

11 August 2022

Health Alert: Monkeypox (MPX) Update

Current Epidemiology

As of the 9th August 2022, there have been 66 cases (confirmed and probable) of MPX in Australia, with the majority being detected in New South Wales and Victoria. The Northern Territory has had 1 confirmed MPX case that was diagnosed overseas. MPX infections continue to grow globally, with 82 non-endemic countries affected, with large numbers reported in North America and Europe. Most cases have been found in men identifying as gay, bisexual or other men who have sex with men who have travelled overseas to affected countries.

The Northern Territory has had one confirmed case of MPX, diagnosed in a returned traveller from overseas.

Case numbers continue to rise in Australia and overseas.

Symptoms

Clinical symptoms of MPX often include:

- a distinctive rash - typically developing through papular, vesicular, pustular and crust phases before sloughing off and leaving scars. There may be a systemic rash, or a rash isolated to the genital and perianal regions.
- lymphadenopathy (cervical and/or inguinal)
- fever
- malaise
- chills
- body aches
- headache
- proctitis (rectal pain, bloody stools, diarrhoea)

The incubation period is on average 12 days from exposure, but may vary between 5-21 days. A flu-like illness typically occurs before the development of a rash, but some cases may experience a rash without other symptoms. Other cases have presented with anorectal pain and no other symptoms. The disease is usually self-limiting with symptoms lasting for 2-4 weeks. The rash can be painful, itchy and cause significant distress. Occasionally severe cases can occur, particularly in those who are immunocompromised.

MPX cases are considered to be infectious from the onset of any symptoms until all scabs have fallen off, leaving intact skin underneath.

Transmission

Historically cases have occurred following contact with infected animals but in the current outbreak, human-to-human spread of MPX is occurring as a result of close physical or intimate contact with an infected person. The virus is thought to be transmitted via direct contact with skin lesions and/or through bodily fluids. Transmission via respiratory droplets during the prodrome may be possible, or via contaminated clothing and linen used by an infected person.

Individuals most at risk of MPX include:

- People who have had close physical contact with an MPX case.
- Australian travellers returning from, or going to, countries with confirmed cases.

Clinical management

If a patient phones or presents with symptoms suggestive of MPX and known risk factors, a referral to, or advice from, Clinic 34 Darwin can be sought by calling 8999 2678. If on examination MPX is considered likely with testing indicated, please consult with the on-call infectious diseases or sexual health physician for advice on sampling procedures and personal protective equipment (PPE). Testing can be performed on lesion fluid, lesion tissue, scab material or a skin biopsy. Swabs on lesion fluid should be collected using a sterile dry swab. It is advisable to collect samples from more than one lesion, but excessive sampling should be avoided to minimise the risk of exposure.

Given MPX is generally a self-limited disease, most cases require only supportive management. Antiviral therapy remains investigational, and should only be initiated in consultation with an infectious diseases and/or sexual health physician.

Planning is ongoing for the current limited vaccine supply that will initially be prioritised to support strong outbreak management of those most at risk. Further information on vaccination will be available soon.

Recommendations

Clinicians are asked to look out for signs and symptoms of MPX, especially in returned travellers, or contacts of returned travellers and those with a clinically compatible rash.

Clinicians should use standard contact and droplet precautions if MPX is suspected. Contact the infectious diseases physician and/or sexual health physician on-call via Royal Darwin Hospital switchboard to discuss the case before collecting specimens.

Thank you for being alert to possible cases of MPX in your practice.

Yours sincerely,

Dr Vicki Krause
Director
Centre for Disease Control

Centre for Disease Control (CDC) phone numbers:

Darwin	8922 8044
Katherine	8973 9049
Nhulunbuy	8987 0357
Tennant Creek	8962 4259
Alice Springs	8951 7540
Clinic 34 Darwin	8999 2678

NT Infectious Disease Specialist is available through the Royal Darwin Hospital switchboard on 8922 8888