Monkeypox (MPXV)

Fact Sheet

What is Monkeypox (MXPV)?

Monkeypox is a viral infection that causes a rash. It is spread by skin-to-skin contact with someone who has monkeypox. Most people recover within a few weeks.

Since May 2022, there has been a global increase in monkeypox cases reported from multiple countries where monkeypox is not usually seen.

The situation with monkeypox in NSW is changing rapidly. While most cases have been acquired overseas, a small number have acquired their infections in Australia.

What are the signs and symptoms of Monkeypox?

Symptoms usually begin 7 to 14 days after exposure, but this can be as short as a few days or as long as 21 days.

Monkeypox symptoms may include:

- Rashes, pimple-like lesions, or sores, particularly in areas that are hard to see such as the genitals, anus, or buttocks, and on face, arms, and legs
- Ulcers, lesions, or sores in the mouth

People can experience fever (\geq 38 °C), headache, muscle aches, backache, swollen lymph nodes, chills and/or exhaustion prior to the rash or lesions developing.

Monkeypox lesions start as a flat red rash, which progress to slightly raised firm lesions, then develops into lesions filled with clear fluid and finally pustules filled with yellowish fluid. Crusted scabbing on the lesions usually begins 14 to 21 days after the rash onset. Scabs then fall off, leaving discoloured scars.

How does Monkeypox spread?

Monkeypox mainly spreads from one person to another by direct skin-to-skin contact. Rarely, it

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may be spread by breathing in droplets breathed out by a person with monkeypox during prolonged

close contact, or contact with infected bodily fluids

or contaminated objects, such as bedding or

People with monkeypox are infectious from the

time they first get symptoms until all the lesions

have crusted, scabs have fallen off and a fresh

It may be passed on during sex. It is not known how long monkeypox virus remains present in

semen and other genital excretions. People who

condoms when engaging in sexual activity for 8

Most people are not at risk of monkeypox. People

at highest risk are men who have sex with men,

particularly those who are travelling to outbreak

To date most people with monkeypox in Australia

areas, have multiple sexual partners or attend

have been infected while overseas. However,

some people have been infected in Australia

Diagnosis depends on the doctor suspecting

symptoms. Infection is confirmed by testing the

Monkeypox is generally a self-limiting infection. Most cases will not require specific treatment

other than supportive management (e.g., simple pain medicines, oral fluids) or treatment of

complications (e.g., antibiotics for secondary

monkeypox in a patient with suggestive

blister fluid or scabs from the skin rash.

How is Monkeypox treated?

following contact with people who have recently

large parties or sex on premise venues.

How is Monkeypox diagnosed?

have recovered from monkeypox should use

layer of skin has formed underneath.

Who is at risk of Monkeypox?

weeks after recovery.

travelled overseas.

clothes.





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cellulitis).

Advice on clinical management should be sought from an infectious diseases physician. If antiviral treatment is indicated, it should be initiated in consultation with an infectious diseases physician and/or sexual health physician.

How will my care change whilst in hospital?

- You will be considered infectious until all the lesions have crusted, scabs have fallen off and a fresh layer of skin has formed underneath.
- Regular and thorough hand hygiene is one of the most successful ways to prevent the spread of ALL infections.
- A sign is placed outside your door to alert hospital staff for the need to use special protective infection control precautions. This sign also alerts visitors of the need to speak with nursing staff prior to entering your room.
- The hospital staff will wear protective apparel such as gloves, long-sleeved disposable gowns, particulate filter respirator mask (N95/P2) and eye protection (face shields and goggles) when they enter your room. These items are disposed of in a separate waste bin when the staff leave your room.
- You will be allocated a private room with your own en-suite facilities. If you are unsure about when you can leave your room, please speak to the nursing staff.

Good Hand Hygiene Practices

Hand Hygiene is the most effective way to prevent **ALL** infections, including the flu and common cold. Encourage your family and friends to learn and maintain good hand hygiene practices every day. Please refer to the hand hygiene information in the patient information booklet or hand hygiene leaflet available from the Infection Prevention and Control team. During your stay in hospital, you may have seen the staff using an alcohol-based hand rub, as an alternative to soap and water. Alcohol-based hand rubs or gels can be used for hand hygiene as long as your hands are not visibly soiled/dirty. There is a variety of brands on the market and available for purchase at most pharmacies. You may choose to use this type of product at home.

Can I still have visitors?

- During your infectious period, visitors will not be permitted.
- If you are unsure about having contact with your family and friends during your infectious stage, please speak to your doctor or ask to speak with the Infection Prevention and Control Team.

What happens when I go home?

- When you return home, it is important for you, your family, and your friends to continue the good hand hygiene practices that you have been taught in hospital every day
- If your lesions still have fluid present or the rash is moist, you should self-isolate from others until all the lesions have crusted, scabs have fallen off and a fresh layer of skin has formed underneath
- If family or friends are required to assist you with any dressings or personal care, washing of clothes, linen, or for the cleaning of the bath, toilet and shower, a mask and gloves should be worn and hand hygiene. They must wash their hands well, after removing their gloves/mask and disposing of the gloves/mask immediately in the rubbish bin

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- Do not share clothing, bedding, towels and unwashed crockery and cutlery whilst you are in your infectious period
- People who have recently recovered from monkeypox should use a condom during sex for at least 8 weeks after the rash is healed
- Do not attend high-risk settings such as healthcare facilities unless seeking medical attention

Is there a Monkeypox vaccination available?

Smallpox vaccines can provide protection against monkeypox because the 2 viruses are closely related. NSW Health has secured limited supplies of a new vaccine against smallpox which has fewer side effects than previous smallpox vaccines and can be used by all groups of people, including those who are immunocompromised.

Doctors and other community partners are identifying people who are most at risk from monkeypox to receive a vaccine when the first supplies if the vaccine become available. Many people will not be eligible during the initial rollout. NSW Health is working to ensure the most vulnerable people access the vaccine first.

For more information, please refer to the ATAGI Clinical Guidance on Vaccination against Monkeypox, Australian Government Department of Health and Aged Care:

https://www.health.gov.au/resources/publications/at agi-clinical-guidance-on-vaccination-againstmonkeypox

Where can I get further information?

You can talk to your doctor or the nursing staff. If you wish to speak with the Infection Prevention and Control team, ask your nurse to contact the Infection Prevention and Control Office. Our office hours are 8am to 4pm Monday to Friday. Our contact numbers are (02) 9480 9433 or (02) 9480 9732. Alternatively, you can contact your Local Public Health Unit 1330 066 055 or visit the NSW Health website <u>www.health.nsw.gov.au</u>

References

NSW Dept of Health; Communicable Disease Factsheets – Monkeypox (September 2022)

Australian Government; Department of Health and Aged Care – CDNA Interim National Guidelines for Public Health Units: Monkeypox Virus Infection (Version 1.0, 27/07/2022)

Australian Government; Infection Prevention and Control Expert Group – Interim Guidance on Monkeypox for Health Workers (24 June 2022)

NSW Dept of Health; Infection Prevention and Control Policy PD2017_013

National Health and Medical Research Council; Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)

Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook, Australian Government Department of Health, Canberra, 2018, www.immunisationhandbook.health.gov.au

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