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| Mpox (monkeypox) information for clinicians |
| Fact sheet (Version 5 – December 2022) |
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# Summary

* This fact sheet provides guidance to clinicians on the clinical and public health management of mpox (monkeypox), a disease caused by infection with the monkeypox virus.
* Person-to-person transmission can occur through close contact with an infectious person, contaminated objects or surfaces, or respiratory droplets.
* People with mpox are infectious from the time that they develop their first symptoms until all skin lesions crust, dry and fall off with a new layer of skin forming underneath and other symptoms resolve.
* Clinicians are responsible for informing the patient of their mpox test results and diagnosis, providing clinical care and assessing for whether the patient meets clearance criteria.
* Clinicians should inform the managing Local Public Health Unit (LPHU) once the patient has been cleared.
* LPHUs provide public health management of cases and contacts.

# Notification procedure

Mpox is an urgent notifiable condition in accordance with Victorian statutory requirements. Medical practitioners and pathology services must notify cases to the Department of Health by telephone upon initial diagnosis or clinical suspicion as soon as practicable, within 24 hours.

Notify any suspected or confirmed case to the Department of Health by calling 1300 651 160 (24/7).

# Testing authorisation

Medical practitioners do not require approval from the Department of Health to test for mpox.

# Sample collection

Recommended samples for suspected mpox cases include swabs of lesion material (fluid, tissue, crust or skin biopsy). Other samples include anorectal swabs and throat swabs based on symptoms and exposure history.

Samples should be collected using a sterile dry swab. Specific packaging and transport of samples are required. Appropriate personal protective equipment (PPE) should be worn while collecting samples - this includes fluid repellent surgical mask, gloves, disposable fluid resistant gown, and eye protection (face shields or goggles).

It is recommended to concurrently test for differential diagnoses based on clinical assessment. For patients presenting with genital or anal symptoms, consider testing for sexually transmitted infections (STIs) including herpes simplex virus (HSV), syphilis, chlamydia or gonorrhoea.

See [Mpox – Laboratory case definition](https://www.health.gov.au/resources/publications/monkeypox-laboratory-case-definition) for further advice on specimen collection, handling and transport.

# Restriction and exclusion

Suspected mpox cases should be advised to restrict contact with others while waiting for test results and that the LPHU may contact them based on the results.

The treating clinician must inform patients of their test results. For confirmed mpox cases this includes informing patients of their diagnosis.

Cases should:

* Continue to stay at home where possible and restrict contact with others until cleared.
* Limit contact with others, particularly people at higher risk of severe disease such as children, pregnant women and people with a weakened immune system.
* While at home:
	+ stay in a separate room (with a separate bathroom where possible).
	+ avoid sharing household items (including towels, bed linen, clothes).
	+ ensure any shared areas (such as bathroom or kitchen surfaces) are disinfected after each contact.
* Wear a surgical mask and cover any lesions or rash if they are leaving home for essential reasons (e.g., for buying groceries, medical care or solo outdoor exercise) and if they are in the same room as others in the household.

For further information on restriction and exclusion measures, contact the managing LPHU or see: [Mpox – CDNA Interim National Guidelines for Public Health Units](https://www.health.gov.au/resources/publications/monkeypox-virus-infection-cdna-national-guidelines-for-public-health-units)

# Provision of clinical care

Clinicians are responsible for providing clinical care to patients with mpox as needed and assessing for clearance. If the notifying clinician is unable to undertake this role, they should arrange for the patient to be referred to another clinician (e.g. a GP, sexual health physician, or infectious diseases physician).

For example, if a patient is diagnosed with mpox in an emergency department, the clinician should refer the patient to the primary care provider or hospital’s infectious disease service. This decision should be made in consultation with the patient.

Healthcare workers caring for suspected or confirmed mpox cases should at a minimum implement both standard and contact and droplet precautions. Negative pressure isolation is not required.

