



ACIPC

Australasian College  
for Infection Prevention and Control

## ACIPC Position Statement

### Mpox

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### Executive Summary

Since May 2022 there has been a significant outbreak of mpox around the world<sup>1</sup>, though case numbers have decreased, the risk of local transmission remains as local cases continue to circulate.

#### ACIPC recommends:

- At risk people are recommended to be vaccinated with 2 doses of the mpox vaccine.
- Healthcare workers are aware of the signs, symptoms and early identification of mpox cases, and implement early standard and transmission-based precautions.

### Introduction

Mpox is a viral zoonotic disease that caused a global outbreak in 2022-2024, as of March 2024, 117 countries have reported 95,226 cases and 185 deaths<sup>2,3</sup>. The Western Pacific region has reported 2,897 cases during this outbreak, with 10 deaths. The frequency of cases has decreased substantially, and within the Western Pacific region 25 cases were reported in February, and 32 in March 2024<sup>3</sup>.

Due to effective control strategies and a sustained decrease in case numbers, the World Health Organization (WHO) declared an end to the mpox Public Health Emergency of International Concern in May 2023<sup>1</sup>. However there still remains a risk of local mpox case transmission as cases continue to circulate, and in May 2024, 16 locally acquired cases of mpox were reported in Victoria, Australia<sup>4</sup>.

### Literature Review

Mpox is a rare but serious zoonotic disease, endemic to Central and West Africa, and similar to the smallpox virus<sup>5</sup>. The disease is considered to be self-limiting, and most cases will resolve on their own and can be managed within the community, however cases of severe illness can present to hospital.

#### Signs and symptoms.

Signs and symptoms of mpox include fever and chills, headache, muscle aches, joint and back pain, exhaustion and a distinctive rash with lesions that turn into pimples, blisters or sores. Lesions can look similar to, but are larger than chickenpox and can vary in numbers from one to several hundred<sup>1,2</sup>.

#### Transmission.

Mpox can spread from person to person and transmission can occur through close contact with the rash, blister or sores on the skin, body fluids including respiratory droplets, and contaminated objects, including bed linen and clothes<sup>1,2</sup>. People are considered to be infectious from the onset of symptoms and until all skin lesions have formed a crust, scab and fallen off with new skin appearing,

the duration of illness is typically 2-4 weeks, and the incubation period can range from 5-21 days from exposure<sup>6</sup>.

### **At risk people.**

At risk groups of mpox infection include people who have had close contact with a mpox case, men who have sex with men, people with multiple sexual partners, and travelers returning from countries with confirmed cases<sup>1,2,6,7</sup>.

### **Control measures.**

During the infectious period, people with mpox are encouraged to stay home and isolate within the home if possible, wear a face mask and cover lesions when around other people, perform hand hygiene regularly, and regularly clean and disinfect household surfaces<sup>2,7</sup>.

Control measures within the healthcare setting when caring for a confirmed or suspected mpox case include the implementation of standard, contact and droplet precautions<sup>6</sup>, a single room allocation with private bathroom facilities<sup>5</sup>, hand hygiene with alcohol-based hand rub (ABHR), and single use or dedicated patient equipment. When providing care that may cause dispersion of particles a P2/N95 respirator is recommended, including when showering, handling contaminated linen, clothing and towels, and performing aerosol generating procedures<sup>5</sup>.

Wet cleaning methods are preferred to reduce the dispersion of infectious particles. Dusting, sweeping and vacuuming should be avoided<sup>5</sup>.

In a clinic or emergency department setting, patients with suspected or confirmed mpox should be separated from other patients, and standard and transmission-based precautions implemented<sup>5</sup>.

## **Recommendations**

### **Vaccination**

Vaccination is an important strategy to prevent transmission of mpox and is available from sexual health clinics and select hospitals. At risk groups are recommended to be vaccinated with two doses for optimal protection<sup>4</sup>.

### **IPC considerations**

Infection Prevention and Control (IPC) considerations for the management of suspected or confirmed cases include early identification, isolation, and implementation of standard and transmission-based precautions. Public Health Units must be notified in line with State or Territory requirements.

## References

1. Australian Government Department of Health and Aged Care. Mpox (monkeypox). 2024;(Diseases)
2. World Health Organization. Mpox (monkeypox). 18 April 2023 2023;(Fact Sheets)
3. World Health Organization. 2022-24 Mpox (Monkeypox) Outbreak: Global trends. *Outbreak data*. 2024;
4. Victorian Department of Health. Health alert: Local transmission of mpox in Victoria. 2024;(News and media hub)
5. Australian Government. Infection Prevention and Control Expert Group - Interim guidance on monkeypox for health workers. 24 October 2022 2022;(Version 2.0)
6. Victorian Department of Health. Mpox (monkeypox). *Disease information and advice*,. 2024;
7. Health New Zealand Te Whatu Ora. Mpox (te koroputa maki). *Infectious Diseases*. 18 April 2024 2024;

## Version

Version	Date	Addition/Amendments	Author	Review By
1.0	May 2024	New Position Statement	Infection Prevention CNC	PGC ACIPC Board

