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**2024**

# **Guidelines on Mpox-ECSCA-HC**

#stopthespread



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# What is Mpox (Monkey Pox Disease) ?

Mpox is a zoonotic disease, which means it can spread between animals and people. Mpox was formerly called Monkey Pox Disease; this is a viral illness caused by an uncommon infectious virus called the monkeypox virus or orthopoxvirus. The World Health Organization (WHO) has since declared Mpox disease a disease of global health concern, this follows the declaration by the Africa Centre for Disease Control (Africa-CDC). This is informed by a wider spread of the disease mainly in African countries. Rate of new infections is increasing at a high rate posing a huge threat to global health security. There are two types of strains for Mpox that are circulating in Africa, these are Clade 1 and 2. The monkeypox virus clade I epidemic that has been affecting the Democratic Republic of the Congo (DRC) since November 2023 and has recently spread to several other African countries. Mpox can be transmitted to humans through physical contact with someone who is infectious, with contaminated materials, or with infected animals. Mpox can be prevented by avoiding contact with an infected case or suspect case. Mpox is managed through supportive treatment, it's a disease that is self-limiting. There is no antiviral medicine at present currently. Mpox disease can be deadly, The risk of death from Mpox can be as high as 10%, especially if infected with Clade 1 variant which is most aggressive (death rate from clade 1 is 1-10%).



# Who is at risk of Mpox?

- ECSA-HC is at risk of contracting Mpox disease,
- Immunocompromised persons with multiple sexual partners is at an increased risk of Mpox

# How is Mpox transmitted?

- Mpox is transmitted from both Person-to-person and from infected animals to humans
- Transmission of mpox can occur through direct contact with infectious skin or other lesions such as in the mouth or on genitals; this includes contact which is
  - face-to-face (talking or breathing) including air droplets
  - skin-to-skin (touching or vaginal/anal sex)
  - mouth-to-mouth (kissing)
  - mouth-to-skin contact (oral sex or kissing the skin)
  - respiratory droplets or short-range aerosols from prolonged close contact

The virus then enters the body through broken skin, mucosal surfaces (e.g. oral, pharyngeal, ocular, genital, anorectal), or via the respiratory tract. Mpox can spread to other members of the household and to sex partners. People with multiple sexual partners are at higher risk. Animal to human transmission of mpox occurs from infected animals to humans from bites or scratches, contact with carcasses, or eating meat from an infected animal. People can contract mpox from contaminated objects such as clothing or linens, through sharps injuries in health care, or in community setting such as tattoo parlours, potentially barbershops and saloons.

# How can one suspect that they have Mpox

## Signs and Symptoms of Mpox are;

Signs and symptoms usually begin within a week but can start 1–21 days following exposure to an animal of infected person. In a number of cases one may not know that they have been exposed to Mpox. Therefore, the presence of any of the following symptoms is of paramount importance.

Common symptoms of mpox are:

- rash
- fever
- sore throat
- headache
- muscle aches
- back pain
- low energy
- swollen lymph nodes.

## Typical evolution of symptoms

For some people, the first symptom of Mpox is a rash, while others may have different symptoms first. The rash begins as a flat sore, to a blister filled with liquid and may be itchy or painful. As the rash heals, the lesions dry up, crust over fall off.

There is variability in the severity of the rash, Some people may have one or a few skin lesions and others have hundreds or more. The rash can appear anywhere on the body such as the:

- palms of hands and soles of feet
- face, mouth and throat
- groin and genital areas
- anal area.

# How is Mpox diagnosed or confirmed?

Distinguishing Mpox from others disease like Chicken pox, herpes virus, measles and syphilis is a critical. However, a person with chicken pox or measles may also have Mpox disease. It is therefore, important to have a laboratory confirmation or exclusion of Mpox using a PCR based test.

The samples required for Mpox laboratory confirmation are:

- 1.The best diagnostic specimens are taken directly from the rash – skin, fluid or crusts – collected by vigorous swabbing. In the absence of skin lesions, testing can be done on oropharyngeal, anal or rectal swabs.
- 2.At present blood test is not recommended

## **What to do when you suspect you have symptoms suggestive of Mpox**

- 1.Immediately seek health care
- 2.Inform the medical team about your symptoms
3. Follow the instructions by the health care professionals

## **What to do when in contact with a patient with suspected Mpox, symptoms of Mpox, confirmed Mpox;**

- 1.Immediately consults a medical professionals
- 2.Start self -isolation for atleast 14 days
- 3.Be alert to the onset of the symptoms above
- 4.During self- isolation, should any of the symptoms or signs occur, immediately report to the health facility

## Treatment and care for patients with Mpox

1. Patients with Mpox are required to be admitted in isolation wards for infection preventions purposes
2. Mpox is self resolving
3. The treatment for Mpox is supportive which means the medication they receive is mean to make the patient comfortable and prevent the symptoms from becoming severe.
4. Supportive treatment includes;
  - a. Oral or intravenous hydration
  - b. Anti-pyrexia drugs 9 paracetamol, Ibuprofen
  - c. Mineral and vitamins
  - d. Nutritional support, patients with Mpox will require high energy and protein diet due to the high catabolic state caused by the disease



# Preventive measure for Mpox

## Primary preventive measures:

1. Avoid contact with patients with Mpox or suspected to have Mpox
2. Surgical masks when in public
3. Social distancing when in public like airports, bus stations and shopping malls
4. Avoid handshakes, hugging
5. Sanitise with Alcohol Based Hand Rub or wash your hands often with soap and running water.
6. Avoid contact with objects and materials that a person with mpox has used.
  - a. Do not share eating utensils or cups with a person with mpox.
  - b. Do not handle or touch the bedding, towels, or clothing of a person with mpox.

## Other primary preventive measures:

1. Mass vaccination for Mpox is not currently recommended
2. Vaccination is recommended for persons at high risk of Mpox such as health care workers looking after Mpox patients, persons with multiple sexual partners
3. Post-exposure preventive vaccination (PEPV) is recommended for contacts of cases ideally within four days of first exposure (and up to 14 days in the absence of symptoms);

## Preventive measures to take when on duty travel;

1. You are encouraged to carry face masks and Alcohol Based Hand Rub at all times and observe preventive measures above
2. Contact the office of the DOID in an event you are in contact with a patient with Mpox , when you develop symptoms suggestive of Mpox
3. Early health seeking for early diagnosis and supportive care when you develop symptoms suggestive of Mpox



Mpox is a viral disease transmitted through direct contact, contact with contaminated materials from infected person or even sexual contact.

## Stay Safe from Mpox!

### Preventive Measures:

Avoid close contact with infected individuals



Avoid sharing personal items like towels, utensils or clothing



Wear protective gear if caring for someone with Mpox



Wash hands with soap and water or use hand sanitizer when soap is not available



Monitor key symptoms: fever, skin rash, swollen lymph nodes.  
If you experience ANY of these symptoms, seek urgent medical attention.



# **East, Central and Southern Africa - Health Community**

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