

Mpox update

Information for GPs and clinicians in Victoria – 8 October 2024

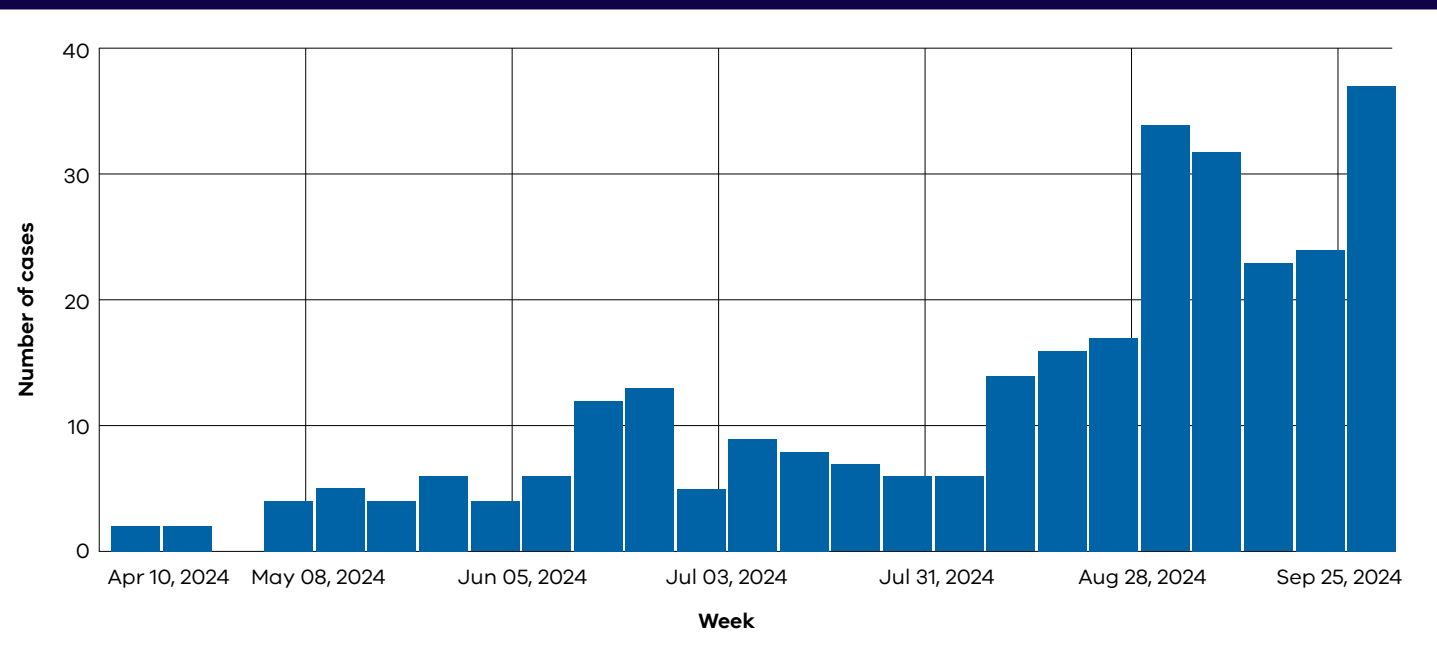
Key messages

- Mpox cases are continuing to increase in Melbourne and regional Victoria.
- Have a low threshold for testing sexually active people with any symptoms.
- Promote vaccination in all eligible people at risk of mpox infection..

Mpox cases are increasing in Victoria

- **306** mpox notifications in Victoria since mid-April.
- Almost all cases have been in gay, bisexual, and other men who have sex with men (GBMSM).
- A small number of female cases have been diagnosed in Victoria.
- Clinicians should remain aware of the possibility of mpox infection amongst other groups, particularly sexually active people with compatible symptoms.
- All cases in Victoria to date have been Clade IIb.
- 25 people have been hospitalised.
- There is currently an outbreak of a potentially more severe strain (Clade Ib) in several African countries. Cases have been identified outside of Africa, and there is a risk of importation to Australia.

Epi curve of Mpox notifications in Victoria, 1 April – 6 October 2024



Be alert for mpox

- Presentations can vary and may include 1-2 or disseminated lesions (particularly in the anogenital region and mouth but can occur anywhere on the body) and proctitis (anorectal pain without visible lesions).
- Not all cases have a prodrome (fever, sore throat, myalgia, arthralgia and lymphadenopathy). In people with prodrome only, ask them to return for testing if they develop further mpox symptoms.
- Mpox can mimic other conditions, including sexually transmitted infections (STIs) such as herpes, syphilis, molluscum contagiosum, chlamydia and gonorrhoea, as well as haemorrhoids and tonsillitis.

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Test all **sexually active people with symptoms.**

- Test if symptomatic, regardless of sexual orientation, vaccination status or travel history.
- Those most at risk of mpox include GBMSM (including those who identify as heterosexual), sex workers, and partners of these groups.

If testing for herpes simplex virus (HSV), test for mpox

- Wear appropriate PPE while collecting samples. This includes gloves, eye protection, gown and surgical mask.
- Request mpox PCR test on appropriate samples (such as swabs of rash lesion material, anorectal, throat or nasopharyngeal swabs). Mark as "urgent".
- Urgently notify any suspected or confirmed cases to the Department of Health, within 24 hours on 1300 651 160.
- Advise patients to cover lesions and abstain from sexual activity while awaiting the result. Advise to wear a mask if oral lesions, respiratory symptoms or pharyngitis present. If positive, the Local Public Health Unit will provide further advice.

Vaccination

- 2 doses of the mpox vaccine are required for optimal protection, given 28 days apart.
- Check GBMSM have had both doses of vaccine and encourage vaccination for those at risk.
- Mpox is not currently recommended as a travel vaccine, unless already eligible per ATAGI guidelines.
- Vaccine can be ordered by GPs via Onelink online or patients can access through local mpox immunisation providers.

Further information on Clade Ib currently circulating in Africa

If mpox is suspected in a returned traveller or someone who has had contact with a returned traveller from affected countries in Africa, contact your [Local Public Health Unit immediately](#).

Resources for further information and support:

- [health.vic – Mpox](#)
- [Better Health Channel - Mpox](#)
- [Better Health Channel - Positive Cases](#)
- [Australian STI Management Guidelines - Mpox](#)
- [Local Immunisation Providers](#)

If you have any questions, please contact us!
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