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GAVIN NEWSOM  
Governor

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**Preventing a Resurgence of Mpox Cases in California**

Dear Colleague,

Since May 2022, 30,344 cases of mpox (formerly monkeypox) have been reported in the United States, of which nearly 20% were reported in California. While the rate of mpox has declined precipitously since its peak in August 2022, mpox transmission has continued in California, and [other states have recently reported a resurgence of mpox cases.](#)

The majority of mpox infections in 2022 were transmitted sexually through intimate contact. Infections have disproportionately affected gay, bisexual, same-gender-loving, and other men who have sex with men (MSM). Approximately 40% of mpox cases have also been among people with HIV in California. See list of persons at higher risk for mpox infection [here](#).

This letter is a call to action to Californian health care providers to remain vigilant in mpox prevention, recognition, and testing, especially during the upcoming 2023 spring and summer season as people gather for festivals and events, including [LGBTQ Pride Month](#) in June.

**PREVENTION**

When combined with other [prevention measures](#), [vaccination](#) is the most effective way to reduce transmission of mpox virus and prevent disease, hospitalization and death. Estimates of [JYNNEOS® vaccine effectiveness](#) against disease range from 66-86% for 2 doses of vaccine and 36-75% for one dose. Preliminary evidence suggests that vaccine effectiveness against severe disease, hospitalization and death may be higher. For the most effective protection, people should get two doses of JYNNEOS® vaccine at least 28 days apart ([JYNNEOS Vaccine Effectiveness, CDC](#)). Even if it is significantly past the recommended 28-day interval, CDC recommends administration of the second dose as soon as possible. Boosters are not recommended at this time ([JYNNEOS Vaccine, CDC](#))([Mpox Vaccination Basics, CDC](#)).

In California, only 39% of the [population at risk](#) has received the two-dose series, with [certain groups](#) such as Black/African American and Latinx persons having even lower vaccination rates. This leaves a significant proportion of people in California less protected against mpox infection ([JYNNEOS Vaccination Coverage, CDC](#)) exacerbating existing inequities. People with HIV, particularly those with a low CD4 cell count or those not receiving antiretroviral therapy, are at higher risk for severe mpox and even death.

Please encourage all [patients at risk of mpox exposure](#), infection, or severe disease to complete the two-dose JYNNEOS® series. Any person requesting vaccination should receive it without having to attest to, or disclose any specific behaviors. Providers should particularly counsel patients with HIV, those taking [HIV pre-/post-exposure prophylaxis \(PrEP/PEP\)](#) or [doxy-PEP](#), or those with a history of sexually transmitted infections to be vaccinated.

The following can be used when referring patients to schedule a JYNNEOS® vaccine appointment: [CDPH vaccine webpage](#) and the [MyTurn Appointment Booker](#). Vaccine administrative documentation should be done through [California Immunization Registry \(CAIR\)](#).

## **MPOX IDENTIFICATION AND TESTING**

**As 2023 spring and summer season gatherings approach, we encourage you to maintain a high level of suspicion and a low threshold for testing individuals with signs and symptoms consistent with mpox.**

### *Identification*

Consider mpox on the differential diagnosis for patients presenting with diffuse or localized rashes, including [in patients who were previously infected with mpox or vaccinated against mpox](#). Mpox may present with a [variety of skin lesions](#) and can be confused with syphilis, herpes, molluscum contagiosum, shingles, chickenpox, scabies, allergic skin rashes, drug eruptions, and other skin conditions. Novel presentations of mpox should be considered ([Descriptive Case Series, BMJ](#)).

For more information on identifying patients with mpox, see the April 4, 2023 [Updates on Identification, Laboratory Testing, Management and Treatment, and Vaccination for Mpox Virus Infection in California](#) and the May 15, 2023 CDC HAN on [Potential Risk for New Mpox Cases](#).

### *Sample Collection and Testing*

Specimens should be obtained from lesions with suspicion for mpox and tested for both mpox and sexually transmitted infections. Review the [acceptable specimen requirements](#) for your laboratory of choice as they may vary based on the laboratory. Many local public health and commercial laboratories now provide mpox testing services. Serologic testing is not routinely used for the diagnosis of mpox and is only reserved for unique situations. Contact CDPH if serological or specialized testing is desired.

Follow these [steps to sample lesions for mpox](#):

1. Collector should wear appropriate [personal protective equipment](#), which includes gown, gloves, eye protection, and NIOSH-approved particulate respirator with N95 filters or higher.
2. **Use sterile, synthetic swabs (including but not limited to polyester, nylon, or Dacron), to collect two swabs from each lesion**; preferably from different locations on the body or from lesions with different appearance. **Do not use cotton swabs.**
3. Vigorously swab the lesion to collect adequate DNA. Do **not** de-roof the lesion before swabbing.
4. Place each swab in a sterile container (plastic is preferred over glass) that has a gasket seal and can be shipped under the required conditions. Swabs from different lesions and any other specimens (e.g., scabs) should be placed in different containers. Follow the appropriate conditions (dry or in viral transport medium) as required by your testing laboratory of choice.

If samples will be sent to CDPH, please follow instructions available [here](#). For more information on shipping, see [Shipment](#) instructions.

If you suspect or diagnose mpox, please report case(s) to your [Local Health Jurisdiction](#) (LHJ) as soon as possible. Mpox and other *Orthopoxvirus* infections are reportable by health care providers and laboratories to the LHJ of the residence of the case (Sections 2500 and 2505 of Title 17 of the California Code of Regulations).

Sincerely,



Kathleen Jacobson, MD  
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California Department of Public Health

**Resources:**

- [Potential Risk for New Mpox Cases, CDC Health Alert Network \(HAN\) May 15, 2023](#)
- [Mpox Data in California](#)
- [Mpox Vaccination Basics for Healthcare Professionals, Eligibility Criteria, CDC](#)
- [JYNNEOS Vaccine Effectiveness, CDC](#)
- [JYNNEOS Vaccine, CDC](#)
- [JYNNEOS Vaccine Coverage by Jurisdiction, Defining Vaccine Coverage, CDC](#)
- [CID | DCDC | Mpox Health Equity](#)
- [Epidemiologic and Clinical Characteristics of Mpox Cases — United States, May 17–July 22, 2022 JYNNEOS Vaccination Coverage Among Persons at Risk for Mpox — United States, May 22, 2022–January 31, 2023](#)
- [CDPH Mpox Vaccine Webpage](#)
- [MyTurn Appointment Booker](#)
- [California Immunization Registry](#)
- [CDC Mpox Clinical Recognition](#)
- [Clinical Features and Novel Presentations of Human Monkeypox in a Central London Centre During the 2022 Outbreak: Descriptive Case Series](#)
- [CDPH | CAHAN | Updates on Identification, Laboratory Testing, Management and Treatment, and Vaccination for Mpox Virus Infection in California](#)
- [Guidelines for Collecting and Handling Specimens for Mpox Testing, CDC](#)
- [CDC | Infection Prevention and Control of Mpox in Healthcare Settings | PPE](#)
- [CDPH Mpox Test Order Page](#)
- [CDC's Get Healthy and Ready for Summer 2023](#)
- [CDC's Mpox Travel Considerations](#)
- [California Local Health Department Contacts](#)