Barwon South West Public Health Unit
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Barwon Health

MPOX - Frequently Asked Questions (FAQ) for clinicians

Two new locally acquired cases of mpox (previously called monkeypox) have been confirmed in Victoria recently. Prior to this, the most recent case was reported in November 2022. The Barwon South West Public Health Unit (BSWPHU) is responsible for case, contact and outbreak management in the Barwon South West region, as well as activities and campaigns to promote health and prevent infections. This document has been created to ensure that clinicians across our region feel well-equipped to identify cases and manage MPX should they encounter it.

Mpox is an urgent notifiable condition, in accordance with Victorian statutory requirements. This means that medical practitioners must notify all suspected and confirmed cases to the Department of Health (DH) by telephone on 1300 651 160 as soon as practicable and within 24 hours. Approval for testing is no longer required, but as soon as there is suspicion to test for mpox, this should be reported to the DH as a suspected case. Pathology services also notify all laboratory confirmed cases directly to the DH.

Who is at highest risk of Mpox?

Mpox can affect anybody. Since May 2022, there has been a large international outbreak of mpox that is predominantly impacting men who have sex with men. Mpox continues to spread in many countries. There has been a recent increase in case numbers in the South-East Asia and Western Pacific regions, including in Japan, Republic of Korea, Thailand and China. These trends and recent local cases show that there is an ongoing risk of mpox in Victoria from both local and overseas transmission.

How is Mpox transmitted?

Mpox is most commonly transmitted through direct contact (such as with lesions or scabs, bodily fluids), usually close and prolonged physical contact. It can also be transmitted through contact with contaminated objects (fomite transmission) and less frequently, through respiratory droplets. There is also the potential for aerosol transmission in certain situations such as aerosol generating procedures. People with mpox are considered infectious from the

time they develop symptoms (prodrome or rash, whichever comes first) until their lesions crust, dry and fall off and a fresh layer of skin has formed underneath.

What are the clinical features of Mpox infection?

Mpox is usually characterized by a skin rash, which can be localised or generalised. Oral mucous membranes, genitalia and conjunctivae as well as the cornea can also be affected. In the current outbreak, the rash often appears in the genital or perianal areas or the mouth/throat. Some cases may have very few lesions or even a solitary lesion, while other cases may present with proctitis or urethritis in the absence of an externally visible rash. The rash usually evolves from macules to papules then vesicles and finally pustules which eventually dry up, crust and fall off.

Most – but not all – people who have mpox also experience flu-like symptoms that can include: fever, myalgia, arthralgia, headache, sore throat, fatigue, and/or swollen lymph nodes. These symptoms can commence before, at the same time as, or after the onset of rash.

How should samples be collected for testing?

Appropriate personal protective equipment (PPE) should be worn while collecting samples from patients suspected to have mpox virus infection. This includes fluid repellent surgical mask (or N95 mask if this is part of standard PPE for patient-facing roles), gloves, disposable fluid resistant gown, and eye protection – face shields or goggles.

The primary sample type is a swab of the suspected mpox lesion for PCR. Sterile dry swabs for PCR are preferred as transport medium can leak in transit and may also dilute the specimen. It may be necessary to de-roof any vesicles in order to swab them. It is recommended to vigorously rub the base of the lesion. Sample several lesions if possible (using a separate swab for each lesion) as this increases the sensitivity of testing. PCR can also be performed on skin biopsy tissue.

Nose/throat or nasopharyngeal swabs should also be sent for PCR in all suspected cases. Rectal swabs should be sent if there is proctitis present, and urethral swabs if there is urethritis.

Ensure all specimens are closed securely, place in a specimen bag followed by a second specimen bag (double bag), and wipe down with disinfectant wipes. Further details on lab testing can be found on the Public Health Laboratory Network website.

At the current time, given there is a significant overlap between mpox and other sexually transmissible infections (STIs), consider testing for concurrent STIs. Similarly, consider testing for mpox when testing for other STIs with similar signs and symptoms. A dedicated swab is needed for mpox testing so additional samples will be required for testing other STIs.

See Mpox – Laboratory case definition for further advice on specimen collection, handling and transport.

How can a clinician arrange testing?

Work with your usual laboratory, who will forward specimens on to the Victorian Infectious Diseases Reference Laboratory (VIDRL). Contact your local Microbiology laboratory to inform them in advance of samples to be submitted for suspected mpox.

What personal protective equipment (PPE) should be worn when treating individuals with suspected and confirmed Mpox?

Standard and transmission-based precautions – including contact and droplet precautions – are considered the minimum level of PPE when caring for a person with suspected, probable, or confirmed mpox. This includes:

- Fluid repellent surgical mask
- Gloves
- Disposable fluid resistant gown
- Eye protection – face shields and goggles.

Health workers may consider applying a fit-checked particulate filter respirator (PFR) – P2/N95 or equivalent, when providing certain care that might be higher risk, such as showering patients; handling contaminated linen, clothing, or towels; conducting procedures involving the oropharynx.

See ***ICEG Interim Guidance on Mpox for Health Workers*** for more information.

Should suspected and confirmed cases isolate?

