# **UPDATED Mpox is spreading across NSW**



# **N** SAFETY NOTICE 022/24

Issue date:	8 August 2024
Replaces	SN:020/24
Content reviewed by:	Health Protection NSW, Clinical Excellence Commission, NSW Specialist Service for High Consequence Infectious Diseases
Distributed to:	Chief Executives; Directors of Clinical Governance; Director, Regulation and Compliance Unit
KEY MESSAGE:	Transmission of mpox is increasing in Sydney and regional NSW. Symptoms vary, and can be subtle, particularly in people who are fully or partially vaccinated. Clinicians should encourage vaccination in all gay, bisexual, and other men who have sex with men (MSM), their sexual partners and sex workers.
ACTION REQUIRED BY:	Chief Executives, Directors of Clinical Governance
REQUIRED ACTION:	<ol> <li>Distribute this Safety Notice to all relevant clinicians and clinical departments</li> </ol>
	2. Ensure that clinicians and other relevant staff are aware of the recommendations in this Safety Notice and take appropriate action.
	3. Confirm receipt and distribution of this Safety Notice within 72 hours to: <u>MOH-CommunicableDiseases@health.nsw.gov.au</u>
DEADLINE:	12 August 2024
We recommend you also inform:	Directors, Managers and Staff of: Emergency Departments, Sexual Health Services, Gastroenterology Departments, Infectious Diseases Departments, Infection prevention and control, Virtual Care Services.
Website:	https://www.health.nsw.gov.au/sabs/Pages/default.aspx http://internal.health.nsw.gov.au/quality/sabs/index.html
Review date:	October 2024

Contact: Health Protection NSW MOH-Healthprotection@health.nsw.gov.au

#### FOR NSW HEALTH STAFF ONLY

Safety Notice is current at the issue date. Printed copies are uncontrolled.





## What is updated in the Safety Notice from SN:020/24?

This safety notice replaces SN:020/24 and has been updated to include information about:

- increased number of mpox cases,
- images of mpox lesions,
- testing, isolation, and vaccination advice.

#### Situation

Since mid-June 2024 to 6 August, 72 cases of mpox have been notified in NSW:

- most cases were acquired in NSW
- transmission has occurred in regional NSW as well as in Sydney
- predominantly, gay, bisexual and other men who have sex with men (MSM) are affected
- cases have presented to general practice, sexual health services, and emergency departments.

## Background

Since May 2022, there has been a global outbreak of mpox mainly in men who have sex with men:

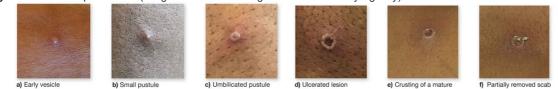
- transmission is primarily skin-to-skin contact, including sexual contact
- vaccination (2 doses of JYNNEOS® at least 28 days apart) is recommended for gay and bisexual men, and sex workers. It is also recommended for their sexual partners. Infection may still occur after vaccination.
- post-exposure preventative vaccination (PEPV) is recommended for people who have been in close contact with someone with mpox and who have not previously received 2 doses of JYNNEOS® vaccine, ideally within 4 days of exposure.

## **Clinical assessment**

Mpox can mimic other infections (e.g. genital herpes or syphilis):

- presentations vary: 1-2 lesions at a single site, disseminated lesions, proctitis without lesions
- when present, lesions are usually on the anogenital or oral skin or mucosa, but can occur anywhere
- only some cases have a prodrome (fever, malaise, myalgia, and/or lymphadenopathy)
- presentations are usually milder in vaccinated individuals.

Figure: Individual mpox lesions (Image credit: United Kingdom Health Security Agency)



 3mm diameter
 2mm diameter
 3-4mm diameter
 5mm diameter
 lesion

 For additional clinical images see:
 who.int/publications/i/item/WHO-MPX-Clinical-Lesions-2023.1
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### Recommendations

#### Test all MSM with compatible symptoms; this includes proctitis without visible lesions

- Test all MSM with symptoms regardless of severity, vaccination status, travel history or past history of mpox
- Consider mpox in sexual partners of MSM, sex workers and their partners, regardless of gender
- Collect fluid from a deroofed pustule or vesicle using a dry swab. If there are no fluid-filled lesions, send lesion tissue or crusts in a dry container. Send specimens for mpox PCR.
- A dry swab of the anorectal mucosa can be sent for mpox PCR in patients with anal symptoms, or a dry throat swab for those with oropharyngeal symptoms.
- For further testing advice: <u>https://sti.guidelines.org.au/sexually-transmissible-infections/monkeypox/</u>

#### Management of suspected and confirmed cases

- Standard and transmission-based precautions, including contact and droplet precautions, are the minimum level of personal protective equipment for suspected or confirmed mpox. Airborne precautions should be used when indicated based on a risk assessment.
- If mpox is considered the most likely diagnosis, notify the public health unit (PHU) (1300 066 055).
- For suspected or confirmed cases requiring hospitalisation, discuss with your local infectious diseases service. The NSW Specialist Service for High Consequence Infectious Diseases also provides expert advice for severe cases (1800 424 300, 24 hours, 7 days per week).
- Supportive care (e.g. oral and/or topical analgesia, stool softeners if anal lesions are present) is sufficient for most cases.
- Antiviral treatment may be considered for patients with severe disease or immunocompromise contact the NSW Specialist Service for High Consequence Infectious Diseases (1800 424 300).

#### Advise patients to cover all lesions and abstain from sex

- Tell people being tested for mpox to keep lesions covered with clothing or a dressing and abstain from sex while awaiting the result.
- If positive, the PHU will contact the person with further advice.

#### Check MSM have had <u>both</u> doses of vaccine and encourage vaccination for those at risk

- Vaccination is recommended and available at no cost to all gay and bisexual men, sex workers, and their sexual partners. Find a vaccine clinic: <u>health.nsw.gov.au/mpox-clinics</u>
- People who have not had 2 doses of vaccine and report sexual or other close contact with someone with mpox should be offered post-exposure preventive vaccination (PEPV) to prevent or attenuate disease. PEPV is ideally given within 4 days of exposure but may be given up to 14 days post-exposure. For further guidance, call the PHU on 1300 066 055 or see: <u>health.nsw.gov.au/mpox-pep</u>

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## Further information

Australian STI Management Guidelines (includes detailed advice on specimen collection)

https://sti.guidelines.org.au/sexually-transmissible-infections/monkeypox/

Clinical Excellence Commission Infection Prevention and Control Information for clinicians: mpox

https://www.cec.health.nsw.gov.au/\_\_data/assets/pdf\_file/0003/728148/infection-prevention-andcontrol-information-for-clinicians-mpox.pdf

NSW Health mpox fact sheet for cases

https://www.health.nsw.gov.au/mpox-cases

NSW Health post exposure preventative vaccination (PEPV) for mpox fact sheet

https://www.health.nsw.gov.au/Infectious/factsheets/Pages/mpxv-pep.aspx

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