BALTIMORE CITY HEALTH DEPARTMENT
1001 E. Fayette Street • Baltimore, Maryland 21202
Brandon M. Scott, Mayor
Michelle Taylor, MD, DrPH, MPA, Commissioner of Health

November 21, 2025

Dear Colleague,

The Baltimore City Health Department (BCHD) is alerting you to an increase in mpox cases in Baltimore City. Mpox is caused by the *Monkeypox virus*. As of November 20, 2025, 24 cases have been reported this year, with over half of the cases reported since September 1st. This marks a notable increase from 2024, when a total of seven cases were reported. BCHD recommends healthcare providers in Baltimore do the following:

Test:

- Clinicians should test for mpox in patients presenting with rash, ulcers, or nodules clinically consistent with mpox. While the current outbreak has disproportionately impacted gay, bisexual, and other men who have sex with men, any person can become infected with mpox if exposed.
- Testing is available through commercial laboratories. Unroofing or aspiration of lesions is not recommended.
- There are two Clades of mpox. Clade II has been circulating in the United States since 2022. Clade I, which has potential to be more severe, had previously only been reported in individuals with international travel, but recently community spread of Clade I was identified in California. Clinicians should maintain a high level of suspicion for Clade I, in patients with recent international travel or areas in the US where Clade I is circulating. For suspected Clade I cases, call BCHD (410-396-4436) for consideration of testing at the Maryland Department of Health (MDH) State Public Health Laboratory.

Vaccinate

- Vaccination lowers the risk of severe disease. Encourage patients at high risk for mpox to be vaccinated. JYNNEOS is available commercially and covered by many third-party payers.
- Individuals exposed to mpox should get post-exposure prophylaxis, i.e. the mpox vaccine, as soon as possible and before symptoms develop, if they are not already vaccinated.
- A limited supply of free JYNNEOS is available to providers through MDH. Email: oprlogistics.mdh@maryland.gov
- BCHD Sexual Health and Wellness Clinics have a limited supply of JYNNEOS for patients. Patients can call the clinic for an appointment (410-396-9410; 410-318-0186) (https://health.baltimorecity.gov/node/93).

Report:

- Clinicians should report all confirmed cases using the Maryland Confidential Morbidity Report Form (https://health.baltimorecity.gov/sites/default/files/MorbidityReport_0.pdf) faxed to BCHD: 410-625-0688.
- Providers can also call 410-396-4436 (business hours) or 410-396-3100 (after hours).
- BCHD provides isolation guidance to cases and post-exposure vaccination to close contacts.

Test for HIV and STI:

- When mpox is suspected, individuals should be evaluated for HIV and other sexually transmitted infections. Individuals with undiagnosed HIV are known to have more severe outcomes to mpox, including death. BCHD can assist linking patients to HIV care: 410-396-4448.

Additional resources are included below. Thank you for your commitment to the health of the people of Baltimore.

Sincerely,

Michelle Taylor

Michelle Taylor, MD, DrPH, MPA
Baltimore City Commissioner of Health

Mpox Resources

Transmission

- Mpox mainly spreads through close contact. This includes oral, anal and vaginal sex; intimate physical contact such as massages, direct skin-to-skin contact with rash, scabs, or body fluids that touch sores, sharing a living space or personal items with someone who has mpox, or spread from a pregnant person with mpox to the fetus or baby.
- Individuals exposed to mpox should get post-exposure prophylaxis, i.e. the mpox vaccine, as soon as possible and before symptoms develop, if they are not already vaccinated.
- Individuals who have been vaccinated may have very mild symptoms, such as a single lesion, which may be difficult to distinguish from other sexually transmitted infections.
- It is not known whether condoms prevent the transmission of mpox. If rashes are confined to the genitals or anus, condoms may help. The World Health Organization advises that people with mpox use condoms for 12 weeks after they recover until more is known about infectivity after recovery.

Diagnosis

- Consider mpox when determining the cause of a diffuse or localized rash. Mpox presentations can vary and can be confused with other common exanthems such as syphilis, herpes, varicella, molluscum contagiosum, and aphthous ulcers. Mpox lesions are firm or rubbery, well-circumscribed, deep-seated, and often develop umbilication. Lesions are usually painful until the healing phase when they become itchy.
- Individuals may present with fever, lymphadenopathy, malaise, headache, muscle aches before the rash, after the rash, or not at all.
- Clinicians should conduct a thorough patient history to assess possible mpox exposures or epidemiologic risk factors and take a detailed sexual history and travel history for any patient with suspected mpox.
- Photographs with examples of mpox presentations and recommendations for testing for mpox if other diagnoses are considered as part of the differential are located here: Mpox-Long-Job-Aid-CAPTC-Only-Revised-12.18.24-FINAL.pdf
- Additional resources for diagnosis of mpox are here: https://www.cdc.gov/monkeypox/hcp/clinical-overview/index.html

