

## Monkeypox in the United States

U.S. monkeypox cases are very rare. Monkeypox does not occur naturally in the United States, but cases have happened that were associated with international travel or importing animals from areas where the disease is more common.

### **NEW** May 2022

Scientists at the Centers for Disease Control and Prevention (CDC) are collaborating with the Massachusetts Department of Public Health to investigate a situation in which a U.S. resident tested positive for monkeypox on May 18 after returning to the U.S. from Canada.

CDC is also tracking multiple clusters of monkeypox that have been reported in early- to mid-May in several countries that don't normally report monkeypox, including in Europe and North America.

It's not clear how people in those clusters were exposed to monkeypox but cases include people who self-identify as men who have sex with men. CDC is urging healthcare providers in the U.S. to be alert for patients who have rash illnesses [consistent with monkeypox](#), regardless of whether they have travel or specific risk factors for monkeypox and regardless of gender or sexual orientation.

## November 2021 Travel-Associated Case

The Centers for Disease Control and Prevention (CDC) and the Maryland Department of Health [confirmed](#) on November 16, 2021 a case of monkeypox in a U.S. resident who recently returned from Nigeria to the United States. CDC is supporting state and local health officials, airline and travel industry partners, and other stakeholders to identify people who had possible contact with the patient. Because it can take up to 21 days for symptoms to develop after infection, contacts are being asked to [monitor their health](#) for that amount of time. CDC will continue to collaborate with partners to ensure the success of this investigation to help prevent additional cases of monkeypox in the United States.

## July 2021 Travel-Associated Case

CDC and the Texas Department of State Health Services confirmed on July 15, 2021 a case of human monkeypox in a U.S. citizen who traveled from Nigeria to the United States on two commercial flights. CDC supported state and local health officials to identify more than 200 people who had possible contact with the patient. Contacts were asked to monitor their health for 21 days. In early September, 21 days had passed without additional cases identified, and the monitoring period for the remaining contacts ended. Strong collaboration between CDC, state and local health departments, airline and airport partners, and other stakeholders involved in this investigation helped to prevent additional cases of monkeypox in the U.S. related to this case.

## 2003 Outbreak from Imported Mammals

In 2003, [forty-seven confirmed and probable cases](#) of monkeypox were reported from six states—Illinois, Indiana, Kansas, Missouri, Ohio, and Wisconsin. All people infected with monkeypox in this [outbreak](#) became ill after having contact with pet prairie dogs. The pets were infected after being housed near imported small mammals from Ghana. This was the first time that human monkeypox was reported outside of Africa.

## What caused the 2003 U.S. outbreak?

Investigators determined that a shipment of animals from Ghana, imported to Texas in April 2003, introduced monkeypox virus into the United States. The shipment contained approximately 800 small mammals representing nine different species, including [six types of rodents](#). These rodents included rope squirrels, tree squirrels, African giant pouched rats, brush-tailed porcupines, dormice, and striped mice. CDC laboratory testing showed that two African giant pouched rats, nine dormice, and three rope squirrels were infected with monkeypox virus. After importation into the United States, some of the infected animals were housed near prairie dogs at the facilities of an Illinois animal vendor. These prairie dogs were sold as pets before they developed signs of infection.

All people infected with monkeypox became ill after having contact with infected pet prairie dogs. A [study](#) conducted after the outbreak suggested that certain activities associated with animals were more likely to lead to monkeypox infection. These activities included touching a sick animal or receiving a bite or scratch that broke the skin. Another important factor was cleaning the cage or touching the bedding of a sick animal. No instances of monkeypox infection were attributed exclusively to person-to-person contact.

## How was the outbreak contained?

CDC and the public health departments in the affected states, together with the U.S. Department of Agriculture, the Food and Drug Administration, and other agencies, participated in a variety of activities that prevented further spread of monkeypox. This included extensive laboratory testing; deployment of smallpox vaccine and treatments; development of guidance for patients, healthcare providers, veterinarians, and other animal handlers; tracking potentially infected animals; and investigation into possible human cases. Partners in the response issued an immediate embargo and prohibition on the importation, interstate transportation, sale, and release into the environment of certain species of rodents including prairie dogs. FDA later rescinded the part of the order that restricted the capture, sale, and interstate movement of prairie dogs or domestically-bred African rodents, but CDC's [restriction on the importation of African rodents](#) remains in place.

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