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Health Update

Update on Mpox Cases in Philadelphia
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SUMMARY POINTS

- Clade I and Clade II mpox cases have been identified in Philadelphia this fall.
- Both Clade I and Clade II mpox have been spreading at low levels in the United States.
- Continue to recommend and provide JYNNEOS vaccine for eligible individuals. JYNNEOS is expected to protect against both clade I and clade II mpox.
- The management of clade I and clade II mpox does not differ. Data from recent outbreaks suggest that the case-fatality rate for both clades is low, especially when optimal supportive care is provided.

Background:
Cases of mpox continue to be identified worldwide. Increases have been noted in several large cities. Since September, the Philadelphia Department of Public Health (PDPH) has identified 3 mpox cases in Philadelphia. Prior to September, there had been no cases in Philadelphia in 2026. Other cities and states are seeing similar trends. Since August 2026, an increasing proportion of clade I mpox cases without known travel have been reported to CDC. As of November 2, 2026, 16 jurisdictions have reported domestically acquired clade I cases, indicating a likely transition to sustained clade 1b transmission in the United States.

Data from recent outbreaks suggest that the case-fatality rate for both clades is low, especially when optimal supportive care is provided. Given this, when mpox is suspected in a patient with a compatible diffuse or localized rash, healthcare providers should approach clinical management in the same manner regardless of clade suspected.

Testing and Reporting:
Testing is available through commercial labs and the Philadelphia Department of Public Health Public Health Laboratory (PDPH PHL). Swabs sent to commercial labs and to the PDPH PHL should be sent in viral transport media. For swabs being sent to the PDPH PHL, please call the 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 business hours. For additional information on specimen collection and testing, see: https://hip.phila.gov/document/3663/PDPH_MpoxTestingProcess_May2023.pdf/. Some labs have dual target non-variola orthopoxvirus (NVO) and West African clade/clade II polymerase chain reaction (PCR) testing available. Mpox virus is the only orthopoxvirus circulating at this time, so a positive NVO molecular test should be interpreted as positive for mpox. Dual testing results that are NVO detected and West African clade/clade II not detected indicate clade I mpox. Healthcare providers who suspect clade I infection in a patient should notify the PDPH who will assist with coordination of clade I-specific testing.

Vaccine Eligibility:
All eligible individuals should receive the JYNNEOS vaccine. 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)
- If you are traveling to a country with a clade I mpox outbreak and anticipate:
  - Sex with a new partner
  - Sex at a commercial sex venue
  - Sex in exchange for money, drugs or other things
  - Sex in association with a large public event
- There is no current recommendation for booster vaccine or to vaccinate someone who has had a documented previous infection.
- If a person has received a single dose of vaccine, the series can be completed with a 2nd dose. The series should not be restarted.

JYNNEOS Vaccine Access:
JYNNEOS vaccine is available on the commercial market. Providers can purchase vaccine directly from the manufacturer for their eligible patients. 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, or can order vaccine, 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 contact 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. 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

Resources:
CDC Clinical Overview of Clade I and Clade II Mpox (Updated August 19th, 2026)