

# General **Communique**

## Communicable Diseases Branch

Queensland Public Health and Scientific Services (QPHaSS)



Email [CDMU@health.qld.gov.au](mailto:CDMU@health.qld.gov.au)

### CLINICIAN UPDATE | MPOX

13 June 2024

- **Local transmission of mpox has been reported in Queensland and interstate.**
- **Encourage 2 doses of mpox vaccine to eligible high-risk groups.**
- **Be alert and test for mpox in patients with compatible signs and symptoms, particularly in men who have sex with men (MSM) regardless of previous mpox vaccination or travel.**

Since April 2024, local transmission of mpox (previously called monkeypox) has been recorded in Queensland and Victoria.

Mpox continues to be reported internationally.

#### Encourage vaccination

- Government funded mpox vaccination (JYNNEOS) is recommended for:
  - sexually active gay, bisexual or other MSM (cis and trans) and their sexual partners
  - sex workers
  - people living with HIV who are at risk of mpox exposure.
- Two doses of the mpox vaccine, administered by subcutaneous injection (at least 28 days apart) reduces infection risk and disease severity.
- Encourage the second dose in people who have only received one dose and promote recording to the Australian Immunisation Record.

#### Monitor for symptoms

Mpox symptoms generally develop 5 to 21 days following close or intimate contact with someone with mpox or contaminated material such as bedding, towels and clothing.

Atypical or very mild illness may present in partially or fully vaccinated patients.

Symptoms of mpox include:

- Rash or skin lesions (pimples, pustules or vesicles) appearing anywhere on the body but commonly anogenital region
- Fever
- Lymphadenopathy
- Headache
- Myalgia
- Fatigue
- Urethritis or rectal pain (proctitis), discharge or bleeding.

Email [CDMU@health.qld.gov.au](mailto:CDMU@health.qld.gov.au)



Queensland  
Government

## **Test for mpox in patients with a compatible illness, even if fully vaccinated**

Request PCR testing for mpox from suitable samples:

- Lesion specimens are preferred, ideally from more than one lesion - fluid from a vesicle or pustule using a dry swab, or lesion tissue or crust in a dry container
- Anorectal swab from patients presenting with proctitis
- Nasopharyngeal/throat swab

Consider alternative diagnoses such as syphilis, herpes simplex virus, or varicella zoster virus, and offer routine STI screening.

Wear personal protective equipment (PPE) including a gown, surgical mask, gloves, and eye protection when examining and collecting samples.

Patients with suspected mpox should be advised to stay at home and limit contact with others whilst awaiting testing results. Cover lesions with dressings or clothing.

**Seek further advice from an infectious disease or sexual health specialist or your local [public health unit](#).**

For more information, visit the Queensland Health [Mpox \(Monkeypox\)](#) conditions website.

Regards

Dr Heidi Carroll

Executive Director, Communicable Diseases Branch

Queensland Public Health and Scientific Services