



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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From: Emma Doran, MD, MPH, Medical Epidemiologist
To: North Carolina Clinicians
Subject: First case of Clade I Mpox in the United States
Date: November 25, 2024

The North Carolina Division of Public Health (NC DPH) and the Centers for Disease Control and Prevention (CDC) are [alerting clinicians](#) to the [first case of clade I mpox in the United States](#). The case was reported in California and is related to an [ongoing outbreak](#) of clade I mpox in Central and Eastern Africa. The risk of clade I mpox to the public remains low, and there continues to be sporadic clade II mpox cases in the United States.

Background

Mpox virus (MPXV) has two distinct genetic clades, I and II, endemic to Central and West Africa respectively. A subclade of clade II (clade IIb) has been associated with [the 2022-23 mpox outbreak](#) that has predominantly affected gay, bisexual, or other men who have sex with men (MSM) in the United States and globally. Clade I has previously been observed to be more transmissible and cause more severe illness than clade II. On August 14, 2024, the World Health Organization (WHO) declared the ongoing outbreaks a [public health emergency of international concern \(PHEIC\)](#)

From January 1 through November 15, 2024, about 12,000 confirmed cases of clade I mpox and at least 47 deaths have been reported in Central and Eastern African countries. Data from affected countries indicate that a large proportion of clade I mpox cases among adults were associated with [heterosexual contact](#). Transmission to close contacts within households, including to children, has also been reported. The current outbreak is more widespread than any previous clade I mpox outbreak and has resulted in clade I mpox transmission in multiple countries including Burundi, Central African Republic, Democratic Republic of the Congo, Rwanda, and Uganda. Travel-associated clade I cases have also been reported in Germany, India, Kenya, Sweden, Thailand, the United Kingdom, Zambia and Zimbabwe so far in 2024.

On November 15, 2024, the California Department of Public Health (CDPH) confirmed the first reported case of clade I mpox in the United States. This individual had recently traveled to areas experiencing clade I mpox transmission and sought medical care for mpox symptoms in the United States. Consistent with other recent clade I mpox cases, the patient has relatively mild illness and is recovering. No additional cases in the United States have been detected as of November 18, 2024.

Testing and Reporting

Consider mpox as a possible diagnosis in patients with lesions and other [clinical signs and symptoms](#) consistent with mpox. The early presentation of mpox infection can be confused with other STIs, therefore mpox should be considered as a part of the differential diagnosis during all sexual health assessments. Test all suspected cases for MPXV. For individuals with suspected mpox infection and travel to Central and Eastern Africa (including, but not limited to, Burundi, Central African Republic, Democratic Republic of the Congo, Kenya, Republic of the Congo, Rwanda, Uganda, Zambia, or Zimbabwe) in the 21 days preceding symptom onset or close contact with someone with such recent travel, clinicians should contact the Communicable Disease Branch epidemiologist on call at 919-733-3419 for consultation on clade-specific MPXV testing.

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LOCATION: 225 N. McDowell St., Raleigh, NC 27603

MAILING ADDRESS: 1902 Mail Service Center, Raleigh, NC 27699-1902

www.ncdhhs.gov • TEL: 919-733-7301 • FAX: 919-715-1020

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Testing for individuals with suspected mpox infection without a travel history is widely available and can be performed through commercial laboratories or through the [NC State Laboratory of Public Health](#). Personal protective equipment should be worn when [collecting specimens](#) from a person with suspected mpox. Unroofing or aspiration of lesions, or otherwise using sharp instruments for mpox testing, is not recommended due to the risk of sharps injury. **Cases of mpox should be reported to your [local health department](#).**

Follow CDC guidance on mpox [infection prevention and control](#) to minimize transmission risk when evaluating and providing care to patients with suspected mpox. Advise all patients suspected of having mpox to stay at home and isolate themselves from others until mpox has been ruled out by laboratory testing. In the event of a positive mpox diagnosis, advise patients to isolate until their mpox lesions have resolved and fresh skin has formed, which could take several weeks.

Prevention and Control

NC DPH is urging clinicians to increase efforts to vaccinate people who might be at higher risk for mpox to mitigate against the potential for imported cases leading to local transmission. Vaccination can protect against mpox infection from both clades I and II and can reduce severity of illness if infection does occur. The 2-dose JYNNEOS vaccine series is recommended for persons aged 18 years and older who are at risk for mpox, including the following:

- Anyone who has or may have multiple or anonymous sex partners; or
- People who know or suspect they have been exposed to mpox in the last 14 days; or
- Anyone else who considers themselves to be at risk for mpox through sex or other intimate contact; or
- Anyone whose sex partner is eligible per the criteria above; or
- If you are traveling to a country with a clade I mpox outbreak and anticipate any of the following activities during travel, regardless of gender identity or sexual orientation:
 - Sex with a new partner
 - Sex at a commercial sex venue (e.g., a sex club or bathhouse)
 - Sex in exchange for money, goods, drugs, or other trade
 - Sex in association with a large public event (e.g., a rave, party, or festival)

CDC issued [guidance for travelers](#) to countries in Central and Eastern Africa experiencing mpox outbreaks earlier this year. CDC only recommends vaccination for travelers [if they are eligible](#), which includes people who plan to travel to a country with a [clade I mpox outbreak](#) and anticipate participating in sexual activities.

JYNNEOS became available on the commercial market on April 1, 2024, at a cost between \$229.50 and \$270 per dose. Over 5,000 free Strategic National Stockpile doses of JYNNEOS vaccine remain in the state including multiple lots that were [extended through August 31, 2026](#). Locations with these free mpox vaccines in North Carolina are available [here](#).

Treatment

Clinical management of clade I mpox, like clade II mpox, is based on the severity of illness at diagnosis and the potential for severe or prolonged mpox. Patients with mpox benefit from supportive care and pain control that is implemented early in the illness ([Clinical Considerations for Pain Management of Mpox](#)). For information about skin and wound care for individuals with mpox lesions, please visit [Mpox: Caring for the Skin](#) and [Mpox: Treating Severe Lesions](#). For most patients with intact immune systems, only supportive care and pain control is needed. However, supportive care and pain control may not be enough for some patients (e.g. patients with weakened immune systems). In these cases, [treatment should be considered](#).

Tecovirimat is available by enrolling patients in the STOMP [clinical trial](#) or through an investigational new drug (IND) protocol. Additional information on ordering and prescribing therapeutics is available under resources on the [North Carolina mpox website](#).

Please contact the Communicable Disease Branch Epidemiologist on Call at 919-733-3419 for any questions regarding testing and reporting.

Additional Information

[Mpox Communications Toolkit](#)

[Mpox Frequently Asked Questions](#)

[Mpox: What You Need to Know](#)