Testing

- Mpox is diagnosed using real-time PCR tests.
- Specimens should be obtained from lesions (including those inside the mouth, anus, or vagina), if accessible and tested for mpox. Use viral transport medium.
- Clinicians should collect up to two swabs from each lesion in case additional testing, such as Clade-specific testing, is needed.
- Only sterile synthetic swabs should be used. Do not use cotton swabs. Labs may have different submission requirements for test collection materials. Providers are encouraged to confirm submission requirements by contacting their lab directly or reviewing online test directories.
- To collect a specimen, vigorously swab a lesion with a sterile synthetic swab and place it into the appropriate sterile container. Specimen types can include skin lesion material, including swabs of the lesion surface, exudate, or lesion crusts. Swab specimens cannot be combined with other swabs (for example HSV, VZV, etc.) and must be collected separately.
- Do not unroof or aspirate lesions and do not clean the site before testing.

- For more information on reporting of positive cases: https://health.baltimorecity.gov/programs/infectious-disease
- Additional resources for mpox testing are located here: https://www.cdc.gov/monkeypox/hcp/diagnosis-testing/collecting-specimens.html and https://health.maryland.gov/phpa/OIDEOR/Pages/mpox-Provider.aspx (under Testing)

Clade I in the United States

- There are two Clades of mpox. Clade II has been circulating in the United States since 2022. Clade I had previously only been reported in individuals with international travel. Mpox symptoms in Clade I cases can be severe, with risk of severe disease and hospitalization highest for people with weakened immune systems.
- In October 2025, the California Department of Public Health reported three cases of Clade I mpox in people with no recent travel, indicating community spread of Clade I in California. https://www.cdph.ca.gov/Programs/OPA/Pages/NR25-015.aspx
- Clinicians who suspect Clade I due to travel or severity of disease should discuss Clade testing with the laboratory or health department.

Vaccination

- Providers should routinely encourage vaccination. The two-dose mpox vaccine series with JYNNEOS is recommended for anyone who requests it, persons who may be vulnerable to mpox exposures, and as post-exposure prophylaxis. The following individuals should get the mpox (JYNNEOS) vaccine:
  - People traveling to countries or geographical areas with ongoing Clade I and Clade II mpox outbreaks Monkeypox Vaccination | Monkeypox | CDC
  - Known or suspected exposure to someone with mpox
  - Who had a sex partner diagnosed in the past 2 weeks with mpox
  - Who is gay, bisexual, or a man who have sex with other men, or are transgender, or nonbinary and in the past 6 months have had any of the following:
    - A new diagnosis of one or more sexually transmitted diseases, (e.g. chlamydia, gonorrhea, syphilis)
    - More than one sex partner
  - Who had sex in a commercial sex venue (e.g. sex club, bathhouse), or large commercial event (e.g. rave party, festival), or in a geographical area (city or county) with ongoing mpox transmission
  - Who has sex in exchange for money, goods, drugs or trade
  - Who are at risk for occupational exposure (e.g. certain laboratory or health care workers)
- A limited supply of free JYNNEOS is available to providers through Maryland Department of Health (MDH). Email oprlogistics.mdh@maryland.gov for more information.
- If pharmacies do not have vaccine on-site, patients may need to wait several days for it to be delivered prior to administration at pharmacies. We encourage patients to call ahead to pharmacies to request JYNNEOS vaccine. A provider order is not needed for pharmacies to deliver mpox vaccine.

More information on mpox vaccine is available here:
https://www.cdc.gov/monkeypox/vaccines/index.html

Infection Control

- Transmission of mpox in healthcare settings has been rare. Standard, contact, and droplet precautions should be used for any patient presenting with symptoms of possible mpox. Place suspected or confirmed mpox patient in their own room with a dedicated bathroom, if possible. If not, limit movement within the clinical space. Patients should wear source control when not in their room, if possible.
- CDC recommends healthcare personnel use gown, gloves, eye protection, and N95 respirators when caring for patients with suspected Mpox. Perform hand hygiene before and after using personal protective equipment (PPE).
- Standard cleaning and disinfection procedures should be performed using an EPA-registered hospital-grade disinfectant with an emerging viral pathogen claim.

More information on infection control is available here:
https://www.cdc.gov/monkeypox/hcp/infection-control/healthcare-settings.html?CDC_AAref_Val=https://www.cdc.gov/poxvirus/mpox/clinicians/infection-control-healthcare.html

Treatment

- Supportive care is the mainstay of mpox treatment. Two clinical trials found that Tecovirimat, also known as TPOXX, was safe but did not shorten the time to lesion resolution. Providers may request TPOXX for patients who meet EA-IND eligibility requirements. Additional medications might be appropriate for particular patients as well. Requests must go through CDC. Contact the Baltimore City Health Department (410-396-4436) or MDH to coordinate consultation with CDC.

More information is available here: https://www.cdc.gov/monkeypox/hcp/clinical-care/index.html

Educational Resources

For patients
https://www.cdc.gov/monkeypox/index.html

PHA_Mpox-FactSheet.pdf

For providers
https://health.maryland.gov/phpa/OIDEOR/Pages/mpox.aspx