Risk Assessment

# Clade I Mpox in the United States

**Summary: Clade I Mpox Scenario-Based Human Health Risk Assessment for the United States**
**Published November 2, 2026**

***CORI assesses the risk of clade I mpox to human health in the United States to be in Scenario 4: Sustained Transmission.*** This means that chains of person-to-person transmission are now being reported in some jurisdictions in the US. Thus far transmission has been reported primarily among adults with multiple sex partners, particularly sex workers and men who have sex with men (MSM), and not within other populations such as children or healthcare workers, though the risk to all groups except healthcare workers has increased.

This judgment is based on case reporting from the US Centers for Disease Control and Prevention (CDC), which notes that as of October 27, 2026, **more than 130 cases of clade I mpox have been reported in at least 26 US states and Puerto Rico**. CDC also notes that "since August 2026, an **increasing proportion of clade I cases in the US have been reported in individuals with no recent international travel or known links to people who had recently traveled**."[1] CDC states that domestic transmission has been reported in 10 jurisdictions and that this means there is a likely **transition to "sustained clade Ib transmission in the United States."** Separately, concern about clade I in California appears lower based on updated guidance making clade-specific reporting to the department of public health no longer necessary and stating that cases of suspected or confirmed clade I mpox may be managed like clade IIb mpox.

The risk assessment will be updated as additional information is available.

| | Risk to MSM community | Risk to sex workers | Risk to healthcare workers | Risk to children | Risk to general public |
|---|---|---|---|---|---|
| **Scenario 4 –** Clade I Sustained Transmission in US | **Moderate-High** | **Moderate-High** | **Low** | **Moderate** | **Low-Moderate** |

Our confidence in these risk scores is **low** given the current available information in the US and globally.

*See additional details about the current mpox risk assessment beginning on the next page. Clade II mpox risk information can be found here.*



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# Clade I Mpox in the United States

## Clade I Mpox Scenario-Based Human Health Risk Assessment for the United States
## Center for Outbreak Response Innovation (CORI)
## Published November 2, 2026

## Background

Mpox is the disease associated with monkeypox virus (MPXV). MPXV is endemic to west and central Africa and is classified into 2 main clades; clade I and clade II, with each further subdivided into clade Ia, clade 1b, clade IIa, and clade IIb. Clade I mpox is generally associated with higher case fatality rates (CFRs) (up to ~10%) compared with clade II (up to <3%). Clade II risk is addressed in a separate risk assessment here.

Clade Ia and Ib is endemic to several central African countries, including the Central African Republic, Democratic Republic of the Congo (DRC), Gabon, parts of Cameroon, and the Republic of the Congo. Clade Ia has resulted in some community transmission, can affect both children and adults, and is commonly associated with new spillover events from animals to people, but is not generally associated with transmission outside of Central Africa.

Clade Ib MPXV emerged in the DRC in late 2023. Since that time, large outbreaks have occurred in the DRC and other central African countries. Sustained transmission has also occurred outside of central Africa, and on other continents. Since 2024, at least 15 countries have reported community transmission of clade Ib MPVX. Populations most affected by clade Ib are adults with multiple sex partners (particularly men who have sex with men (MSM) and sex workers). However, household/close-contact transmission also occurs, and children can become infected.

## Current Risk Assessment

***CORI assesses the risk of clade I mpox to human health in the United States to be in Scenario 4: Sustained Transmission.*** This means that chains of person-to-person transmission are now being reported in some jurisdictions in the US. Thus far transmission has been reported primarily among adults with multiple sex partners, particularly sex workers and men who have sex with men (MSM), and not within other populations such as children or healthcare workers, though risk to all key groups besides healthcare workers has increased.



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The risk assessment will be updated as additional information is available.

**Scenario-Based Human Health Risk Assessment for the US:**

| **Risk Score (**this is risk level to human health NOT the likelihood of scenario occurring**)** | | | | | |
|---|---|---|---|---|---|
| | **Risk to MSM community** | **Risk to sex workers** | **Risk to healthcare workers** | **Risk to Children** | **Risk to general public** |
| **Scenario 1 –** Clade I Outbreaks in endemic regions in Africa | **Low** | **Low** | **Low** | **Low** | **Low** |
| **Scenario 2 –** Clade I Introduced to the US | **Low-Moderate** | **Low-Moderate** | **Low** | **Low** | **Low** |
| **Scenario 3 –** Clade I Sporadic Transmission in US | **Moderate** | **Moderate** | **Low** | **Low-Moderate** | **Low-Moderate** |
| **Scenario 4 –** Clade I Sustained Transmission in US | **Moderate-High** | **Moderate-High** | **Low** | **Moderate** | **Low-Moderate** |

Our **confidence** in these risk scores is **low** based on: knowledge of pathogen dynamics (high), knowledge of effects on vulnerable populations (high), and confidence about reporting accuracy and completeness (low). We have chosen to reduce our confidence score due to our low confidence in the comprehensiveness of the surveillance measures and reporting, including reduced clade-specific reporting from



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the CDC and states. Confidence levels in risk scores may return to high if CDC reporting resumes weekly cadence.

**Scenarios:**
CORI identified 4 key scenarios that may shape the risk of clade I mpox in the US. These scenarios consider the likelihood and health risks of clade I outbreaks within the US.

- **Scenario 1** – Clade I Outbreaks in endemic regions in Africa: Clades Ia and Ib are detected in endemic countries in Africa and outbreaks continue, thus contributing to the risk of importing clade I to the US.
- **Scenario 2** – Clade I Introduced to US: Clade I is detected in the US, though cases are travel related and there is no evidence of local transmission of clade I in the US.
- **Scenario 3 –** Clade I Sporadic Transmission in the US: Clade I is spreading sporadically locally. Cases of clade I may be detected across the country and spread for several generations. MSM and sex worker populations are most at risk and healthcare systems are on high alert, though not overwhelmed. Children and the general public are at low-moderate risk as the likelihood of coming into contact with MPXV has increased with community spread of cases.
- **Scenario 4** – Clade I Sustained Community Transmission in US: Clade I is spreading locally and displaying more severe transmission dynamics, with increased risk for severe complications or increased infection risk for younger children, with a potential for a higher case fatality risk. Hospital systems are also seeing higher numbers of severe cases across age groups. Transmission is still limited to households and intimate contact between sexual partners.

**__Please note:__ We are evaluating the risks to human health should each scenario occur, __not__ the relative risk of any one scenario occurring. This risk assessment will be updated regularly.*

## Recommendations

To minimize the risk of sustained clade I transmission across all scenarios, CORI has summarized the following actions, in line with CDC and WHO recommendations:

- All individuals with an increased risk of infection should follow recommended vaccination policies. The WHO and CDC recommend that all individuals with an increased risk of infection should receive 2 doses of JYNNEOS vaccine.
- Clinicians should consider mpox when lesions consistent with mpox are observed in a patient, even if an alternate etiology (eg, herpes simplex virus, syphilis) is considered more likely. Clinicians should also consider mpox in children in areas where community transmission has been reported.


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- Healthcare professionals should wear all recommended personal protective equipment (PPE) when completing mpox testing.

## References

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