

Mpox (monkeypox): Information for cases

Who is this fact sheet for?

This fact sheet is for people who have been diagnosed with mpox and who have been advised to self-isolate at home.

What are the symptoms of mpox?

Most people with mpox recover without specific treatment within a few weeks. Symptoms usually begin 7-14 days after exposure. This can be as short as a few days or as long as 21 days.

Mpox symptoms may include:

- rashes, pimple-like lesions or sores, particularly in areas that are hard to see such as the genitals, anus or buttocks and on the face, arms and legs.
- ulcers, lesions or sores in the mouth.
- people can experience fever, headache, muscle aches, backache, swollen lymph nodes, chills and/or exhaustion prior to the rash or lesions developing.

The lesions start as a flat red rash that develops into pustules, which then form crusts or scabs and fall off.

The risk of severe disease and complications such as secondary infection, sepsis and encephalitis is likely to be increased in people with immunocompromise, young children and pregnant women.

How does mpox spread?

Mpox mainly spreads from one person to another by direct skin-to-skin contact. It may be spread by breathing in droplets breathed out by someone who has mpox during prolonged close contact, but this is rare. It can also be spread through contact with infected bodily fluids or contaminated objects, such as bedding or clothes.

Mpox may be passed on during sex. It is not known how long the mpox virus remains present in semen and other bodily fluids. People who have mpox should abstain from sex for the duration of their infection. People who have recovered from mpox should use condoms when engaging in sexual activity for 12 weeks after recovery.

People with mpox are infectious from the time they first get symptoms until all the lesions have crusted, the scabs have fallen off and a fresh layer of skin has formed underneath.

How is mpox treated?

Most people with mpox only need regular over-the-counter pain medicines and oral fluids and can be monitored by their GP or treating clinician. A few patients may need supportive management such as intravenous fluids and medicine to control fever or pain.

Some people may also need treatment for complications such as antibiotics for a secondary bacterial infection of the skin.

There are antiviral medications available that may help to treat people with severe illness.

What happens when I am diagnosed with mpox?

- Public Health Units, sexual health clinics, your GP or regular doctor, and infectious diseases physicians may all be involved in the management of your mpox infection.
- Your local public health unit will interview you to identify, assess and follow-up any contacts with whom you may have been in contact while infectious and where you may have caught the infection.
- The Public Health Unit will follow-up all high-risk (e.g. sexual partners, caregivers and household members) and medium-risk (e.g. social and workplace) contacts to give them advice and monitor them for symptoms of mpox infection. Low risk contacts do not usually require any routine follow up, however this is dependent on individual risk as assessed by your local Public Health Unit. Your identity will not be disclosed to any contacts without your permission, and then only as necessary for effective contact tracing.

Your day-to-day health will be managed either by your regular GP or sexual health clinician, or by an infectious diseases physician from your local hospital.

Who should I call if my symptoms get worse or I am concerned about my health?

If you are experiencing pain or discomfort, or you are concerned about any symptoms you may have, you should contact your GP, sexual health clinician, or the infectious diseases physician from your local hospital for immediate care.

The doctor who is managing your day-to-day care will advise you who to call if you need help on weekends or out-of-hours.

In an emergency call Triple Zero (000) immediately. Please tell doctors and other healthcare workers that you have been diagnosed with mpox. Wear a surgical mask if you go to a GP, hospital or in an ambulance.

What is self-isolation? What do I need to do?

Self-isolation is an effective measure to reduce the spread of disease. Self-isolation means staying in your home or accommodation and remaining separated from others. You should follow these guidelines until you are clinically cleared by your local Public Health Unit.

If you have mpox and you are **self-isolating** at home whilst infectious, you should:

