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Three Cases of Mpox — Anchorage, October 2026

October 29, 2026

If you have questions or need to report a possible case of mpox, call the Section of Epidemiology (SOE) at 907-269-8000 during business hours, or the 24-hour emergency line at 800-478-0084 after hours

SUMMARY

Three cases of mpox (monkeypox) have been confirmed in Anchorage in October 2026. All three patients are male, and an epidemiologic link has been identified only between the first two cases. None of the patients reported out-of-state travel. The first two cases were caused by clade Ib mpox, marking the first reported cases of clade I mpox in Alaska; clade determination for the third case is pending. One patient was hospitalized briefly. All three patients are currently isolating and recovering. The investigation is ongoing.

The global mpox outbreak that began in 2022 was caused by clade IIb. Since March 2026, imported cases of clade I mpox have increased, and presumed local transmission has been reported in 15 U.S. jurisdictions since August 2026. Historically, clade I has been associated with greater disease severity and higher case-fatality ratios than clade II. However, recent clade I outbreaks have demonstrated substantially lower mortality, particularly when appropriate medical care is available.

The purpose of this HAN is to alert clinicians to these cases and provide a basic overview of mpox epidemiology, clinical presentation, diagnosis, treatment, and prevention.

CLINICAL OVERVIEW

Mpox spreads primarily through direct contact with infectious lesions, scabs, or bodily fluids, including during sexual contact. Transmission can also occur through prolonged face-to-face exposure to respiratory secretions or contact with items contaminated by infectious lesions or bodily fluids (e.g. bedding, towels, clothing). Mpox transmission has not been documented through brief, casual interactions. Rarely, infection occurs through contact with infected animals. The incubation period is typically 3–17 days.

Prodromal symptoms include fever, chills, fatigue, headache, myalgias, and lymphadenopathy. Some patients present with rash only. The rash progresses from macules → papules → vesicles → pustules → scabs. Lesions are often firm, well-circumscribed, umbilicated, and tender. Lesions often occur on the genitals, anorectal area, mouth, palms, soles, or elsewhere. Patients can have one or multiple lesions.

The infectious period begins at symptom onset, peaks during the rash phase, and ends after all lesions have healed and new skin has formed (typically 2–4 weeks). Most recently reported clade Ib cases in the U.S. have been mild, but severe disease can occur, especially in immunocompromised patients.

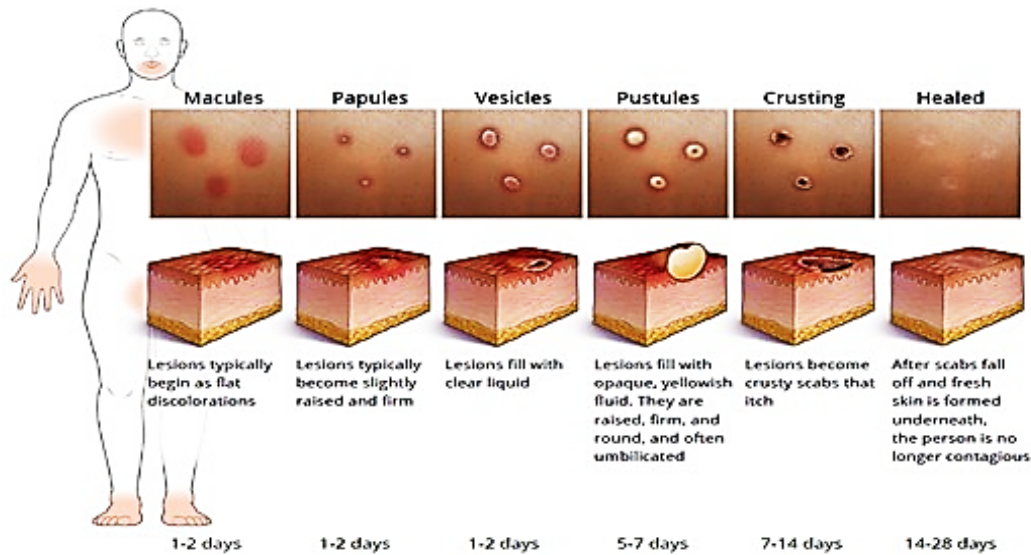


Image adopted from CDC: <https://www.cdc.gov/monkeypox/hcp/clinical-signs/index.html>

CLINICAL EVALUATION, TESTING, AND REPORTING

- Consider mpox in patients with a clinically compatible illness regardless of travel or sexual history; symptoms may resemble herpes or varicella.
- Report suspected cases immediately to SOE at 907-269-8000 (business hours) or 1-800-478-0084 (after hours); or fax the [Confidential Infectious Disease Report Form](#).
- Testing is available through the Alaska State Public Health Laboratory and select commercial laboratories. Confirm specimen collection and submission requirements with the testing laboratory before collection.
- Contact SOE to facilitate specimen collection and transport to the public health laboratory for testing.
- Swabs should be collected in duplicate for each lesion to facilitate additional testing to determine clade. [ASPHL guidance](#); [CDC specimen collection](#)

