Erie County Department of Health
Public Health
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GALE R. BURSTEIN, MD, MPH, FAAP
COMMISSIONER OF HEALTH

HEALTH ADVISORY #375 **November 2, 2026**

INCREASE IN MPOX CASES ASSOCIATED WITH LOCAL PERSON-TO-PERSON TRANSMISSION. RISK TO PUBLIC REMAINS LOW.

Please distribute to Healthcare Providers, Hospitals, Laboratories, Emergency Rooms, Community Health Centers, College Health Centers, Community-Based Organizations, Family Planning Providers, and Internal Medicine, Family Medicine, Pediatric, Adolescent Medicine, Infectious Disease, and Primary Care Providers

CURRENT SITUATION

- The Erie County Department of Health (ECDOH) and New York State Department of Health (NYSDOH) are investigating an increase in mpox (formerly known as monkeypox) cases reported in Erie County since early October 2026.

- Since the beginning of October 2026 to date, 15 mpox cases have been reported in Erie County. As a comparison, from 2023-2025, a total of 6 mpox cases were reported in Erie County. Despite the recent increase in mpox cases, the risk to the public remains very low.

- Preliminary data and information suggest this **recent local increase is occurring among men with recent history of male-to-male sexual contact.** Though data are preliminary, most of the recent cases were unvaccinated/not known to be vaccinated with mpox vaccine.

- Confirmatory testing by NYSDOH Wadsworth Laboratory indicates this recent Erie County cluster is associated with the **clade I** mpox strain**.** This marks the first time clade I has been identified in Erie County, though the strain has been detected in NYS since early 2025.

- While clade I mpox has historically been thought to be more transmissible and cause more severe illness than the more prevalent clade II strain, **recent data suggest the severity of clade I and II mpox to be similar. Clinical care and vaccination recommendations for clade I and clade II mpox remains the same.**

- Mpox is preventable through vaccination with JYNNEOS, a 2-dose series taken at least 28 days apart. **JYNNEOS vaccine is effective against both clade I and clade II mpox**.

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ACTIONS REQUESTED

- Maintain a high degree of vigilance and have a raised index of suspicion for persons presenting with rashes or lesions consistent with mpox. Testing should be considered, especially if the person reports history of mpox exposure or risk factors.

- Testing for mpox is currently available at numerous laboratories, including but not limited to commercial and public health laboratories (i.e., Erie County Public Health Laboratory, NYSDOH Wadsworth Center Laboratory).

    - Some laboratories may not differentiate between clade I and clade II.

    - Additionally, if a commercial lab detects presence of non-variola Orthopoxvirus, but only offers testing for clade II mpox and the clade II mpox result is negative, the positive non-variola Orthopoxvirus result is most likely due to clade I mpox infection.

- **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).

    - Exposed persons who have not previously completed the 2-dose mpox vaccine series should receive post-exposure vaccine as soon as possible, ideally within 4 days of exposure; vaccine administration 4 through 14 days after exposure may still provide some protection against mpox and may reduce symptom severity. Exposed persons should monitor for mpox symptoms for 21 days from last exposure. There is no recommendation for a booster dose (a third dose) at this time.

    - JYNNEOS vaccine is available at Erie County's Jesse Nash Health Center Sexual Health Center at 608 William Street in Buffalo, through Evergreen Health at 206 S. Elmwood in Buffalo (Call 716-847-2441), and many retail pharmacies. A vaccine locator is available at www.empoweredagainstmpox.com.

- Advise patients being tested for suspected mpox to self-isolate at home, away from others, pending results. **Patients diagnosed with mpox should self-isolate**, to the extent possible, until all lesions have healed, scabs have fallen off, and a fresh layer of intact skin has formed, a process that typically takes 2–4 weeks. If a patient is unable to isolate, they should be advised to wear a well-fitting mask and cover all rashes and sores completely with clothing or bandages while around others.

- Follow appropriate guidelines for collecting and handling specimens for mpox testing, including the proper use of personal protective equipment.

- Adhere to current CDC infection prevention and control recommendations when evaluating or treating a patient with suspected or confirmed mpox.

- Monitor the NYSDOH mpox website for up-to-date mpox information including signs and symptoms, testing, and reporting.

- Report patients with suspected or confirmed mpox to the local health department (LHD) where the patient resides. **For Erie County residents, contact the Erie County Department of Health (ECDOH) Office of Epidemiology and Disease Surveillance at 716-858-7697.**

BACKGROUND

- There are two types of mpox virus: clade I and clade II. Clade II is responsible for the global outbreak that began in 2022. In 2024, a large outbreak of clade I mpox began in Central and Eastern Africa. Since then, clade I mpox transmission has been identified in some parts of Europe and the United States, including NYS.

- Since the global mpox outbreak began in 2022, **mpox transmission has primarily affected gay, bisexual, and other men who have sex with men (MSM).** Risk to the general public remains very low.

- Mpox is preventable through vaccination with JYNNEOS, a 2-dose series taken at least 28 days apart. JYNNEOS is **effective against both clade I and clade II mpox**. The best protection against both clade I and clade II mpox is reached 2 weeks after the second dose. 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).

- Mpox symptoms typically start within 21 days of exposure to the virus. Mpox illness usually lasts 2-4 weeks. Symptoms of mpox can include rashes, bumps, or blisters on or around the genitals or in other areas including hands, feet, chest, or face. Flu-like symptoms, such as fever, headache, muscle aches, chills, sore throat, nasal congestion, cough, and fatigue may also occur. These symptoms may occur before or after the rash appears, or not at all.

