

MPOX (formerly known as Monkeypox)

Reporting Obligations

Confirmed and suspected cases shall be reported **immediately by phone** to the local Health Unit.

REPORTING FORM

Epidemiology

Aetiologic Agent:

MPXV virus is an orthopoxvirus that causes a disease with symptoms similar to, but less severe than, smallpox and is endemic to parts of Central and West Africa. There are two clades (strains) of MPOX: the Central African clade and the West African clade. Human infections with the Central African clade are typically more severe and have a case fatality rate around 10%. Illness with the West African clade is usually self-limiting within 2-3 weeks with a case fatality rate around 1%.

As of May 2022, many countries where MPOX is not endemic have documented clusters of cases which are not linked to direct travel to Central or West Africa. Current epidemiological analysis suggests that these infections are spreading via close physical contact with an individual who is infectious with MPOX, and many (but not all) cases self-identify as men who have sex with men (MSM).

Clinical Presentation:

- Prodrome phase (1-3 days): occurs prior to onset of rash, or at same time
 - May involve fever, chills, headache, myalgia, fatigue
 - Lymphadenopathy may occur during the prodrome phase, and would be unusual in other diseases that may have similar types of rash (such as chickenpox, syphilis and HSV)
- Rash phase
 - Typically begins in the mouth or on the face
 - May then spread to body, extremities, anogenital area, palms and soles of feet
 - Typical lesions can be described as: deep-seated and well-circumscribed lesions, often with central umbilication
 - The lesion typically progress through the following stages: macules, papules, vesicles, pustules, and finally scabs
 - Rash may be localized, or generalized. If generalized, it may be similar to smallpox, with a centrifugal distribution
- Recovery
 - Rashes scab, fall off, and new skin forms

Modes of transmission:

MPOX is spread to people through direct contact with the bodily fluids or lesions of infected animals or people, via respiratory droplets from an infected person, or from mother to fetus. It can also be transmitted indirectly through contact with materials contaminated with the virus, such as bedding and clothing.

Incubation Period:

Usually 6-13 days, with a range of 5-21 days.

Period of Communicability:

From onset of lesions until all lesions have scabbed, fallen off and new skin has formed. Some individuals may be contagious during the prodrome phase (before rash develops or is noticed) when they have non-specific symptoms, such as fever, malaise and headache.

Diagnosis & Laboratory Testing

[Refer to PHO's MPOX Virus Test Information Index](#) for detailed information on sample collection and submission.

Treatment & Case Management

For mild infections, most people will recover on their own within 2-4 weeks with supportive care including rest, fluids, and pain relievers. Supportive care for managing symptoms includes:

- Letting the rash dry or covering the rash with a moist dressing to protect the area, if needed.
- Avoiding touching any sores in the mouth or eyes. If needed, mouth rinse or eye drops can be used, but products containing cortisone should be avoided.

Tecovirimat (TPOxx®) has been approved by Health Canada to treat individuals hospitalized with MPOX infection.

Imvamune® vaccine is approved by Health Canada for adults 18 years of age and older who have been in close contact with someone with MPOX or may come in contact (pre-exposure) with someone who has MPOX. Imvamune vaccine is recommended to help prevent persons who may be in contact with MPOX from getting sick. Those interested in being vaccinated should contact the SMDHU Immunization Program via <http://smdhu.org/mpox> to request an appointment.

Anyone with suspected or confirmed MPOX must isolate right away. Anyone who has been in contact with a person who has MPOX should monitor themselves for symptoms for 21 days. If symptoms develop the person should isolate and contact their healthcare provider.

Patient Information

PATIENT FACT SHEET

Additional Resources

1. [SMDHU: Self-isolation guidance for MPOX](#)
2. [Government of Ontario](#)
3. [Gay Men's Sexual Health Alliance](#)
4. [Government of Canada](#)
5. [World Health Organization: MPOX fact sheet](#)
6. [MPOX: For health professionals. 2022.](#)
7. [Public Health Ontario: MPOX Virus Information. 2022.](#)