



## ALERT FOR CLINICIANS Mpox cases increasing in WA

### KEY POINTS

- Five cases of mpox have recently been identified in WA, with an additional mpox case transiting through Perth while infectious. There is an increasing risk of mpox as not all contacts can be identified.
- **Men who have sex with men (MSM) are at highest risk of mpox.**
- **Test** for mpox and other sexually transmitted infections (STIs) in a sexually active person with symptoms.
- **Identify and recall** patients eligible for mpox **vaccination**. Two doses provide optimal protection.
- **Notify** mpox cases to [Public Health](#).

### Epidemiology

- Australia has recorded over 1,100 cases of clade IIb mpox since April 2024.
- Most cases are in MSM and acquired in Australia (mostly New South Wales, Victoria and Queensland) through casual sex via hook up apps or anonymous sex at sex-on-premises venues.
- Five cases of mpox have been identified in WA in October and November 2024, to date.

### Clinical presentation

- Mpox may present with a rash or lesion on any part of the body, including mouth or rectum.
- Rash may be maculopapular or a vesicle, pustule, ulcer or scab. It may lead to proctitis or urethritis.
- Occurs with or without prodromal symptoms; fever, lymphadenopathy, headache, myalgia, arthralgia, sore throat or back pain.
- Symptoms among vaccinated individuals may be atypical or less severe (e.g. one pimple).

### Who to test

- Test anyone who is sexually active with any symptoms, particularly those with the following risk factors:
  - contact with a case of mpox
  - sex or intimate contact with men who have sex with men
  - casual or anonymous sexual encounters including at sex-on-premises venues, or meeting new partners through dating or hook-up apps.

### Testing

- Wear personal protective equipment while collecting samples (surgical mask or P2/N95 mask if patient has respiratory symptoms, gloves, disposable fluid resistant gown and eye protection).
- Use sterile dry viral swabs. Swab one or more derroofed vesicles or ulcers (vigorously rubbing the base of the lesion), a nasopharyngeal or throat swab, and a rectal swab if proctitis. Double bag the specimens.
- Request 'mpox PCR' and test for other STIs (syphilis, HSV, HIV, gonorrhoea and chlamydia) if the person is sexually active. Consider testing for varicella, molluscum or bacterial infection.
- Advise your patient to stay home and limit contact with others while awaiting results, and to cover lesions with dressings or clothing if needing to leave home for essential activities.
- Refer to [mpox quick guide for clinicians](#) and [Mpox \(monkeypox\)](#) for further guidance.

### Vaccination

- Free Jynneos® vaccine is available for sexually active gay, bisexual or other MSM (and their sexual partners), healthcare workers at risk for mpox, laboratory workers handling live virus, and sex workers.
- Two doses given at least 28 days apart will ensure optimal protection against infection.
- See [Mpox \(monkeypox\)](#) for information about vaccine availability and access. Refer to the [Australian Immunisation Handbook](#) for further information about mpox vaccines.

### Notification

- **Notify** cases of mpox to your local [Public Health Unit](#).

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