



Health Alert



City of Chicago
Brandon Johnson, Mayor

www.chicagohan.org

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Providers Should Remain Alert for Clade I Mpox Importation October 31, 2025

Key Messages

Three cases of clade I mpox have been diagnosed in Southern California with no recent international travel or clear epidemiologic links to each other. These are the first reported cases of community spread of clade I mpox in the U.S.

Chicago is currently experiencing an outbreak of clade II mpox, mostly among gay, bisexual and same gender loving men. However, as a major port of entry for international travelers, Chicago remains at risk for mpox clade I importation and providers should remain alert for clade I mpox.

Clinicians should consider clade I mpox in a patient with compatible signs and symptoms who has:

- International travel within the past 21 days **OR**
- Intimate contact with an international traveler in the last 21 days **OR**
- Intimate contact with a clade I mpox case within the past 21 days

The mpox vaccine is expected to be protective against both clade I and clade II mpox and remains the best strategy to protect against complications including severe illness, hospitalization, and death. In addition to [other indications for mpox vaccination](#), vaccination is also recommended prior to travel to sub-Saharan Africa, the Middle East or [any country with a clade I mpox outbreak or community transmission](#) when an individual anticipates sexual or intimate contact while traveling, regardless of gender identity or sexual orientation.

Report suspected or confirmed cases of clade I mpox in Chicago residents or travelers remaining in Chicago to CDPH immediately for coordination of testing at the IDPH Public Health Laboratory, case investigation, and contact tracing. Clade I mpox testing at IDPH lab requires CDPH approval. Call the mpox hotline at 312-742-2883 during business hours. After hours, clinicians should call 311 and speak with the CDPH provider on call.

Please join a provider webinar: [Clade I Mpox Update for Chicago Clinicians 11/13 @12noon CT](#)

BACKGROUND:

[Three clade I mpox cases](#) have been confirmed in Southern California in October 2025. The cases have no clear links to one another and did not report recent travel. All three cases were hospitalized but are recovering. Previous mpox clade I cases in the United States have been associated with international travel to [Central and Eastern African countries that have been experiencing ongoing outbreaks](#) since early 2024. Until recently, these imported cases to the U.S. previously did not result in local transmission. Risk to the general public remains low. Mpox is not transmitted through casual contact such as at the workplace or public transportation. Chicago is experiencing a [local outbreak of clade II mpox](#), primarily among the LGBTQ+ community, but the number of new cases is decreasing with education and vaccination efforts.

Local person-to-person transmission of clade I mpox has been observed in some non-endemic countries, [primarily spread](#) through sexual contact, household contact, and within the healthcare setting in the absence of personal protective equipment. Though travel connectivity between Chicago and the outbreak regions in Africa remains relatively low, it is important to assess travel history when evaluating patients with clinical presentations concerning for mpox.

Like clade II mpox, clade I mpox is transmitted through prolonged, direct contact with the rash or bodily fluids of someone who is infected with mpox and most often occurs via intimate activities (e.g. sex, massage, cuddling) or through shared living spaces or personal items such as clothing. Clade I does not appear to be more transmissible than clade II, but studies are ongoing. While historically clade I has been associated with case-fatality rate (CFR) of ~10% in the 1980s, more recently outbreaks have demonstrated that clade I has been associated with a [CFR of <2% in endemic areas and with supportive care, <0.5%](#).

RECOMMENDATIONS:

MPOX CLADE I TESTING

Consider testing for mpox clade I for patients with signs and symptoms consistent with mpox AND either:

- International travel within the past 21 days **OR**
- Intimate contact with an international traveler in the last 21 days **OR**
- Intimate contact with a clade I mpox case within the past 21 days

Notify CDPH immediately if clade I mpox is suspected in a Chicago resident or travelers remaining in Chicago. For Illinois residents outside of Chicago find local health department and IDPH contact information at [Infectious Disease Reporting](#).

- During business hours, call the mpox hotline at 312-742-2883 to report concern and facilitate testing.
- After hours clinicians should call 311 and speak with the CDPH provider on call to facilitate testing at the IDPH public health laboratory.

