Barwon South West Public Health Unit

May 2024

Barwon Health

Mpox - Frequently Asked Questions (FAQ) for clinicians

Several 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 January 2024. 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 mpox 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 mpox testing is not required, but as soon as there is suspicion to test for mpox, this should be notified as a suspected case. Pathology services are required to notify laboratory confirmed cases to 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. Although mpox has generally been declining worldwide, new cases continue to be reported in many countries. The majority of recent cases have been in African and European regions; however, there have also been new cases in South-East Asia and Western Pacific regions. 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 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. 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.

Rectal swabs should be sent if there is proctitis present, and urethral swabs if there is urethritis.

Lesion specimens are preferred, however, throat or nasopharyngeal swabs are also suitable specimens.

For further details on testing for mpox, refer to the Public Health Laboratory Network guidance.

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.

Where should clinical specimens be sent?

Mark samples as "urgent" and send to the Victorian Infectious Diseases Reference Laboratory (VIDRL) via your routine pathology provider. 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; and performing aerosol-generating procedures.

For more information on infection prevention and control measures, refer to ***ICEG Interim guidance on mpox for health workers***.

Should suspected and confirmed cases isolate?

People with suspected or confirmed mpox should stay at home, except for undertaking essential activities. They should stay in a separate room (if available) and limit contact with other household members. They should not share any household items such as towels, bed linen or clothes with others. They should also avoid contact with pet dogs and rodents.

If a person with confirmed mpox must leave home, they should wear a surgical mask and cover any lesions or rash, and avoid close contact with others.

People with confirmed mpox will be contacted by their local public health unit who will advise them of the recommended precautions to take.

People with mpox can resume normal activity when all lesions have crusted, scabs have fallen off and a fresh layer of skin has formed underneath. This will be determined by the person's treating clinician.

People who have had mpox should use condoms when having sex for a further 12 weeks after clearance.

What is the clinical management of Mpox infection?

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 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.

Antivirals may be indicated for severe infections. Tecovirimat (TPOXX) is the preferred treatment for severe mpox virus infection.

Advice on clinical management, including antiviral treatment, should be sought from an infectious disease physician. The Barwon Health Infectious Diseases team can be reached via hospital switchboard on 4215 0000.

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

What is the role of vaccination?

In Victoria, the mpox vaccine (JYNNEOS® vaccine) is available free-of-charge for eligible people who meet any of the following criteria.

- 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 are provided subcutaneously 28 days apart. The mpox vaccine takes approximately 14 days before it is effective.

Vaccination can also be used as post-exposure prophylaxis for high risk contact soon after their exposure.

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.

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 use clear, simple, descriptive and non-judgemental language when talking about mpox and how it spreads. It is important to remember that anybody can be affected, regardless of their gender or sexual preferences.

For more information, refer to the World Health Organization's Public health advice on understanding, preventing and addressing stigma and discrimination related to mpox.

CONTACT

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