

Key aspects briefly summarized

- Mpx is a viral disease that typically causes a rash, swollen lymph nodes and fever.
- An emerging variant is spreading rapidly in eastern D.R. Congo and neighboring countries prompting a new WHO declaration of a public health emergency of international concern (PHEIC), as of August 14th 2024
- Close physical contact (sexual or non-sexual) is the main mode of transmission.
- The disease generally follows a mild course. Children, pregnant women, and people with weak immune systems are the most at risk of complications.
- Vaccination against mpx is available, but limited to groups at high risk of exposure.



Disease

Mpx (formerly monkeypox) is a disease caused by the *Monkeypox virus*, a virus from the same family as the virus that causes smallpox. It is a viral zoonotic disease, which means it can spread from animals to humans. It can also spread between people.

Occurrence / Risk areas

Mpx has been commonly found in West and Central Africa for many years where the suspected reservoir animals - small mammals – are found. There are two types of *Monkeypox virus* called 'clades' that cause the disease: mpx - clade I in Central Africa and clade II in West Africa. Since the end of smallpox vaccination campaigns in the early 1980's, cases of mpx have increased, slowly at first and significantly in the last 5-10 years, especially in the Democratic Republic of Congo (DRC).

In 2022, a new emerging **subclade of clade II** (clade IIb) was responsible for a global epidemic that spread mainly through sexual contact among men who have sex with men. It resulted in the first public health emergency of international concern (PHEIC) declared by the WHO until 2023. Although the clade IIb epidemic is now under control, this virus variant continues to circulate worldwide.

In 2024, the continued spread of **mpox clade I** in endemic regions of Central Africa, particularly in the DRC, and the emergence of a new subclade Ib in Eastern DRC and neighboring countries has raised global concern and prompted the WHO to declare a PHEIC for the second time in two years. The current geographical spread of mpx **clade Ib** occurs via commercial routes through sexual contact (e.g. sex workers), followed by local transmission in households and other settings (which is becoming increasingly important).

Transmission

Animal to human transmission

Mpx can spread from animal to human when they come into direct contact with an infected animal (rodents or primates).

Human to human transmission

Mpx can be spread from person to person through close physical contact (sexual and non-sexual contact) with someone who has symptoms of mpx. Skin and mucous membrane lesions, body fluids, and scabs are particularly infectious. A person can also become infected by touching or handling clothing, bedding, towels, or objects such as eating utensils/dishes that have been contaminated by contact with a person with symptoms. Household members, family caretakers, and sexual partners of a confirmed case of mpx are at higher risk for infection as are health care workers who treat a case without adequate personal protection.

Symptoms

The incubation period (time between infection and onset of symptoms) ranges from a few days up to 3 weeks. Mpx causes a rash / skin eruption that can be painful associated with swollen lymph nodes and fever. Fever may start already before the rash phase. Other symptoms include muscle aches, back pain, and fatigue. The rash may be localized or generalized, with only few or up to hundreds of skin lesions. It mainly affects the face, the trunk and the palms of hands and soles of the feet. It can also be present in genital areas and on mucous membranes such as in the mouth and throat. Symptoms usually last 2 to 4 weeks and the person remains contagious until all lesions have healed (once the scabs have fallen off).

Complications include secondary bacterial infections, infections of the lung and brain and involvement of other organs, stillbirth, and others. Children, pregnant women, and people with weak immune systems are at higher risk to develop a severe form of mpx.

Treatment

The majority of persons with mpox recover spontaneously and do not need specific antiviral treatment. Care management consists of relieving pain and other symptoms and preventing complications (e.g., superinfection). There is no established direct antiviral treatment, however, several antiviral treatments are studied in various countries and may be used in trials or in clinical situations according to the recommendations of national medical societies.

In case of symptoms:

- Seek medical attention immediately
- If you are diagnosed with mpox:
 - ✓ Please stay at home (isolate yourself) until your mpox rash has healed and a new layer of skin has formed. Staying away from other people and not sharing things you have touched with others will help prevent the spread of mpox. People with mpox should regularly clean and disinfect the spaces they use to limit household contamination.
 - ✓ Wash your hands often with soap and water or an alcohol-based hand sanitiser containing at least 60% alcohol.
 - ✓ You should not have sex while symptomatic and while you have lesions or symptoms. Use condoms for 12 weeks after infection. This is a precaution to reduce the risk of spreading the virus to a partner.
 - ✓ For more information on what to do if you are sick, see CDC LINK.

Prevention

General precautions:

- Worldwide:
 - ✓ avoid close, skin-to-skin contact with people who have or may have mpox or people who have a rash (e.g., pimples, blisters, scabs).
 - ✓ Wash your hands often with soap and water or an alcohol-based hand sanitiser containing at least 60% alcohol.
 - ✓ Avoid touching potentially contaminated personal items such as cups, bedding/clothing, towels or sharing eating utensils/cups, food or drink with a person who has, or may have mpox.
 - ✓ Avoid sex with sick persons; use of condoms for up to 12 weeks if your sexual partner has had mpox.
 - ✓ Follow advice of local authorities.
- When travelling to endemic / epidemic areas in Africa, in addition to above mentioned general precautions:
 - ✓ Avoid contact with animals in areas where mpox regularly occurs.
 - ✓ Avoid eating or preparing meat from wild animals (bushmeat) or using products (creams, lotions, powders) derived from wild animals.

Vaccination:

There is one currently used vaccine against mpox (called Imvanex® or Jynneos®, depending on where you live). This vaccine was originally developed to fight against smallpox, but offers a cross-protection against mpox. In Switzerland, the Jynneos® vaccine has been licensed by Swissmedic since 2024. Groups at risk (e.g., men who have sex with men or transgender people with multiple sex partners) are eligible for vaccination since 2022, and this recommendation remains unchanged (see [FOPH recommendations](#)). In light of the epidemiological situation in Africa in 2024, the Swiss Expert Committee for Travel Medicine recommends vaccination against mpox for professionals who are / will be in contact with suspect mpox patients or animals in endemic/epidemic regions or who work in a laboratory with the virus (for updates, see news).

The risk to the general population and travelers (tourists) is considered extremely low if the above-mentioned general precautions are followed and vaccination is not recommended.

Of note

- In case of symptoms, seek medical attention immediately.
- Mpox is not a sexually transmitted disease in the strict sense, physical contact with a person with symptoms of mpox (rash at any stage) is sufficient to transmit the disease. **Condoms do not protect you from getting mpox!**

Further Information

- Swiss Federal Office of Public Health ([FOPH](#))
- World Health Organisation: [WHO FAQ](#)
- European Center of Disease Control and Prevention ([ECDC](#))
- US Center of Disease Control and Prevention ([CDC](#))