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- Mpox is **primarily spread through close, intimate contact (e.g., oral, anal, or vaginal sex; kissing; face-to-face contact)**. Transmission occurs through direct and prolonged contact with sores, scabs, or rashes, and through respiratory droplets, saliva, or mucus of someone with mpox. While less likely, mpox can also be spread by touching objects, fabrics, or surfaces (e.g., clothing, bedding, towels) used by someone with mpox.

- Testing for mpox is currently available at numerous laboratories, including but not limited to commercial and public health laboratories (i.e., Erie County Public Health Laboratory, NYSDOH Wadsworth Center Laboratory). Further guidance on mpox specimen submission is available here: Mpox for Healthcare Providers (ny.gov). Additional mpox testing guidance includes the following:

    - Identify two (2) lesions per patient to sample, preferably from different locations on the body and/or with differencing appearances (A total of four swabs should be collected).

    - Collect the sample using the sterile swab, by scrubbing the base of the lesion vigorously enough to ensure that cells from the lesion are collected. Use separate sterile, synthetic swabs (Dacron, nylon, polyester, Rayon).

    - Place each swab in separate tubes containing VTM, UTM, OR place swabs in separate dry sterile container (i.e., conical tube or urine cup). See below for more information.

    - Cotton swabs and swabs with metal or wooden shafts should not be used for collection.

    - Note: Unroofing or aspiration of lesions (or otherwise using sharp instruments for mpox testing) is not necessary, nor recommended, due to the risk for sharps injury.

- Most people diagnosed with mpox will recover fully within 2 to 4 weeks without needing medical treatment. However, serious illness and death can occur, especially among people with immunocompromising conditions like HIV, older adults, young children, and pregnant people.

    - **Pregnant persons who are exposed** to mpox should be advised about the risk of transmission of mpox to their fetus (including risk of spontaneous pregnancy loss, preterm delivery or stillbirth) or to their newborns/infants during delivery and post-

partum. Pregnant persons who are exposed should be offered the JYNNEOS vaccine and the risk benefits of the vaccine should be discussed.

- **Immunocompromised persons** including but not limited to HIV, persons with cancer diagnosis, organ transplant recipients, etc. are at extremely high risk of experiencing severe life-threatening illness and clinical manifestations of mpox. Immunocompromised persons exposed to mpox should strongly consider taking the 2 dose JYNNEOS vaccine to reduce their risk of severe illness. They should immediately consult their health care providers to determine how to proceed with managing their current course of treatments.

- At present, the Food and Drug Administration (FDA) has not approved any specific medications for the treatment of mpox. Persons (who are non-immunocompromised) experiencing signs and symptoms of mpox, should be offered supportive care and pain control to manage their illness till they recover.

- Certain anti-viral medications may be considered, especially in immunocompromised and persons at severe health risk including Tecovirimat (TPOXX), Brincidofovir (Tembexa or CMC001), and Cidofovir (Vistide).

  - TPOXX alone has been proven to be ineffective in treating mpox. It is still available via the CDC and often used in combination with Brincidofovir which is also available via the CDC both under the CDC Expanded Access IND protocol.

  - Patients diagnosed with mpox can be directed to the YOU Center for Wellness at Erie County Medical Center (ECMC) at 716-898-4119 to discuss potential mpox treatment considerations.

  - For information on these medications and consulting with CDC clinicians on ordering and application, please review: https://www.cdc.gov/monkeypox/hcp/clinical-care/index.html

ISOLATION RECOMMENDATIONS

- Patients being tested for suspected mpox should **self-isolate at home**, away from others, pending results. Patients diagnosed with mpox should be advised of the following NYSDOH recommendations to prevent transmission to others:

- **Wash hands:** Often with soap and water or use an alcohol-based hand sanitizer, especially after direct contact with the rash.

- **Self-Isolate:** Stay home and avoid close contact with others, including pets or others in the same household. Self-isolation should continue, to the extent possible, until all lesions have healed, scabs have fallen off, and a fresh layer of intact skin has formed, a process that typically takes 2–4 weeks.

- **Cover Up:** If you must be around others, wear a well-fitting mask and cover all rashes and sores completely with clothing or bandages.

- **Do Not Share:** Avoid sharing food, utensils, cups, bedding, towels, or clothing. Clean and disinfect frequently touched surfaces, objects, and fabrics.

- **Avoid Intimate Contact:** Refrain from sexual or close physical contact with others.

ADDITIONAL INFORMATION

CDC
General Mpox Information
Infection Prevention and Control in Healthcare Settings
Risk Assessment and Monitoring in Healthcare Settings
Disinfectants for Emerging Viral Pathogens (including mpox)
Clinical Considerations for mpox in Immunocompromised people
Mpox Clinical Care and Treatment During Pregnancy

NYSDOH
Mpox Information for Healthcare Providers (Comprehensive resource including data, vaccination recommendations, testing guidance, and previously issued Health Advisories)

ECDOH
General Mpox Information

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Health Category Definitions:

Health Alert FLASH: conveys the highest level of importance due to a large-scale, catastrophic public health emergency; warrants immediate action or attention
Health Alert Priority: conveys the highest level of importance; warrants immediate action or attention to a health problem or situation
Health Advisory: provides important information for a specific incident or situation; may not require immediate action
Health Update: provides updated information regarding an incident or situation; no immediate action necessary

The Erie County Department of Health does not provide medical advice. The information provided on the Erie County Department of Health website is not an attempt to practice medicine and is not intended as a substitute for professional medical advice, diagnosis, or treatment. It is for informational purposes only. Always seek the advice of your personal physician or other qualified health provider with any questions you may have regarding a medical condition or issue. Never disregard professional medical advice or delay in seeking it because of the content found on the Erie County Department of Health website or this correspondence.

The ECDOH Health Alert & Advisory System is an e-mail notification system designed to alert community partners about important health related information. You can sign up to receive alerts & advisories at https://www3.erie.gov/health/form/health-alert-registration.

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