

Philadelphia Department of Public Health

Division of Disease Control

PALAK RAVAL-NELSON, PhD, MPH Health Commissioner SHARA EPSTEIN, MD Medical Director, Division of Disease Control JESSICA CAUM, MA, MPH, CPH
Acting Director, Division of Disease Control

Health Update

Mpox Updates: Testing, Vaccines, and Treatment November 25, 2025

SUMMARY POINTS

- Since mid-July 2025, there has been an increase in new mpox cases identified.
- Three cases of clade I mpox were identified in California in individuals without any recent travel history.
 California 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.
- Continue to recommend and provide JYNNEOS vaccine for eligible individuals. JYNNEOS protects against both clade I and clade II mpox.

Background

Cases of mpox continue to be identified worldwide. Increases have been noted in several large cities. Since mid-July, the Philadelphia Department of Public Health (PDPH) has identified 15 mpox cases in Philadelphia, which is a marked increase from 7 reported cases occurring from January to early July 2025. New York and Los Angeles also saw an increase in cases recently. Clade II mpox caused a large outbreak in the United States in 2022 and continues to circulate at low levels. Eastern and central Africa are experiencing sustained human-to-human transmission of clade I mpox. Until recently, only travel-associated cases of clade I mpox had been identified in the United States. However, in California, three cases of clade I mpox have been recently identified in individuals without a recent travel history. Public health investigation indicates that there is community transmission of clade I mpox among gay, bisexual, and other men who have sex with men and their social networks. Clade I mpox can be severe, and all three identified cases in California were hospitalized.

Testing and Reporting

Testing is available through commercial labs and the Philadelphia Public Health Laboratory (PHL). Swabs sent to commercial labs and to the Philadelphia PHL should be sent in viral transport media. For swabs being sent to the Philadelphia PHL, please call the Philadelphia Department of Public Health (PDPH) Division of Disease Control (DDC) at 215-685-6741 during business hours or 215-686-4514 (after hours, press 1 for Unified Dispatch and ask for DDC on-call staff) to coordinate testing. Providers who are utilizing commercial laboratories for mpox testing should report suspected cases to PDPH during daytime hours. For additional information on specimen collection and testing, see: https://hip.phila.gov/document/3663/PDPH_MpoxTestingProcess_May2023.pdf/. Some labs will reflex positive Orthopox tests to clade-specific testing. Healthcare providers who suspect clade I infection in a patient should notify the Philadelphia Department of Public Health (PDPH) immediately. PDPH will assist with coordination of clade I specific testing.

Vaccine Eligibility

All eligible individuals should receive JYNNEOS vaccine. Travelers to <u>countries in central and eastern Africa</u> where there is sustained transmission of clade I mpox should be vaccinated with two doses of JYNNEOS if they anticipate sex with a new partner while on their trip, regardless of sexual orientation or gender. Providers should discuss anticipation of any sexual activity during travel plans. Up to <u>one in three travelers</u> will have sex with a new partner while on a trip. If possible, travelers should start their mpox vaccine series at least 6 weeks before a trip begins; however, vaccine should be given even if the series cannot be completed before travel.

Vaccine eligibility for those who aren't traveling has not changed.



Individuals should receive vaccination against mpox if they:

- Had known or suspected exposure to someone with mpox
- Had a sex partner in the past 2 weeks who was diagnosed with mpox
- Are a gay, bisexual, or other man who has sex with men or a transgender, nonbinary, or gender-diverse person who in the past 6 months has had any of the following:
 - A new diagnosis of one or more sexually transmitted diseases (e.g., chlamydia, gonorrhea, or syphilis)
 - More than one sex partner
- Have had any of the following in the past 6 months:
 - Sex at a commercial sex venue (like a sex club or bathhouse)
 - Sex related to a large commercial event or in a geographic area (city or county for example) where mpox virus transmission is occurring
- Have a sex partner with any of the above risks
- Anticipate experiencing any of the above scenarios
- Are at risk for occupational exposure to orthopoxviruses (e.g., certain people who work in a laboratory or a healthcare facility).

JYNNEOS Vaccine Access

JYNNEOS vaccine is available on the commercial market. Providers can purchase vaccine directly from the manufacturer for their eligible patients. Many commercial payors are offering reimbursement. Please refer to Bavarian Nordic's guidance for coding. For a list of distributors, refer to Contact Us | USA | Bavarian Nordic (bnvaccines.com). Many commercial pharmacies in Philadelphia are carrying JYNNEOS. Call ahead to confirm that the pharmacy has the vaccine in stock and to ask about insurance coverage. There are limited doses available throughout the city for uninsured patients. If you have an uninsured patient who needs vaccine, please reach out to the PDPH call center at (215) 685-5488 for further information.

Treatment

Most cases of mpox are mild and do not require specific antiviral treatment. For mild to moderate disease, supportive care and pain control are advised. Interim data analysis from the clinical trial, Study of Tecovirimat for Mpox (STOMP) found that the study drug, tecovirimat, did not reduce the time to lesion resolution or have an effect on pain among adults with mild to moderate clade II mpox and low risk of developing severe disease. There were no safety concerns associated with tecovirimat. Another study, PALM007, evaluating tecovirimat for clade I mpox in the DRC, similarly found no improvement in duration of lesions and no safety concerns. Tecovirimat remains available for treatment of mpox patients who have protracted or life-threatening manifestations or are at high risk for severe disease under an expanded use IND. Those at high risk include severely immunocompromised patients, patients with atopic dermatitis or other conditions affecting skin integrity, children, and pregnant or breastfeeding individuals. Please contact PDPH DDC to access TPOXX for patients with indications for this treatment. There are other medications that may also be used in combination in cases of severe disease.

EA- IND for TPOXX: https://www.cdc.gov/monkeypox/media/pdfs/2024/08/Tecovirimat-IND-Protocol-CDC-IRB.pdf