NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOSH STEIN • Governor
DEVDUTTA SANGVAI • Secretary
DEBRA FARRINGTON • Deputy Secretary for Health
KELLY KIMPLE • Director, Division of Public Health

January 15, 2026

From: Emma Doran, MD, MPH, Medical Epidemiologist
To: North Carolina Clinicians
Subject: Mpox Update *(2 pages – update to the December 16, 2024 memo)*

The North Carolina Division of Public Health (NC DPH) is providing updated information to North Carolina clinicians regarding the ongoing mpox outbreak, including the recent detection of recombinant mpox in the United Kingdom (UK).

Global Epi Update

As of November 30, 2025, there were approximately 51,000 clade II cases and over 200 deaths reported in 96 countries, predominantly among gay, bisexual, or other men who have sex with men (MSM). In contrast to clade II cases, data from affected countries indicate that clade I mpox is mostly spreading through heterosexual contact, and transmission to close contacts within households, including to children, has also been reported. Since January 1, 2024, over 46,000 confirmed cases of clade I mpox and at least 200 deaths have been reported in Central and Eastern African countries. The current outbreak is more widespread than any previous clade I mpox outbreak and has resulted in transmission in multiple countries throughout Central and Eastern Africa, including Central African Republic, Democratic Republic of the Congo, and Republic of the Congo, where clade I mpox is endemic. Travel-associated clade I cases have also been reported on all continents except Antarctica.

Although no known clade I/II co-infections have been reported, a case of recombinant mpox infection in the UK was confirmed in December 2025 through viral sequencing in an individual with recent travel to Asia; disease presentation was similar to other mpox cases. Although it is unclear whether or where it may be circulating, no additional cases of the recombinant mpox have been identified. The risk to the general population remains low.

United States Epi Update

Since November 2024, there have been 10 reported cases of clade I mpox in the United States. Until recently, all cases had previously traveled to areas associated with the ongoing outbreak in Central and Eastern Africa. However, community transmission in the United States was confirmed in October 2025 when three (3) cases of clade I mpox were genetically linked to a different U.S. case who had traveled to an outbreak area. Overall, the risk of clade I mpox to the U.S. public remains low.

North Carolina Epi Update

In North Carolina, there were 61 mpox cases reported in 2025, down from the 79 cases in 2024, but the majority (64%) of the cases occurred on or after September 1, 2025, suggesting a more recent increase. Demographic data suggests increased transmission among Hispanic populations which accounted for 28% of cases in 2025, up from 15% in 2024. The need for hospitalization also increased in 2025, with 15% of cases requiring hospitalization compared to only 6% in 2024. Most cases continue to be reported among gay, bisexual, and MSM and their social networks.

The recent confirmation of community transmission, coupled with the identification of clade I/II recombinant infection internationally, necessitate heightened vigilance among all healthcare and public health professionals to reduce the likelihood of mpox transmission in North Carolina.

Prevention and Control Reminders

- Consider mpox as a possible diagnosis in patients with lesions or other clinical signs and symptoms consistent with mpox, including other diseases that can present with similar lesions such as herpes or varicella-zoster (chickenpox and shingles).

- Test individuals with suspected mpox infection, regardless of travel history, through a commercial laboratory or the NC State Laboratory of Public Health (NCSLPH specimen collection and submission infographic).

- Follow CDC guidance on mpox infection prevention and control to minimize transmission risk when evaluating and providing care to patients with suspected mpox. Unroofing or aspirating lesions, or otherwise using sharp instruments for mpox testing, is not recommended due to the risk of sharps injury.

- Mpox treatment consists mainly of supportive care and pain management. Tecovirimat from the Strategic National Stockpile (SNS) still remains available for treatment of severe mpox infections in patients who meet eligibility criteria under the CDC's EA-IND protocol.

- Continue to encourage and provide JYNNEOS vaccine to anyone with risk factors for or a recent exposure to mpox. Eligible providers can request no-cost JYNNEOS vaccine here.

- Cases of mpox should be reported to your local health department**.**

Please contact the Communicable Disease Branch Epidemiologist on Call at 919-733-3419 with any questions. Thank you for all you do to protect the health of North Carolinians.

Additional Information/Resources

NC DHHS's Mpox Website
CDC's Mpox Current Situation Website
CDC's Mpox Vaccine Website
CDC's Clinical Treatment of Mpox