



ALERT FOR CLINICIANS

Re-emergence of mpox (formerly monkeypox) in Australia

KEY POINTS

- Australia has recorded over 100 cases of mpox (formerly monkeypox) since April 2024, with the majority locally acquired with no known links to other cases; WA has not recorded any cases year to date.
- **Test** for mpox if clinically compatible illness (e.g. rash or proctitis), particularly in those with a history suggestive of exposure to mpox, including men who have sex with men.
- **Identify** and **recall** patients eligible for mpox **vaccination** as well as those who have only had one dose.
- **Notify** suspected cases with a clinically compatible illness **and** epidemiological evidence within 24 hours to the local [Public Health Unit](#) (or 9328 0553 if after hours).

Epidemiology

- **Epidemiological evidence** includes, in the 21 days before symptom onset:
 - contact with a case of mpox; **or**
 - sexual or physical intimate contact with a gay, bisexual or other man who has sex with men; **or**
 - sexual or physical intimate contact with individuals at events associated with mpox activity, such as sex-on-premises venues, festivals, or meeting new partners through dating or hook-up apps.
- Most cases in the current outbreak have been males aged 25 to 44 years who are gay, bisexual or have sex with men, and have acquired their infection in Australia (mainly Victoria and Queensland).

Clinical presentation

- A **clinically compatible illness** is a rash or lesion on any part of the body (including mouth or rectum) which may be maculopapular or a vesicle, pustule, ulcer or scab; **or** proctitis; **or** urethritis not explained by other causes; with or without prodromal symptoms such as fever, lymphadenopathy, headache, myalgia, arthralgia, sore throat, or back pain.
- Breakthrough infections have occurred in vaccinated individuals, for which symptoms may be atypical or less severe.

Testing

- Wear personal protective equipment while collecting samples, including a surgical mask (or P2/N95 mask if patient has respiratory symptoms), gloves, disposable fluid resistant gown and eye protection.
- Use sterile dry viral swabs taken from one or more deroofed vesicles or ulcers (vigorously rubbing the base of the lesion), and/or a nasopharyngeal or throat swab in people with prodromal symptoms, and/or a rectal swab in people with proctitis; see the [mpox quick guide for clinicians](#) for further details.
- Request mpox PCR; consider testing for syphilis, varicella, herpes, molluscum or bacterial infection.
- Double bag specimens; viral transport medium is **not** required and can dilute the sample.
- Advise patient to stay home and limit contact with others while awaiting results, and to cover lesions with dressings or clothing if needing to leave home for essential activities.

Vaccination

- Free Jynneos® vaccine is available for sexually active gay, bisexual or other men who have sex with men (and their sexual partners), healthcare workers at risk for mpox, laboratory workers handling live virus, and sex workers.
- **Two doses** given at least 28 days apart will ensure optimal protection against infection.
- See www.health.wa.gov.au/Articles/J_M/Monkeypox for information about vaccine availability and access; refer to the [Australian Immunisation Handbook](#) for further information about mpox vaccine.

Notification

- Notify suspected cases with a clinically compatible illness **and** epidemiological evidence within 24 hours to the local [Public Health Unit](#) (or 9328 0553 if after hours).

Dr Paul Effler

ACTING DIRECTOR, COMMUNICABLE DISEASE CONTROL DIRECTORATE

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