KEY POINTS

- Most descriptions of mpox and evidence supporting recommendations is based on experience with the 2022 clade II outbreak. If clade I mpox is suspected, consult the Provider Access Line in NYC (866-692-3641) or the NYS Office of Sexual Health and Epidemiology (518-474-3598 or 866-881-2809).
- Test for mpox in patients who present with a rash that is potentially consistent with mpox, especially if epidemiologic criteria are present or a known exposure has occurred, regardless of vaccination status or prior infection.
- Per New York State Public Health Law, all positive mpox test results must be reported to the local health department.

CDC RECOMMENDATIONS FOR MPOX VACCINATION

Should be offered to:

- People who had known or suspected exposure to someone with mpox
- People who had a sex partner in the past 2 weeks who was diagnosed with mpox
- Gay, bisexual, and other men who have sex with men, and transgender or nonbinary people (including adolescents who fall into any of these categories) who, in the past 6 months, have had a new diagnosis of 1 or more STIs (e.g., chlamydia, gonorrhea, syphilis) or more than 1 sex partner
- People who have had any of the following in the past 6 months: sex at a commercial sex venue; sex in association with a large public event in a geographic area where mpox transmission is occurring; sex in exchange for money or other items
- People who are sex partners of people with the above risks or who anticipate experiencing any of the above scenarios
- People with HIV or other causes of immunosuppression who have had recent or anticipate potential mpox exposure
- People who work with orthopoxviruses in a laboratory

Overview of Mpox Clinical Presentation, Transmission Prevention, and Infection Control

Mpox Clinical Presentation	Transmission Prevention and Infection Control
• Mpox is characterized by a skin rash that can be macular, papular, vesicular, or pustular. Lesions in different stages may be present simultaneously. • Skin rash may or may not be accompanied by a systemic prodrome of fever, malaise, headache, myalgias, and lymphadenopathy. • Mucosal involvement, especially proctitis or pharyngitis, is common. • Coinfection with STIs is common. • Immunocompromised individuals, including those with advanced HIV, are more likely to develop severe manifestations.	**Healthcare providers:** Use of personal protective equipment, including a gown, gloves, eyewear, and an N-95 or comparable respirator mask, will help prevent occupational exposure in healthcare providers who are evaluating or collecting a specimen from a patient with suspected mpox. There is no need to unroof lesions before swabbing, and this practice may increase the risk of needlestick injury and occupational infection. **Patients:** Although, ideally, patients with mpox will isolate at home and remain separate from other people, this may not always be feasible. To reduce the risk of community transmission, advise patients with confirmed or suspected mpox to do the following until all lesions have healed and other symptoms have resolved: • Avoid skin-to-skin and sexual contact • Avoid sharing clothing, bed linens, and other soft, porous materials that may have come into contact with a lesion • Avoid sharing eating or personal hygiene utensils, such as razors; if items must be shared, wash and disinfect after each use • Avoid exposing other people to lesions; if an individual with mpox lesions must be in shared or public spaces, covering all lesions with clothing, bandages, or gloves can prevent transmission • Wear a medical mask if in close proximity with other people for more than a brief encounter

Supportive Care Measures for Mpox Complications

- **Proctitis:** Stool softeners, sitz baths, lidocaine gel, NSAIDs, gabapentin, opioids (if indicated)
- **Pharyngitis:** Saltwater gargles, viscous lidocaine, magic mouthwash, oral antiseptics, NSAIDs, opioids (if indicated)
- **Genital lesions:** Frequent bathing; keep lesions clean and dry; if infected, use wet-to-dry dressings, systemic antibiotics

Figure 1: Stages of Mpox Lesions *(photographs collected by the authors with patient consent)*

← Use this code with your phone's QR code reader to go directly to a mobile-friendly version of the guideline.

This 1/4-Folded Guide is a companion to the New York State Department of Health AIDS Institute guideline *Prevention and Treatment of Mpox*. The full guideline is available at www.hivguidelines.org.

