



ALERT FOR CLINICIANS

Mpox outbreak in WA

KEY POINTS

- Since April 2026 there has been an increase in locally acquired mpox notifications in WA.
- While most recent cases were men who have sex with men (MSM), there were two cases in **heterosexual cis-men** and two cases in **heterosexual cis-women** – the **first confirmed cases in cis-women in WA**.
- Most mpox transmission occurs among MSM, but all men and women with compatible symptoms or who are mpox contacts should also be tested for mpox and other sexually transmitted infections (STIs).
- Encourage **mpox vaccination** (two dose course) for [eligible males and females](#).

Risk of mpox has increased in WA

- Since 01 April 2026, 20 cases of mpox have been reported in WA – most acquired locally.
- While most of the recent cases were MSM, there were two cases in heterosexual cis men, and two cases in heterosexual cis women – the first confirmed cases in cis women in WA.
- A large number of anonymous sexual contacts have not been able to be identified through contact tracing as they occurred via apps or at sex-on-premises venues.
- Prompt case detection is required to reduce transmission in MSM and heterosexual networks.

Test all sexually active people (including heterosexual people) with mpox-compatible symptoms

- Mpox presentations vary and can include a rash (which can range from mild symptoms of one or two lesions only, through to disseminated lesions), proctitis without visible lesions, urethritis, and vulvo-vaginal ulcers.
- Prodromal symptoms (e.g. fever, lymphadenopathy, headache, myalgia, arthralgia) may occur.
- Test males and females with compatible symptoms, especially if they have had:
 - contact with a known case of mpox
 - sex or intimate contact with MSM
 - casual or anonymous sexual encounters including at sex-on-premises venues, sex parties, sexual massage, or meeting new partners through dating or hook-up apps.

Collect specimens safely and effectively

- Wear personal protective equipment (mask, gloves, gown, eye protection).
- Collect swabs of lesions, a nasopharyngeal or throat swab and, if proctitis present, a rectal swab.
- Request "mpox PCR", STI tests (syphilis, HSV, HIV, HBV, gonorrhoea and chlamydia).
- Use sterile dry viral swabs and double bag the specimens for transport.
- Advise the patient to cover and avoid touching their lesions, abstain from sexual activity and avoid physical contact with immunosuppressed people, pregnant people and young children while awaiting results. If the result is positive, public health will contact them with further advice.
- Refer to [mpox quick guide for clinicians](#) and [Mpox \(monkeypox\)](#) for further guidance.

Free vaccination is available

- Free JYNNEOS® vaccination is available for eligible people at risk. Two doses are recommended.
- See [Mpox immunisation](#) for information about eligibility, availability and access.
- See the [Australian Immunisation Handbook](#) for further information about mpox vaccines.

Dr Paul Armstrong

DIRECTOR, COMMUNICABLE DISEASE CONTROL DIRECTORATE

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