See: [ICEG interim guidance on Mpox for health workers](https://www.health.gov.au/resources/publications/iceg-interim-guidance-on-monkeypox-for-health-workers).

# Treatment

Mpox is generally a self-limiting illness. Most people with mpox only require supportive management or treatment of complications (e.g. antibiotics for secondary cellulitis).

The treating clinician is responsible for providing clinical care. Advice on clinical management should be sought from an infectious disease or sexual health physician as required. For severe illness, antiviral treatment may be indicated. Tecovirimat (TPOXX®) is the recommended treatment for severe illness and should be initiated in consultation with an infectious disease physician or sexual health physician.

The Deputy Chief Health Officer must authorise all requests for TPOXX® from the National Medical Stockpile. Contact **1300 651 160** to request authorisation.

For further information, see: [Australian Human Mpox Treatment Guidelines](http://www.health.gov.au/resources/publications/monkeypox-treatment-guidelines).

# Case clearance

The treating clinician is responsible for clearing patients with mpox. Assessment of individual patients should be considered on a case-by-case basis.

A person with mpox can cease restrictions and exclusions when the following criteria are **all** 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[[1]](#footnote-2)* 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. 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.

It is unclear whether viable virus may be present in the body following recovery. For 12 weeks following clearance, people who have had mpox should:

* Use condoms when having sex
* Not donate human tissue, including blood, cells, tissue, breast milk, semen, or organs

The clinician should inform the LPHU once the clearance has been provided.

The LPHU can provide clearance letters to people who have had mpox as required (e.g., to support their return to the workplace).

# Management of contacts

Depending on the level of exposure to mpox, contacts may be followed up by LPHUs and advised to monitor for symptoms and follow precautions for 21 days following exposure. Household and intimate contacts are considered high risk contacts.

# Vaccination

Vaccination with the third-generation smallpox vaccine (JYNNEOS®) is recommended for:

* Pre-exposure prophylaxis (PrEP) for eligible people
* Post-exposure prophylaxis (PEP) for specified contacts of mpox cases based on case-by-case assessment (preferably within 4 days of exposure).

The managing LPHU can organise PEP for contacts.

For further information on vaccination, see Department of Health webpage on [Mpox](https://www.health.vic.gov.au/infectious-diseases/monkeypox) page and [ATAGI Clinical guidance on vaccination against Mpox](https://www.health.gov.au/resources/publications/atagi-clinical-guidance-on-vaccination-against-monkeypox).

# More information

* [Mpox webpage (Department of Health)](https://www.health.vic.gov.au/infectious-diseases/monkeypox)
* [Mpox - CDNA national guidelines for public health units](https://www.health.gov.au/resources/publications/monkeypox-virus-infection-cdna-national-guidelines-for-public-health-units)
* [Australian human mpox treatment guidelines](https://www.health.gov.au/resources/publications/monkeypox-treatment-guidelines)
* [ATAGI clinical guidance on vaccination against Mpox](https://www.health.gov.au/resources/publications/atagi-clinical-guidance-on-vaccination-against-monkeypox)
* [Mpox – Laboratory case definition | Australian Government Department of Health and Aged Care](https://www.health.gov.au/resources/publications/monkeypox-laboratory-case-definition)
* [ICEG interim guidance on Mpox for health workers](https://www.health.gov.au/resources/publications/iceg-interim-guidance-on-monkeypox-for-health-workers).
* UK Health Security Agency, [*De-isolation and discharge of mpox-infected patients: interim guidance*](https://www.gov.uk/guidance/de-isolation-and-discharge-of-monkeypox-infected-patients-interim-guidance#clinical-criteria)

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| To receive this publication in an accessible format email Communicable Diseases unit <infectious.diseases@health.vic.gov.au>.Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Health December 2022.Available at <Mpox> < https://www.health.vic.gov.au/infectious-diseases/monkeypox > |

1. Exposed areas include: face, arms, legs, and other areas which are not covered by clothing at all times [↑](#footnote-ref-2)