



- Please immediately bring to the attention of all doctors -

Date: 21 May 2022

Contact telephone number: **1300 232 272 (24 hours/7 days)**

Monkeypox Virus (MPV) Infection

Monkeypox infection is caused by monkeypox virus. It is endemic in central and west Africa with cases outside Africa usually detected in returned travellers. As of 20 May 2022, 15 countries have reported 27 confirmed and 45 suspected cases of monkeypox. Several countries have reported cases in men who have sex with men although this virus is not generally considered sexually transmitted. Two cases of monkeypox have been reported in Australia in returned overseas travellers (in Victoria and New South Wales).

Human to human transmission results from close contact with respiratory secretions, skin lesions (including during sexual contact) or recently contaminated objects (e.g. bedsheets). The incubation period is 5 to 21 days but is typically 6 to 13 days. Monkeypox is usually a self-limiting disease with the symptoms resolving within 2 to 4 weeks. Complications of monkeypox can include secondary infections, bronchopneumonia, sepsis, encephalitis, and loss of vision (if the cornea is involved). Case fatality ratio is estimated to be around 3-6%. Treatment is supportive care and managing complications.

Clinical features

- **Prodromal symptoms:** fever, headache, back pain, myalgia, fatigue, and lymphadenopathy.
- **Rash:**
 - usually commences within 1-3 days of the fever
 - starts as a macular rash that develops into papules, vesicles, then pustules, which crust and fall off
 - usually commences in the mouth, spreading to face and extremities
 - lesions may be present on palms and soles, genitalia, and eye (conjunctiva and cornea).

Medical practitioners are advised to:

- **Be alert** for cases with clinical features of monkeypox especially in anyone arriving from international travel.
- **See** <https://www.who.int/news-room/fact-sheets/detail/monkeypox> or <https://www.cdc.gov/poxvirus/monkeypox/index.html> for further information.

Management of suspected cases:

- **Use** airborne and contact precautions in addition to standard (i.e. respirator, goggles, gown and gloves).
- **Obtain** travel history, detail on contacts and immunisation history.
- **Isolate** the suspected case, including asking the patient to wear a surgical mask. Cover lesions.
- **Discuss** case with an infectious diseases physician to ensure appropriate management.
- **Report** suspected cases to the Communicable Disease Control Branch **urgently** by phoning **1300 232 272** (24 hours/7 days). Do not wait for laboratory confirmation. This enables timely contact tracing and public health management of close contacts to prevent secondary cases.
- **Contact** SA Pathology on-call microbiologist on 8222 3123 to discuss appropriate testing.
- **Collect** swabs from lesion (vesicles, pustules, lesion crust) in liquid transport medium for monkeypox PCR, wearing appropriate PPE. Double bag swabs and place in secondary plastic container.

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For all enquiries, please contact CDCB on 1300 232 272