County of Fresno

DEPARTMENT OF PUBLIC HEALTH

Joe Prado, Interim Director

Dr. Rais Vohra, Interim Health Officer

Health Advisory

October 28, 2025

Confirmed Mpox Cases in Fresno County

The Fresno County Department of Public Health (FCDPH) is reporting 2 confirmed cases of clade II mpox in Fresno County residents with no history of recent international travel.

Mpox virus (previously referred to as Monkeypox) has two distinct genetic clades: clade I and clade II. The 2022 global mpox outbreak was caused by clade II, which continues to circulate in the United States. Most clade II cases have occurred among gay, bisexual, transgender and other men who have sex with men (MSM). However, any person, regardless of gender identity or sexual orientation, can become infected and spread mpox if exposed. The last reported cases of clade II mpox in Fresno County occurred in 2022.

In contrast, an outbreak of clade I mpox has been reported in West Africa since 2023, with a few cases in the US related to travel. Most recently, Los Angeles County reported 3 clade I cases with no travel to another country where clade I is typically found, raising concerns about possible local transmission

Both Clade I and II infections may present flu-like symptoms followed by a rash and can spread through close person contact, household exposure, or shared personal items. Clade I infections may cause more severe illnesses and higher transmissibility. To date, no clade I cases have been reported in Fresno County.

Categories of Health Alert Messages:

Health Alert: Conveys the highest level of importance; warrants immediate action or attention
Health Advisory: Provides important information for a specific incident or situation; may not require immediate action
Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action
Health Information: Provides general health information which is not considered to be of emergent nature

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With the return of mpox to our community, the FCDPH is requesting for all medical providers to do the following:

- Be alert for mpox and include it in your differential when evaluating rashes and fever, especially when a sexually transmitted infection such as herpes or syphilis is suspected with lower threshold for testing.
    - CDC - Information for Healthcare Professionals | Mpox | Poxvirus
- Consider mpox testing:
    - Even if the individual had a prior mpox infection.
    - Even if the individual is fully vaccinated.
- Report any suspected or confirmed cases to the Fresno County Department of Public Health (FCDPH) within one working day by faxing a CMR to (559) 600-7607 or electronically though the CalREDIE Provider Portal. Mpox and other Orthopoxvirus infections are reportable by healthcare providers and laboratories to the Local Health Jurisdiction of the case's residence (Sections 2500 and 2505, Title 17, California Code of Regulations).

Symptoms of mpox: CDC - Signs and Symptoms of Mpox

Mpox typically presents with skin lesions (Mpox Clinical Recognition and Testing Overview) and may be associated with flu-like symptoms such as fever, chills, malaise and lymphadenopathy. Symptoms typically appear within 3-12 days after exposure.

Infection Control in Healthcare Settings: CDC - Infection Control: Healthcare Settings | Mpox | Poxvirus

A patient with suspected or confirmed mpox infection should be placed in a single-person room; special air handling is not required. The door should be kept closed (if safe to do so). If the patient is transported outside of their room, they should use well-fitting source control (e.g., medical mask) and have any exposed skin lesions covered with a sheet or gown. Intubation, extubation, and any procedures likely to spread oral secretions should be performed in an airborne infection isolation room.

PPE used by healthcare personnel who enter the patient's room should include:

- Gown
- Gloves
- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)
- NIOSH-approved particulate respirator equipped with N95 filters or higher

Specimen Collection: CDC - Guidelines for Collecting and Handling Specimens for Mpox Testing | Mpox | Poxvirus

- Vigorously swab a lesion with 1-2 sterile, synthetic swab(s) and place into appropriate sterile container as specified in lab submission criteria.
- Do not unroof or aspirate lesion(s).

- Do not clean the site before testing.
- Given variation in rash presentations, collection of multiple specimens may be clinically indicated. Ideally, 2-3 lesions in different locations or at different stages are tested using separate swab(s) and tube(s) for each lesion.
- Swab specimens for mpox testing cannot be combined with other swabs (e.g., HSV, VZV, Chlamydia and Gonorrhea, etc.) and must be collected separately See tips for adequate collection of a lesion specimen from a suspect mpox virus case for additional support on specimen collection.

Mpox lesion-based polymerase chain reaction (PCR) testing is widely available at commercial laboratories and certain public health laboratories. Test collection materials are not specialized, and labs may have different submission requirements (i.e., testing media and swabs) and rejection criteria. Providers are encouraged to confirm submission requirements by contacting their lab directly or reviewing online test directories such as: Quest Diagnostics | LabCorp | ARUP | Mayo Clinic | Stanford | Aegis Science | Sonic Reference Lab

Vaccination: CDC - Vaccines | Mpox | Poxvirus

When combined with other prevention measures, vaccination is the most effective way to reduce transmission of mpox virus and prevent disease, hospitalization, and death. For the most effective protection, patients should get two doses of the JYNNEOS vaccine at least 28 days apart. 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.

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.

Locations offering JYNNEOS vaccine can be found using the vaccine locator.

Providers and patients can learn more about JYNNEOS vaccine recommendations and obtaining or accessing the vaccine through the CDPH Provider Resource - JYNNEOS on the Commercial Market.

Treatment Suspected or Confirmed Mpox Cases

Treatment for mpox is mainly supportive with an emphasis on education and prevention of further transmission. Consultation with an infectious disease specialist is recommended. There is no FDA-approved treatment for mpox infection, people with mpox are recommended to remain isolated at home or at another location for the duration of illness.

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- CDC - Isolation and Infection Control at Home

High-risk contacts are usually recommended to received post exposure prophylaxis with the JYNNEOS vaccine within 2 weeks from last exposure.

For more information, visit the FCDPH mpox website or call (559) 600-3550.