February 10, 2026

Monkeypox may seem like old news, but both clades are still circulating around the world, and both clades have been reported in the United States

CDC continues our work around monkeypox virus (MPXV), and we have some recent updates and relevant resources to share with you.

Monkeypox in the United States

In 2025, there were about 2,500 reported cases of clade II monkeypox virus (MPXV) infection, including some associated with travel from endemic areas in Africa. Since January 2024, there have been 11 reported cases of clade I, including 3 with no recent travel reported. We have received reports of cases of both clades in 2026, and we expect there will be more to come.

Clinical management of both clades of monkeypox is based on disease severity and the potential for complications because of certain conditions. CDC also recommends rapid clade-specific testing for any monkeypox patients with travel history to a country with ongoing spread of clade I monkeypox, or those who have had exposure to travelers from those areas.

> CDC has clinical and public health guidance for prevention, case reporting, testing, treatment, and infection control. After clinicians and public health departments consult locally, our poxvirus experts are available for additional consultation. Contact poxvirus@cdc.gov during regular business hours (ET) or CDC's Emergency Operations Center at 770-488-7100 for urgent and after-hours needs.

Global case trends, clade I MPXV

Clade I monkeypox outbreaks continue in Central and Eastern Africa. Cases spread rapidly primarily due to transmission from intimate or sexual encounters, including but not limited to female sex workers and their male clients. Further spread occurred to household members through everyday close contact. However, global transmission dynamics may be changing. To

date, there have been more than 150 travel-associated clade Ib cases in high-income countries and no deaths. Beginning in Fall 2025, several countries in Western Europe began reporting clade Ib MPXV cases in people who had no documented history of international travel. These cases were likely related to intimate or sexual exposure often among men who have sex with men. Since late 2025, France, Germany, Italy, the Netherlands, and Spain have reported such cases[1], and we expect to see additional cases in Europe and the United States.

Learn more: Clade I Monkeypox Outbreaks

Global case trends, clade II MPXV

Clade II monkeypox is still circulating in endemic areas and in low levels in non-endemic countries, including the United States. CDC noted a summer 2025 uptick of U.S. cases across several different states, some of which were linked to recent outbreaks of clade II monkeypox in Sierra Leone, Liberia, and other West African countries. Unlike the ongoing outbreak that began in 2022, cases in the West African outbreaks have been reported in roughly equal numbers of men and women. Risk factors, affected populations, and locations of sustained transmission can differ between outbreaks, underscoring the importance of vaccination and prevention messaging to the right people at the right time. In response to US cases with recent travel to these countries, CDC has active Travelers' Health Notices to Ghana and Liberia reminding travelers to avoid situations that might increase their risk for monkeypox, and to get vaccinated if they have certain sexual risk factors.

Learn more: Clade II Monkeypox Outbreaks

Recombinant virus and implications for laboratory testing

A recombinant MPXV infection was reported in December 2025 in a resident of the United Kingdom following travel to Asia. Viral sequencing revealed that the virus contained genetic characteristics of both clade I and clade II MPXV. It is currently unclear where this recombinant virus originated or may be spreading. Notably, this case had a disease presentation like other MPXV cases. Before this case, no MPXV clade I/II co-infections had been reported anywhere in the world. This report provides evidence that while co-infections can occur**, natural clade recombination is expected to be rare.**

Because of concerns about whether or not laboratory testing would be affected, CDC recommends a testing approach using an initial test that targets a conserved area of the viral genome (e.g., CDC's non-variola orthopoxvirus (NVO) test) to ensure MPXV cases are not missed. The sequence of the recombinant virus is publicly available, and CDC encourages any group using a laboratory-developed test to perform in silico analysis to determine the predicted result of their test for this recombinant virus.

[1] Sources: Global Mpox Trends; Communicable disease threats report, 31 January - 6 February 2026, week 6

Specimen submission update

We've updated the poxvirus CLIA test order page with specific instructions on how and when to submit a specimen. You must consult with CDC before you send specimens to our labs.

Please note: CDC only accepts lesion material from dry swabs, swabs in viral transport media (VTM) (***except for clade Ia confirmatory testing***), and crust(s) from the lesion(s). We cannot accept swabs in universal transport media or M4 transport media.

For more information about temperature requirements, specimen labeling, needed forms, and more, visit Collecting and Handling Specimens for Monkeypox Testing.