Suspected cases should be advised to isolate until they receive their test results. Confirmed cases should be advised to isolate in their home, away from others as much as possible. They should also avoid contact with pet dogs and rodents. They should stay in a separate room and use a separate bathroom if possible. Due to the risk of onward transmission, they should not share any household items such as towels, bed linen or clothes with others, and ensure any shared surfaces are disinfected after contact.

If a confirmed case must leave home (e.g. for medical care), they should wear a surgical mask and cover any lesions or rash.

Confirmed cases will be contacted by their local public health unit to ensure they are aware of the recommended precautions to take.

Do cases need clearance to leave isolation?

Cases are advised to isolate to prevent onward transmission.

The decision to "clear" a person with mpox (that is, decide that they can safely leave isolation), can be made by the person's treating clinician. A clinical review should be arranged once the patient reports their symptoms are improved. The clinician should inform the local public health unit monitoring the case of the outcome of the assessment. The BSWPHU can be contacted by calling (03) 4215 3531 or emailing phu@barwonhealth.org.au. The public health unit will send the case an official clearance letter.

A person with mpox can be advised isolation is no longer recommended when the following criteria are met:

- They are clinically well: any symptoms (such as fevers, malaise, swollen lymph nodes) must have resolved, AND
- There have been no new lesions for at least 48 hours, there are no mucous membrane lesions and all lesions in exposed areas have crusted, the scabs have fallen off, and an intact fresh layer of skin has formed underneath. Lesions on unexposed skin must also have crusted over, but if not fully healed (e.g., where a scab is still present) must continue to be covered at all times when in contact with other people.

Intimate or sexual contact should be avoided until the scabs have fallen off. Although it is not clear if transmission via sexual fluids is possible – it is recommended to use a condom during sex for 8 weeks after leaving isolation. In addition, patients should continue to avoid close contact with immunosuppressed people, pregnant women, and children aged under 12 years until all lesions are fully healed.

What is the clinical management of Mpox infection?

The management of a confirmed case of mpox is the responsibility of the treating doctor. This includes notifying the patient of the diagnosis, clinical management, and assessment for case clearance. If a case is diagnosed by an emergency department and subsequently discharged home, follow up should be handed over to the case's usual GP, or an appropriate sexual health centre or infectious diseases unit. Clinicians can contact the Barwon Health Infectious Diseases registrar for clinical advice via the hospital switchboard on 4215 0000. Mpox is generally a self-limiting infection. Most cases will not require specific treatment other than supportive management or treatment of complications (e.g. antibiotics for secondary cellulitis or rehydration due to reduced oral intake from oral/throat lesions).

Mpox skin and mucosal lesions can be painful, and adequate pain relief is a requirement of clinical care. Inadequate pain relief is the most common indication for emergency department presentation. It is also important to provide advice to minimise the risk of secondary infection of mpox lesions.

For further advice, refer to the Australian Human Mpox Treatment Guidelines.

Additional resources are available for managing symptoms at home, such as those produced by CDC and by BMJ.

What is the role of antivirals?

Antivirals are generally not required. If further information is required, please contact the Barwon Health ID registrar via the switchboard on 4215 000 or refer to the ***Australian Human Monkeypox Treatment Guidelines.***

What is the role of vaccination?

Vaccination can be used as post-exposure prophylaxis for high risk contact soon after their exposure. It can also be used to prevent infection in high risk individuals.

Vaccination is currently available in the Barwon South West via the Barwon Health Vaccination Centre in Belmont. To make an mpox vaccination booking at the Barwon Health Vaccination Centre in Belmont call 4215 4444.

To access mpox vaccination in regional locations across the Barwon South West, please email MPXvaccines@barwonhealth.org.au. Our team can help arrange a vaccination at a local health service.

The following eligibility criteria will apply.

Eligibility criteria

- Post-exposure preventive vaccination (PEPV) for high-risk close contacts of mpox cases, preferably within 4 days.

- Primary preventive vaccination (PPV) has been expanded to include:

- All sexually active gay and bisexual men (cis and trans).
- Sexual partners of the above.
- Sex workers.
- Immunisation providers who are administering the ACAM2000™ smallpox vaccine.
- Laboratory workers who analyse specimens from mpox cases.

- Vaccination may also be considered for healthcare workers at higher risk of exposure to patients with mpox, including primary care, sexual health clinics, hospital staff and others, based on local risk assessments. The risk of transmission should be also minimised by using infection control measures.

Two doses are required for optimal protection and can be given 28 days apart. The mpox vaccine takes approximately 14 days before it is effective.

How can Mpox be discussed with patients without applying stigma?

While mpox can affect anybody, a significant majority of cases in the current global outbreak are amongst gay, bisexual and other men who have sex with men (MSM). The MSM community has a longstanding history of experiencing stigmatisation, including in healthcare environments, and it is important to avoid applying further stigma.

It is important to remember that Mpox is not known to be a sexually transmitted infection, although we are still learning about this disease. Most cases in the current outbreak have been acquired through close physical contact, which includes activity with sexual partners. In addition, anybody can be affected, regardless of their gender or sexual preferences.

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