CLINICAL GUIDELINES PROGRAM 1/4-FOLDED GUIDE

VISIT **HIVGUIDELINES.ORG** OR **SUGUIDELINESNYS.ORG** TO SEE FULL GUIDE

PREVENTION AND TREATMENT OF MPOX

NYSDOH AIDS INSTITUTE HIV CLINICAL GUIDELINE JULY 2025

ALL RECOMMENDATIONS P.1

- Clinicians should recommend the MVA (JYNNEOS) 2-dose vaccine series to individuals aged ≥18 years who are at risk of acquiring mpox. (A2)
- Clinicians should recommend the MVA 2-dose vaccine series to individu-als between ages 6 months and 18 years who are at risk of acquiring mpox. (A3) In August 2022, the FDA issued an EUA for emergency use of the JYNNEOS vaccine in individuals aged <18 years.
- Clinicians should encourage individuals being vaccinated with MVA to receive *both* doses in the series for optimal protection. (A2)
- Clinicians should not offer vaccination to individuals with prior laboratory-confirmed mpox. (A3)
- Clinicians should recommend the MVA vaccine as PEP to individuals who have been exposed to mpox within the past 14 days and for whom vaccination may reduce the risk of infection or decrease symptoms if infection has occurred. (A2)
- Clinicians should vaccinate individuals with HIV who are at risk of acquiring mpox regardless of CD4 count or viral load. (A2)
- Before evaluating people with suspected mpox, clinicians should don personal protective equipment, including a gown, an N95 respirator or comparable mask, eye protection, and gloves. (A3)
- To diagnose mpox, clinicians should obtain 4 swabs for PCR testing: 2 specimens each taken from swabs of 2 skin lesions, whenever possible, preferably in different stages and at different body sites, without unroofing lesions. (A3)
- Clinicians should recommend HIV antibody/antigen testing and STI testing (e.g., syphilis serologies and exposure-site gonorrhea and chlamydia NAAT) for any patient with suspected or confirmed sexually acquired mpox. (A3)
- Clinicians should recommend that patients with suspected or confirmed mpox avoid exposing others to lesions to reduce mpox transmission. (A*)
- Clinicians should not use tecovirimat as monotherapy for the treatment of mpox. (A1)

COMMON DIFFERENTIAL DIAGNOSES FOR CLINICAL SYNDROMES CAUSED BY MPOX	
Clinical Syndrome	**Common Differential Diagnoses and Distinguishing Features**
Rash, localized or general	· **Herpes simplex virus:** History of prior outbreaks is common; generalized rash is less common; systemic symptoms are uncommon with localized rash · **Varicella zoster virus:** Dermatomal distribution (shingles); isolated anogenital involvement is less common · **Molluscum contagiosum:** Lesions are typically painless; systemic symptoms, mucosal involvement, and lesions on palms or soles are less common · **Secondary syphilis:** Rash typically presents without vesicles or umbilication, though can be ulcerated or pustular · **Acute HIV:** Umbilication of skin lesions and anogenital involvement are uncommon
Genital ulcer	· **Herpes simplex virus:** History of prior outbreaks is common; systemic symptoms are rare · **Primary syphilis:** Typically painless · **Lymphogranuloma venereum:** Ulcer is typically painless and often resolved at time of presentation · **Chancroid:** Currently rare in the United States
Proctitis	· **Gonorrhea:** No papular or vesicular lesions; no systemic symptoms · **Chlamydia (serovars D–K):** No papular or vesicular lesions; no systemic symptoms · **Lymphogranuloma venereum:** Genital ulcer is typically not concurrent with proctitis · **Secondary syphilis:** Can present with a rectal mass, but genital ulcers are generally not concurrent · **Herpes simplex virus:** History of prior outbreaks is common · **Enteric bacteria:** No ulcers; no skin or mucosal lesions

ABBREVIATIONS

EUA, emergency use authorization; FDA, U.S. Food and Drug Administration; MVA, modified vaccinia Ankara; PCR, polymerase chain reaction; PEP, post-exposure prophylaxis; NAAT, nucleic acid amplification testing; NSAID, nonsteroidal anti-inflammatory drug; STI, sexually transmitted infection.