

# MPX FAQs

## What is Monkeypox (MPX)?

MPX is a disease caused by infection with the monkeypox virus. (ref: [health.vic.gov.au](http://health.vic.gov.au))

## How does MPX spread?

A person with MPX is thought to be most infectious from the time they develop any symptoms until all scabs have healed and a fresh layer of skin has formed. This may take several weeks.

Transmission between people can occur through:

- close contact with rashes, blisters or sores on the skin
- body fluids, including respiratory droplets from coughing or sneezing
- contaminated objects such as linen and towels.
- Transmission through respiratory droplets (for example coughing or sneezing) is less common and usually only happens if there is prolonged face-to-face contact.

Although the virus is not a sexually transmitted infection (STI), transmission can occur through intimate physical contact during sex. In this case, it is likely that infectious skin rashes, blisters or sores are the mode of transmission.

The virus can also pass to the foetus via the placenta during pregnancy. (ref: [health.gov.au](http://health.gov.au))

## Who is at risk?

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

If you are in these groups and think you may be at risk, we urge you to be aware of the symptoms and to seek medical help straight away if you develop any of those symptoms.

If infected, infants, young children, pregnant women and people who are immunocompromised are at higher risk of becoming severely unwell. (ref: [health.gov.au](http://health.gov.au))

## What are the symptoms?

MPX illness is usually mild and people typically recover within a few weeks without specific therapies.

Signs and symptoms of monkeypox infection can include:

- a distinctive rash, lesions (bumps that turn into pimples, blisters or sores, and may burst to form ulcers or scabs)
- swollen lymph nodes
- fever
- headache
- muscle aches
- joint pain
- back pain
- chills
- exhaustion.

The rash changes and goes through different stages, before forming a scab and falling off. It can appear as lesions (pimples, blisters or sores, which can then burst to form ulcers or scabs). These can vary in size and number with as little as a single lesion to several thousand. The lesions look like blisters similar to chickenpox, but larger.

Typically, the rash starts on the face, including in the mouth, and spreads to other parts of the body including the hands, feet, and chest. In this outbreak, some people have reported a rash appearing in the genital and perianal regions without spreading to other



areas of the body. Some people only experience this rash with no other symptoms. Other people have had anorectal pain with no other symptoms. The rash can be painful, especially if the lesions join together or appear in the mouth or rectum.

(ref: [health.gov.au](https://www.health.gov.au))

## How do you get tested for MPX?

MPX diagnostic testing capacity is limited in some jurisdictional laboratories. Please consult your jurisdictional public health unit before taking specimens for testing or before referring patients. [Click here for more information on patient referral and testing guidance.](#)

## How do we prevent MPX infection?

There are a few measures people can take to help prevent infection:

- People who have MPX should physically isolate from others until the sores are fully clear.
- Household members should avoid physical contact with the infected person. This includes any objects such as linen or towels that have been in contact with an infected person.
- Careful hand and respiratory hygiene are recommended for the infected person and everyone in the household. Wash hands with soap and water or use an alcohol-based hand sanitiser.
- If an infected person cannot isolate alone, they should wear a face mask when around other people. This includes when receiving medical care. (ref: [health.gov.au](https://www.health.gov.au))

## How do MPX patients reduce transmission?

People with probable or confirmed MPX should immediately isolate until all blisters or sores have healed and a fresh layer of skin has formed to prevent further spread of the disease. If you are a suspected case, you should isolate until you return a negative result.

Healthcare providers with inpatients in acute settings with confirmed or probable MPX should isolate them in a room with a private bathroom. (ref: [health.gov.au](https://www.health.gov.au))

## What are the current medications to treat MPX?

Please refer to the [current treatment guidelines by the Australian Department of Health here](#)

Weekly evidence surveillance for randomised controlled trials on MPX treatments is underway. Current treatments under review and consideration include Tecovirimat, Brincidofovir, Cidofovir and vaccinia immune globulin.

## What vaccines are available?

There are smallpox vaccines available in Australia that are thought to be effective against MPX. Vaccines can be given either before or after a person is exposed to the virus but vaccinating before exposure is recommended for the best protection.

If a person is exposed to MPX, receiving a vaccination within 4 days after first exposure to MPX will provide the highest chance of avoiding the disease.

People who have received smallpox vaccines can still catch MPX. Infection control measures should also be used to contain the spread of MPX.

There are 2 vaccines approved for use in Australia:

JYNNEOS®

ACAM2000™



JYNNEOS® is the preferred vaccine for use in Australia based on its safety profile and because it is easier to administer.

Where JYNNEOS® is not suitable or not available, ACAM2000™ may be considered for healthy, non-pregnant adults.

As with any vaccine, vaccination with JYNNEOS® or ACAM2000™ should only take place after a person and their healthcare professional have assessed the possible risks and benefits of receiving the vaccine, and the person has provided informed consent. (ref: [health.gov.au](http://health.gov.au))

## Vaccine safety – contraindications & precautions

Both of the available vaccines may result in mild or serious side effects listed below:

JYNNEOS®: common side effects include local injection site reactions (pain, redness, swelling and hardening), muscle aches, headache, fatigue, nausea and chills.

ACAM2000™: a small bump at the vaccination site which becomes a blister, then a scab. A permanent scar may occur around the vaccination site. Wound care may be required around the vaccination site.