PATIENT ISOLATION AND PRECAUTIONS

- While results are pending, patients should stay home, avoid close physical and sexual contact with others (including contact with pets), cover lesions, and avoid sharing potentially contaminated items such as clothing, bed linens, and towels. Those with fever or respiratory symptoms should wear a well-fitting mask around others.
- Patients with confirmed mpox infection should continue isolation until all lesions have healed, scabs fallen off, and a new layer of skin has formed.
- Patients should seek prompt evaluation for worsening symptoms, severe pain, ocular symptoms, prolonged illness (e.g., longer than 4 weeks), or other complications.

PREVENTION

Clinicians should counsel patients to avoid sexual or close physical contact with anyone with mpox or unexplained lesions; discuss symptoms and exposures with partners; exchange contact information to facilitate notification; and avoid sharing bedding, towels, clothing, utensils, cups, or sex devices. Condoms do not fully prevent mpox because lesions can occur on uncovered skin. Anyone developing a compatible rash should avoid close physical and sexual contact and contact a healthcare provider before arrival.

VACCINATION

JYNNEOS is expected to protect against both clade I and clade II mpox. The recommended series consists of two doses administered 28 days apart, with maximum protection expected approximately 14 days after the second dose. Two-dose vaccine effectiveness against mpox is estimated at 66%–90%. Patients who received only one dose should complete the series, regardless of time elapsed.

- Preemptive vaccination is recommended for persons aged ≥18 years who are at increased risk for mpox, including:
 - Gay, bisexual, and other men who have sex with men, and transgender or nonbinary people, who have had a recent STI, multiple/anonymous sex partners, or other specified sexual risk factors within the past 6 months; their sexual partners; and people who anticipate these exposures.
 - Travelers to countries with clade I transmission who anticipate sexual activities associated with increased exposure risk.
 - Certain laboratory personnel and healthcare response workers with occupational orthopoxvirus exposure risk.
 - See [CDC's vaccination guidance](#) for complete criteria.
- Post-exposure prophylaxis with JYNNEOS is recommended as soon as possible after a known or suspected exposure, ideally within 4 days; vaccination 4–14 days after exposure may reduce disease severity. The recommended series is two doses administered 28 days apart.

How to obtain JYNNEOS in Alaska

- Anchorage Health Department: call 907-343-4799 to confirm availability and schedule an appointment. Email: AHDCCommunityHealthNursing@anchorageak.gov; Website: [clinical services](#)
- Alaska Section of Epidemiology: call 907-269-8000 for help identifying vaccination resources.
- JYNNEOS vaccine is available for order for enrolled health care providers through the Alaska Vaccine Assessment Program (AVAP) or through private purchase. Email: avap@alaska.gov
- Patients can review vaccination history through Docket: <https://ak.app.dockethealth.com/>

TREATMENT

- Most patients with mpox recover with supportive care, including pain management, hydration, and wound care.
- No antiviral medication is currently FDA-approved specifically for mpox.
- Tecovirimat (TPOXX) is available through the CDC's expanded-access investigational new drug (EA-IND) protocol for eligible patients with severe immunocompromise or other risk factors for severe or prolonged disease in accordance with [CDC's mpox treatment guidance](#).
- Consider treatment consultation for patients with any of the following:
 - Severe immunocompromise (e.g., advanced HIV with CD4 count <200 cells/mm³, certain malignancies, or solid organ or stem cell transplants)
 - Pregnancy or lactation
 - Age <18 years
 - Certain active skin conditions
 - Severe manifestations of mpox (e.g., extensive or necrotic lesions, ocular involvement, airway compromise, or cardiac or neurologic complications)

How to Obtain TPOXX in Alaska

- Contact SOE at 907-269-8000 for assistance assessing eligibility, coordinating medication access with CDC, and navigating provider registration and EA-IND documentation.
- Prescribing clinicians are responsible for following applicable FDA/IRB requirements and must register with the [TPOXX online registry](#).

ADDITIONAL RESOURCES

[CDC Expanded Access IND Protocol: Use of Tecovirimat \(TPOXX®\) for Treatment of Human Non-Variola Orthopoxvirus Infections in Adults and Children](#)

[CDC Vaccine for Monkeypox Prevention in the United States](#)

[CDC Tecovirimat \(TPOXX\) for Treatment of Monkeypox](#)

[CDC Collecting and Handling Specimens for Monkeypox PCR Testing](#)

[Alaska Department of Health Mpox Webpage](#)

[Alaska Department of Health Orthopox Viruses Webpage](#)