Guidelines for mpox clade I laboratory testing at the IDPH Public Health Laboratory:

- A single specimen should be collected from an mpox lesion. Please refer to the [Mpox diagnostic Clade I testing Job Aid](#) for details. (*note, if sending specimen to a commercial lab follow laboratory guidance for the commercial laboratory regarding number of specimens required).
- Wear gloves, gown, eye protection, and a NIOSH-approved particulate respirator equipped with N-95 filter or higher during specimen collection.
- Use a sterile nylon, polyester, or Dacron swab with a plastic, or thin aluminum shaft. Flocked swabs or Eswabs are acceptable for collecting specimens. Do not use swabs with wooden shafts or calcium alginate as they contain substances that inhibit PCR reactions.
- Vigorously swab or brush the lesion. It is not necessary to de-roof the lesion before swabbing. Place specimen in Viral Transport Medium (VTM) or Universal Transport Medium (UTM). Label specimen with patient name (last, first) and date of birth.
- Specimen should be refrigerated within one hour of specimen collection.
- CDPH staff will follow-up with the submitting laboratory for completing the [IDPH ETOR form](#) submission, obtaining the authorization code, and specimen shipment to IDPH. and specimen shipment to IDPH.

- Do not send specimens to the IDPH lab before CDPH staff confirm the requisition number and shipping information.
- Ship or transport specimens to the IDPH laboratory on sufficient frozen cold packs to maintain refrigerated temperature (2-8°C / 35-40°F).

INFECTION PREVENTION AND CONTROL

- Prioritize [infection prevention and control \(IP&C\) measures](#) with any suspected clade I or clade II cases. IP&C activities are largely the same for both clades.
- Diagnostic samples and clinical waste that are contaminated with either clade are designated as Category B waste, generally in the red bag waste stream in a healthcare setting.
- Anyone suspected to have clade I or II mpox should [isolate at home](#), away from other people, until their rash has healed.
- [Disinfecting and infection control in the home](#) is important to stop or slow disease spread.

TREATMENT, POST-EXPOSURE PROPHYLAXIS, and VACCINATION

- In patients with severe or life-threatening manifestations of mpox, regardless of clade, consider initiating [tecovirimat \(TPOXX\)](#) with either IV cidofovir or oral brincidofovir and/or Vaccinia Immune Globulin (VIGIV) and early consultation with CDC, facilitated by CDPH.
- [Post-exposure prophylaxis \(PEP\) with mpox vaccine](#) is recommended as soon as possible for close household or sexual contacts but can be given within 14 days of exposure.
- Traveler mpox prevention education and vaccination are essential prior to traveling to [countries with ongoing clade I outbreaks](#).
- In addition to [other indications for mpox vaccination](#), vaccination is also recommended prior to travel to sub-Saharan Africa, the Middle East or [any country with a clade I mpox outbreak or community transmission](#) when an individual anticipates sexual or intimate contact while traveling, regardless of gender identity or sexual orientation.
- Mpox vaccination should be initiated 6 weeks prior to travel so the 2nd dose is received 2 weeks prior to departure.

Additional Resources:

[CDC First Clade I Mpox US Case 11.2024](#)

[About Monkeypox | Monkeypox | CDC](#), last updated Oct 17, 2025

[Mpox diagnostic Clade I testing: Job Aid for healthcare providers](#)

[Mpox Vaccination Job Aid](#)

Health Alert Network (HAN) - 00519 | First Case of Clade I Mpox Diagnosed in the United States.

https://www.chicagohan.org/nb/alert-detail/-/alert-details/46687687?p_r_p_categoryId=undefined (Accessed 10/17/25).

California Department of Public Health: Health Advisory - Community Spread of Clade I Mpox Within California. <https://www.cdph.ca.gov/Programs/OPA/Pages/CAHAN/Community-Spread-of-Clade-I-Mpox-Within-California.aspx#> (Accessed 10/17/25).

Isolation and Infection Control At Home. <https://www.cdc.gov/monkeypox/hcp/infection-control/at-home.html> (Accessed 10/17/25)

What to Do If You Are Sick. <https://www.cdc.gov/monkeypox/caring/index.html> (Accessed 10/17/25).

Interim Clinical Considerations for Use of vaccine for Monkeypox Prevention in the United States. https://www.cdc.gov/monkeypox/hcp/vaccine-considerations/vaccination-overview.html#cdc_generic_section_4-post-exposure-prophylaxis-pep. (Accessed 10/17/25).