Following vaccination, people who receive ACAM2000™ should also:

- avoid contact with other people at risk of serious adverse events, including immunocompromised people, people with HIV, to minimise risk of transmitting the vaccine to others
- avoid blood and organ donation for at least 30 days following vaccination
- women of child-bearing age need to avoid pregnancy for 28 days following vaccination. (ref: [health.gov.au](http://health.gov.au))

## What is the current eligibility criteria?

There is a globally limited supply of the JYNNEOS® vaccine and high international demand.

The Australian Government, in conjunction with states and territories, has secured an initial supply of JYNNEOS® and is working with the manufacturer to secure more.

Given vaccine supply is limited, access to vaccines will initially be prioritised to support strong outbreak management, and this may include those who are:

Close physical contacts of people infected with MPX, such as intimate partners and people who live in the same household.

Population groups who might be at higher risk of exposure or further transmission, such as gay, bisexual, or other men who have sex with men who have a high number of sexual contacts or are travelling to countries where MPX is present, or those where MPX is more likely to result in serious illness.

People whose occupations might put them at increased risk, including laboratory staff and healthcare workers.

States and territories are responsible for administration of the vaccine in their jurisdiction. This includes how and where it will be available and who will be prioritised to receive the vaccine. These decisions will be informed by local risk factors, such as local outbreaks and vaccine supply.

States and territories will provide further advice on how the vaccine can be accessed within their jurisdiction.

The Australian Technical Advisory Group on Immunisation (ATAGI) has recommended key risk groups for vaccination against MPX to support states and territories to prioritise their supply. This includes:

Post Exposure Prophylaxis (PEP): Anyone considered by public health authorities as a high risk MPX contact in the past 14 days.

Gay, bisexual and other men who have sex with men who are at the highest risk of MPX infection.

Proxy markers for increased risk of infection include:

- Those living with HIV
- A recent history of multiple sexual partners, participating in group sex, or attending sex on premises venues.
- Recent sexually transmitted infection or those being advised to take HIV pre-exposure prophylaxis (PrEP) due to number of sexual partners. (Whilst many people prescribed HIV PrEP are monogamous with a HIV positive partner, this category can also capture those with multiple partners who are at high risk)
- Recommendation from other service providers, such as sexual health clinics.



- Sex workers, particularly those whose clients are in high-risk categories listed above.

Anyone in the above risk categories who is planning to travel to a country experiencing a significant outbreak, with vaccination recommended 4-6 weeks prior to departure.

Anyone at greater risk of a poor clinical outcome from MPX infection, such as individuals with immunocompromise.

Immunisation providers who are administering the ACAM2000™ smallpox vaccine can be found at (ref: [health.gov.au](http://health.gov.au))

## Post-exposure prophylaxis

CDC recommends initiating vaccination within 4 days following the date of exposure for the best chance to prevent onset of the disease.

If initiated between 4 and 14 days following the date of exposure, vaccination might be less effective. Benefits might still outweigh risks when administering vaccine more than 14 days after exposure in some clinical situations (e.g., for a severely immunosuppressed person with a recent sex partner confirmed to have monkeypox).

Vaccination given after the onset of signs or symptoms of monkeypox is not expected to provide benefit. (ref: [cdc.gov](http://cdc.gov))

## Dosing and administration of JYNNEOS® vaccine

JYNNEOS® is a modified vaccinia Ankara strain vaccine (MVA-BN) that contains a virus that has been altered so it cannot multiply in the human body. JYNNEOS® is manufactured by Bavarian Nordic.

It is given as 2 doses, at least 28 days apart for people 18 years and over.

The Australian Technical Advisory Group on Immunisation (ATAGI) has advised that vaccination with JYNNEOS® in children can be considered, especially for people in high-risk groups aged 16 years and older, after discussing the risks and benefits with their vaccine provider.

JYNNEOS® can be injected subcutaneously (under the skin, preferably into the upper arm) or intradermally (into the outer layers of skin). However, intradermal administration of this vaccine is not recommended for anyone with a weakened immune system or a history of keloid scarring. It is also not preferred as a first dose for post-exposure vaccination.

JYNNEOS® is not currently registered in Australia. It has been made available under an exemption provided by section 18A of the Therapeutic Goods Act 1989, which ensures that vaccines are available urgently to deal with a threat to public health. JYNNEOS® is registered with both the US Food and Drug Administration and the European Medicines Agency.

Further information is available in the [JYNNEOS® vaccine information sheet](#). (ref: [health.gov.au](http://health.gov.au))

## Dosing and administration of ACAM2000™ vaccine

ACAM2000™ is a live-attenuated smallpox vaccine that is also effective against MPX. ACAM2000™ is manufactured by Emergent BioSolutions.

Administration of ACAM2000™ requires specialised training and facilities.

ACAM2000™ is not suitable for:

- severely immunocompromised people
- people who are pregnant or breastfeeding
- people with cardiac disease or cardiac risk factors
- people with active eczema
- infants below 12 months of age

ACAM2000™ is registered with the Therapeutic Goods Administration (TGA) for use in Australia. Visit the TGA website for more [consumer information](#) and [product information](#) about ACAM2000™. (ref: [health.gov.au](http://health.gov.au))



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## Global stats

For the latest global trends on the Monkeypox outbreak, please visit [World Health Organization site here](#)

## Australia stats

For the latest Australia status on the Monkeypox outbreak, please visit [the Australian Government site here](#)

## What scope/topics are currently under review by the Taskforce?

Brincidofovir (Tembexa)

Cidofovir (Vistide)

Vaccinia immune globulin

Supportive care: Antibiotics, Pain management, Nutrition and Wound care