- work from home as this will reduce your contact with other people. If unable to do so, in certain circumstances you may be able to attend your workplace. Attendance at work should be discussed with your local Public Health Unit with careful consideration of the type and nature of your work, number and location of lesions and mode of transport to and from-work.
- not leave your home unless for essential activities in non-crowded settings such as follow-up medical care, to buy medicine, groceries or for solo outdoor exercise. If you need to leave your home, wear a surgical mask, cover any exposed lesions and avoid close contact with others. Avoid public transport if your lesions cannot be completely covered.
- *not visit high-risk settings (e.g., healthcare, childcare, or aged care facilities), unless seeking urgent medical attention. Postpone any routine appointments until your self-isolation period is over.
- not have any visitors to your home.
- abstain from sexual activity with others and continue to use condoms for 12 weeks after you have recovered.
- sleep in a separate room from those in your household.
- not have physical contact with others and maintain at least a 1.5m distance.
- **avoid any contact with those at potential higher risk of infection (this includes infants, older people, immunocompromised people, and people who are pregnant).
- practise good hand and respiratory hygiene. Wear a surgical mask when in shared spaces, cover skin lesions and regularly wash your hands with soap and water or use an alcohol-based hand sanitiser.
- clean high-touch surfaces such as door handles and light switches regularly with disinfectant. For advice on cleaning and disinfecting your home while you are in self-isolation, please see the [Clinical Excellence Commission Household Cleaning and Disinfection Information – Monkeypox](#).
- not share clothing, bedding, towels, unwashed crockery and cutlery. If others must touch these items, they should wear gloves and a surgical mask.
- avoid contact with animals particularly dogs and rodents (e.g. hamsters, gerbils, mice, rats, guinea pigs) due to the risk of human-animal transmission.
- do not donate blood, cells, tissue, breast milk, semen or organs whilst self-isolating and for at least 12 weeks after you are released from self-isolation.

If you have any concerns, you should discuss this with your local Public Health Unit on 1300 066 055.

*If you work in a high-risk environment such as in healthcare, childcare, disability or aged care, you should not attend work for the entire 21-day period.

**If you cannot avoid close contact from household members who are at higher risk of infection, you should contact your local public health unit. They will need to help you find alternative accommodation where you can safely isolate until the 21-day period is over.

What if I have a caregiver?

If you receive care from a caregiver, they should wear a surgical mask, gloves, disposable fluid-resistant gown and eye protection whilst looking after you during your self-isolation period, to avoid the spread of disease.

Please contact your local Public Health Unit on 1300 066 055 if you require advice or support.

Vaccination

At this stage if you have been diagnosed with mpox, vaccination is not required. Previous research in cases who have been infected with similar viruses suggests long-term immunity after infection however, we do not yet have a clear understanding of this with the mpox virus, including to what extent you will be protected and if so, for how long. Therefore, it is important to take necessary precautions to protect yourself to avoid being reinfected again.

When can I leave self-isolation?

If you are a **suspected case**, you should self-isolate until a negative laboratory test result is received.

If you are a **confirmed or probable case**, you should self-isolate and follow the advice in this fact sheet until all lesions have crusted, scabs have fallen off and a fresh layer of skin has formed underneath.

The doctor who is managing your care and the local infectious diseases physicians will review your case and your symptoms and advise on when you can stop self-isolating.

What happens when my self-isolation has finished?

You must thoroughly clean and disinfect your home when you leave self-isolation. Special attention must be paid to items and surfaces that were in direct contact with your skin.

Mpox virus can survive on bed linen, towels, clothing and on environmental surfaces, including fabric surfaces such as sofas, cushions and beds. It is important to clean and disinfect any areas where you have spent time during your infectious period, including vehicles.

Advice on how to clean and disinfect your home at the end of your self-isolation period can be found in the [Clinical Excellence Commission Household Cleaning and Disinfection Information – Monkeypox](#).

It is not known how long mpox virus remains present in semen and other bodily fluids. You should use condoms when engaging in sexual activity for 12 weeks after you recover from mpox. This is a precaution to reduce the risk of spreading infection to sexual partners.

When your self-isolation has finished, you can return to work or school and resume social activities.

What support is available while I am in self-isolation?

Staying at home for a prolonged period can be difficult, frustrating and lonely. It is important to remember to take care of your mind as well as your body and to get support if you need it. Stay in touch with family and friends over the phone or on social media.

Help and support is available if you need it by calling:

- [ACON's support services](#) – Offers a range of free and affordable counselling services for LGBTQ+ adults in NSW – (02) 9206 2000
- [QLife](#) – A national and anonymous phone and online counselling service staffed by LGBTQ+ community members – 1800 184 527
- NSW Mental Health Line – 1800 011 511
- Beyond Blue helpline – 1800 512 348
- Lifeline – 13 11 14
- NSW Health has partnered with [Sonder](#) to provide a free personal wellbeing service, available to help support you. The app provides access to confidential 24/7 multilingual chat and phone access to a range of mental health and wellbeing support services. Download the [Sonder app](#) and enter the code HERE2HELP.

Further information

Please refer to the [NSW Health mpox \(monkeypox\) fact sheet](#) for further information. You can also call your local Public Health Unit on 1300 066 055.

For free help in your language, call the Translating and Interpreting Service on 13 14 50.