



ALERT FOR CLINICIANS

Mpox update – local cluster (clade II) and outbreak in Africa (clade I)

KEY POINTS

- There is a cluster of mpox in WA (clade II) amongst men who have sex with men (MSM), which is separate to the mpox outbreak in Africa (clade I).
- **Test** for mpox in: 1. MSM **OR** 2. patients with a history of travel to countries affected by clade I, who present with a clinically compatible illness.
- **Identify** and **recall** patients eligible for mpox vaccination as well as those who have only had one dose.
- **Notify** highly suspicious cases to the local [Public Health Unit](#) within 24 hours (or call 9328 0553 if after hours).

Clade I outbreak in West and Central Africa

- The World Health Organization (WHO) declared mpox a Public Health Emergency of International Concern on 14 August 2024 for the clade I outbreak in West, East and Central Africa.
- Clade I is associated with more severe disease compared to clade II.
- A case of mpox clade I has been reported in both Sweden and Thailand, with both cases having a history of travel to Africa.
- People can protect themselves against mpox when travelling by following [Smartraveller](#) advice.

Epidemiology in Australia – clade II

- Australia has recorded over 300 cases of mpox in 2024 year to date, predominately acquired via sexual transmission in Australia and in MSM. All mpox cases in Australia have been clade II.

Clinical presentation

- **Clinically compatible illness** includes a rash or lesion on any part of the body (including oral cavity or rectum), **OR** proctitis, **OR** urethritis not explained by other causes.
- Vaccinated cases may have subtle symptoms only e.g. single pustule or vesicle with or without mild fever.
- Cases may have a prodrome (e.g. fever, lymphadenopathy, headache, myalgia, arthralgia, sore throat or back pain).

Testing and diagnosis

- **Test** for mpox in:
 - all MSM patients with a clinically compatible illness, irrespective of travel history
 - patients with a recent (past 21 days) travel history to West and Central Africa with a clinically compatible illness; discuss with an infectious disease physician/microbiologist.
- See [mpox quick guide](#) for testing and sample collection advice; call the laboratory to advise of arriving sample.
- Wear personal protective equipment during the consultation and testing – surgical mask (or P2/N95 if respiratory symptoms are present), gloves, disposable fluid resistant gown and eye protection.
- Advise patient to stay home while awaiting results, limit contact with others, and cover up lesions if needing to leave home for essential activities; provide them with the [What to do following a test](#) factsheet.

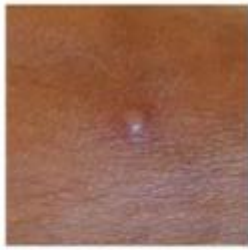
Vaccination for eligible people

- Free Jynneos® vaccine is available for [eligible people](#) including sexually active MSM, sex workers, people living with HIV (if at risk of mpox), and sexual partners of these at-risk groups; healthcare workers at-risk of mpox and laboratory workers handling live virus are also eligible.
- Mpox vaccination is **not recommended as a travel vaccination** unless other eligibility criteria are met.
- **Two doses** given at least 28 days apart will optimise protection against infection and severe symptoms.
- See the Department of Health [Mpox immunisation](#) page for vaccine and ordering information.
- Refer to the [Australian Immunisation Handbook](#) for clinical advice on mpox vaccination.

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a) Early vesicle, 3mm diameter



b) Small pustule, 2mm diameter



c) Umbilicated pustule, 3-4mm diameter



d) Ulcerated lesion
5mm diameter



e) Crusting of mature lesions



f) Partially removed scab

Mpox lesions (source: United Kingdom Health Security Agency) – see WHO [Atlas of mpox lesions](#) for more images