Read more:

- Poxvirus Molecular Detection- CLIA
- Poxvirus Molecular Detection and Serology – Non-CLIA

The latest on vaccines and boosters

Recent publications and epidemiological reporting have described cases of MPXV infection in partially or fully vaccinated individuals. Here's what we know:

- Infections after any vaccination are possible. No vaccine is 100% effective.
- If fully vaccinated people get monkeypox, the illness is generally milder than in people who are unvaccinated. Studies have shown that people who had more sexual partners were more likely to get monkeypox after getting both doses of the vaccine. This may be due to increased risk of exposure to someone with monkeypox.
- Available data suggest that the vaccine continues to be effective and a booster is not needed.
- MPXV infection likely confers long-term immunity, so people who have recovered from monkeypox don't need a booster.
    - In the very rare cases of monkeypox reinfection, illness was generally milder than the initial infection.
- Right now, CDC doesn't recommend monkeypox vaccine booster doses unless you work with MPXV or other orthopoxviruses in a research laboratory.

Here's what's not known at this time:

- How long protection might last.
- If protection might decrease over time.

CDC will continue to analyze current data and conduct studies to enhance knowledge on how well and for how long JYNNEOS vaccine works during modern monkeypox outbreaks. We will update vaccine recommendations as we have more information.

The bottom line for fully vaccinated patients or constituents is:

- Whether or not you're fully vaccinated, continue to protect yourself from monkeypox.
- If you have a rash or other symptoms of monkeypox, get tested even if you've been vaccinated or had monkeypox.

- Even if you're vaccinated and get monkeypox, being vaccinated may help protect against severe infection, hospitalization, and death.
- If you've recovered from monkeypox, you likely have long-term protection from the disease. CDC currently does not recommend vaccination after infection.
    - In very rare cases when people did get monkeypox again, illness was milder than the first time they had it.

Learn more:

- Monkeypox Vaccination (for non-clinical audiences)
- Vaccine for Monkeypox Prevention in the United States | Monkeypox (for clinicians)
- Vaccine Effectiveness and Booster Doses (for clinicians)

VIGIV availability

VIGIV is licensed by FDA for the treatment of complications due to vaccinia vaccination but is not approved for treatment of monkeypox. Therefore, CDC holds an expanded access IND protocol that allows the use of stockpiled VIGIV for the treatment of orthopoxviruses (including MPXV) in an outbreak. Data are not available on VIGIV treatment benefits in a person with severe monkeypox, but it had been used since 2022 as an addition to other therapeutics.

However, in July 2025 the Health and Human Services Administration for Strategic Preparedness and Response (ASPR) indicated it was no longer able to supply VIGIV from the Strategic National Stockpile for treatment of monkeypox due to limited supply, **except for infants under 6 months of age**.

We're continuing a dialogue with ASPR about VIGIV availability and will keep you updated if there are new developments.

New flow; streamlined monkeypox webpages

We heard you! We took a deep dive into the monkeypox webpages and made updates that are intended to:

- Include the most up-to-date, scientifically accurate data and data-driven guidance
- Streamline information so you find what you need more easily
- Rename pages to more accurately reflect content
- Add or update photos where available
- Provide new or updated resources

For instance, Vaccine for Monkeypox Prevention in the United States now includes all the general information clinicians need about vaccine on one main page. Content on Monkeypox Case Definitions and Laboratory Testing for Monkeypox Virus has been updated and made more scannable. Clinical Signs and Symptoms of Monkeypox has new photos with better placement near symptom descriptions. Communications Resources are coming soon.

Overall, this update better organizes monkeypox content for various audiences to streamline educational, clinical, laboratory, readiness, and response efforts. Our goal is a seamless experience for you: your bookmarked or previously visited URLs should refer to the new information/pages. This is a work in progress, so thanks for bearing with us as we work to make the webpages even better.

Share your best practices

It's been nearly 4 years since clade IIb monkeypox started in the United States, and it's a testament to your work that 2025 saw a 7-day average that ranged from 1 to 17 cases – down from more than 450 cases in summer 2022.

We'd love to hear how you did it. If you have best practices to share, we may feature them on the Public Health Guidance for Monkeypox page. Please send an email to poxvirus@cdc.gov and let us know. We'll follow up with you.

In summary

Both clades of monkeypox virus can be spread, treated, and prevented in the same ways. CDC recommends clinicians and jurisdictions in the United States maintain a heightened index of suspicion for monkeypox in patients who have recently been in countries with community transmission (clade I; clade II) and present with signs and symptoms consistent with monkeypox.

Please contact us if you have questions about monkeypox management, need a clinical consultation, have a laboratory concern, or even see a typo on our website.

CDC remains committed to working with you, our most trusted partners, on monkeypox management, surveillance, laboratory testing, clinical guidance, and more. We value our collaboration more than ever before. Thank you for all you do.