for those with a recent exposure to mpox (as post-exposure prophylaxis),
- advise persons intending to travel to regions that have reported or are affected by or continuing to experience mpox outbreaks to get 2 doses of the vaccine before travelling, and
- provide harm reduction information to those at known risk and travelers to affected countries.

Laboratories which have the capability to provide molecular testing for mpox should continue to perform testing using a non-variola orthopoxvirus (NVO) target as well as a clade II target for routine mpox testing. Laboratories that obtain a result indicating a potential clade I result (positive NVO, negative clade II test) should contact their local health department immediately and forward specimens to the Wadsworth Center or New York City Department of Mental Health and Hygiene Public Health Laboratory for analysis. If clade I mpox is suspected, specimens should be sent to the appropriate public health laboratory for testing. Further guidance on mpox specimen submission is available here: [Mpox for Healthcare Providers \(ny.gov\)](#)

While clade II mpox in the United States has spread primarily via sexual contact and has disproportionately affected gay, bisexual, and other men who have sex with men, the

transmission patterns of clade I mpox may also spread by similar methods. New York State Department of Health will continue to update all partners as more is learned about patterns of transmission of clade I mpox and will provide updates to vaccination and other recommendations accordingly.

VACCINATION:

The JYNNEOS vaccine, which is the principal vaccine currently deployed for use against clade II mpox, is expected to be effective against clade I. The JYNNEOS vaccine is available for commercial ordering in a manner similar to other vaccines and is covered by Medicare and Medicaid. It is expected that commercial insurance will cover the vaccine as well. 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 who serve New Yorkers disproportionately affected by clade II mpox, are highly encouraged to consider maintaining a supply of JYNNEOS vaccine or identifying available referral pathways for patients who are eligible for and seek vaccination.

Providers seeking to order vaccine can find a list of JYNNEOS distributors on the [Bavarian Nordic website](#).

REPORTING:

Confirmed or suspected cases of mpox are reportable to the local health department (LHD) of the county in which the patient resides.

- Outside of New York City, contact information for LHDs is available at: https://www.health.ny.gov/contact/contact_information. If unable to reach the LHD where the patient resides, contact the NYSDOH Office of Sexual Health and Epidemiology at: 518-474-3598 during business hours or 866-881- 2809 evenings, weekends, and Holidays.
- For New York City residents, report to the New York City Health Department’s Provider Access Line at 866- 692-3641.

Questions about mpox or mpox vaccine can be directed to mpox@health.ny.gov.

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