Risk Assessment

Clade II Mpox in the United States

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

CORI assesses the risk of clade II mpox to human health in the United States to be in Scenario 1. This means that the virus circulating in the US is clade IIb, the same clade behind the 2022 global outbreak and over the past six months, the US has reported a steady 0–20 clade IIb cases per week, spread across the country. Clade II cases also continue to be reported across Africa, which raises the risk of further US spread through imported cases.

This judgment is based on available data from ongoing mpox case reporting by the US Centers for Disease Control and Prevention (CDC), Africa CDC, WHO, and wastewater surveillance. The CDC reports that since 2022, there have been 38,521 cases of clade II mpox in the US, with peaks in cases in 2022 and 2025. **CDC has reported a total of 1,168 mpox cases for 2026**, with a high of 185 cases in January and a low of 100 cases in September. CDC does not differentiate cases by clade but says that the "majority of cases" reported are clade II.

	Risk to MSM community	Risk to sex workers	Risk to healthcare workers	Risk to general public
Scenario 1 – Baseline	**Low-Moderate**	**Low-Moderate**	**Low**	**Low**

Our confidence in these risk scores is **moderate** given the current available information globally.

See additional details about the current mpox risk assessment and methods beginning on the next page. Clade I mpox risk information can also be found here.

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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 II mpox is generally associated with lower case fatality rates (CFRs) (up to ~<3%) compared with clade I (up to 10%). Clade I risk is addressed in a separate risk assessment here.

Clade II mpox is endemic to several central African countries, though recent CDC data indicates that it may be moving towards endemicity in the US as well. Mpox was first detected in the US in 2003, though the current outbreak began in 2022. While transmission has significantly declined over the last 4 years, there have been 38,521 total cases and 63 deaths in the US.

Populations most affected by clade II 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 judges that the risk of clade II mpox to human health in the United States to be in scenario 1, *meaning the virus currently circulating in the United States is the same clade (clade IIb) that expanded globally in 2022, while reports of new cases have been consistent with case reports across the last 6 months.*

This judgment is based on available data from ongoing mpox case reporting to CDC and wastewater surveillance. In late 2023, CDC enhanced wastewater surveillance for clade IIb, increasing testing locations to a total of 186 sites across 32 jurisdictions.

Notably, increases in cases or clusters of cases may increase the health risk posed to certain populations, as described in the scenario-based risk assessments below.

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Scenario-Based Human Health Risk Assessment for the US:

	Risk to MSM community	Risk to sex workers	Risk to healthcare workers	Risk to general public
Scenario 1 – Baseline	**Low-Moderate**	**Low-Moderate**	**Low**	**Low**
Scenario 2 – Autumn Surge	**Moderate**	**Moderate**	**Low**	**Low**
Scenario 3 – Autumn Decline	**Low**	**Low**	**Low**	**Low**

Our **confidence** in these risk scores is **moderate** given our confidence across the three categories we base our judgement on: knowledge of pathogen dynamics (high), knowledge of effects on vulnerable populations (high), and confidence about reporting accuracy and completeness (moderate). We have chosen to reduce our confidence score due to our moderate confidence in the comprehensiveness of the surveillance measures and reporting at this time. Confidence levels in risk scores may return to high if CDC reporting resumes weekly cadence.

Scenarios:

CORI has identified 3 key scenarios that may shape the risk of clade II mpox in the US. These scenarios consider the likelihood and health risks of clade II outbreaks within the US.

- **Scenario 1 – Baseline:** Cases of clade IIb continue to be reported at a steady rate in the US.
- **Scenario 2 – Autumn Surge**: Clade IIb cases surge in the US, vaccination rates remain at current rate, with only 23-37% of at-risk populations fully vaccinated.
- **Scenario 3 – Autumn Decline:** Clade II cases in the US fall to pre-2024 levels, due to either reduced transmission or increased levels of vaccination among key population groups.

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

For all scenarios and to minimize the risk of imported transmission of clade I, CDC and WHO recommend:

- All individuals with an increased risk of infection should receive 2 doses of JYNNEOS vaccine.

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

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