

Mpox affecting men and women in NSW



SAFETY NOTICE 022/25

Issue date:	29 August 2025
Content reviewed by:	Health Protection NSW, Clinical Excellence Commission
Distributed to:	Chief Executives; Directors of Clinical Governance; Director, Regulation and Compliance Unit
KEY MESSAGE:	<p>Mpox cases are rising in NSW with transmission occurring in both males and females.</p> <p>Symptoms vary from mild to severe and can be subtle in people who are fully or partially vaccinated. Have a low threshold for testing sexually active people with symptoms consistent with mpox, and screen for other Sexually Transmitted Infections (STIs).</p> <p>Promote vaccination in all men who have sex with men (MSM), sex workers, and anyone who has or intends to have sex with sex workers.</p>
ACTION REQUIRED BY:	Chief Executives, Directors of Clinical Governance
REQUIRED ACTION:	<ol style="list-style-type: none">1. Distribute this Safety Notice to all relevant clinicians and clinical departments2. Ensure that clinicians and other relevant staff are aware of the recommendations in this Safety Notice and take appropriate action.3. Confirm receipt and distribution of this Safety Notice within 72 hours to: MOH-CommunicableDiseases@health.nsw.gov.au
DEADLINE:	4 September 2025
We recommend you also inform:	Directors, Managers and Staff of: Emergency Departments; Sexual Health Services; Gastroenterology Departments; Dermatology Departments; Infectious Diseases Departments; Infection prevention and control; Virtual Care Services
Website:	https://www.health.nsw.gov.au/sabs/Pages/default.aspx http://internal.health.nsw.gov.au/quality/sabs/index.html
Review date:	October 2025

N SN: 022/25

Situation

Mpox cases are rising in NSW after no notifications in June and July 2025.

- 10 notifications of mpox in August to date
- Mpox is occurring in both males and females
- Cases have occurred in female sex workers
- Both GBMSM (gay and bisexual men who have sex with men) and heterosexual males have been diagnosed, including men who have had sexual contact with female sex workers

Background

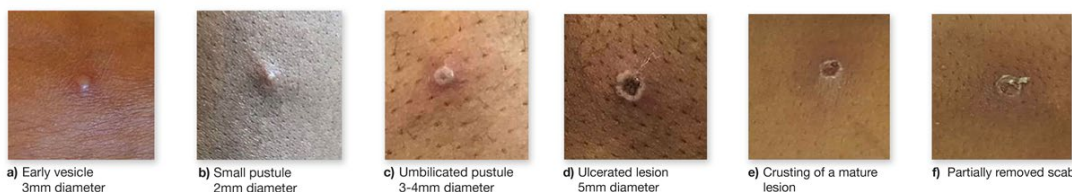
- Mpox, previously known as monkeypox, is a viral disease caused by infection with monkeypox virus (MPXV).
- The first mpox case in Australia was reported in 2022. During the 2022 outbreak, 144 cases were reported nationally. During the 2024 outbreak in Australia, there were more than 1,400 cases reported of which 770 notifications were from NSW since 01 June 2024.

Assessment

Mpox can mimic other infections (e.g. genital herpes, chickenpox, syphilis chancre):

- presentations vary: cases may have disseminated lesions, or 1-2 lesions at a single site, or proctitis without lesions
- lesions are typically in the anogenital or oral area, but can occur anywhere
- only some cases have a prodrome (fever, malaise, myalgia, and/or lymphadenopathy)
- vaccinated cases present with milder symptoms.

Figure: Individual mpox lesions (Image credit: United Kingdom Health Security Agency)



For additional clinical images see: [who.int/publications/i/item/WHO-MPX-Clinical-Lesions-2023.1](https://www.who.int/publications/i/item/WHO-MPX-Clinical-Lesions-2023.1)

Recommendations

Test all sexually active people with symptoms consistent with mpox; this includes proctitis without visible lesions

- Test if symptomatic regardless of severity, vaccination status, sexual orientation, travel history or past history of mpox
- Consider mpox in all sexually active people
- High risk people include:

N SN: 022/25

- GBMSM (or undisclosed MSM exposures) and their sexual partners
- sex workers and their clients
- those with recent sex in higher prevalence countries and their sexual partners.
- Collect fluid from a deroofed pustule or vesicle using a dry swab. If there are no fluid-filled lesions, send lesion tissue or crusts in a dry container. Send specimens for mpox PCR.
- A dry swab of the anorectal mucosa can be sent for mpox PCR in patients with anal symptoms, or a dry throat swab for those with oropharyngeal symptoms.
- Screen for other STIs, including serology for syphilis and HIV

For further testing advice: <https://sti.guidelines.org.au/sexually-transmissible-infections/monkeypox/>

Management of suspected and confirmed cases

- Apply standard precautions and specific transmission-based precautions (contact at a minimum), including isolating the patient, use of personal protective equipment (PPE) based on risk assessment when caring for patients to limit the transmission of mpox. For further information, refer to [Infection Prevention and Control Information for Clinicians - Mpox](#)
- Notify the local public health unit (PHU) of suspected cases by calling 1300 066 055
- Supportive care (analgesia, stool softeners if anal lesions) suffices for most cases
- For advice, contact your local sexual health clinic (health.nsw.gov.au/sexual-health-clinics) or Sexual Health Info Link on 1800 451 624, Monday to Friday 9am - 7pm; select option 1 for health professionals
- For suspected or confirmed cases requiring hospitalisation, discuss with your local infectious diseases service. The NSW Specialist Service for High Consequence Infectious Diseases also provides expert advice for severe cases, including immunocompromise, where antiviral treatment may be considered (1800 424 300, 24 hours, 7 days per week).

Advise patients to cover all lesions and abstain from sex

- Ask people being tested for mpox to keep lesions covered with clothing or a dressing and abstain from sex while awaiting the result. If they have oral lesions or respiratory involvement, ask people to wear a surgical mask when around other people.
- If positive, the PHU will contact the patient with further advice.

Check at-risk eligible people have had two doses of vaccine and encourage JYNNEOS vaccination

- Vaccination is recommended and available at no cost to all GBMSM, sex workers, and their sexual partners. Find a vaccine clinic: health.nsw.gov.au/mpox-clinics
- People who are not fully vaccinated and report sexual or other close contact with someone with mpox should be offered post-exposure preventive vaccination (PEPV) as soon as possible after exposure. PEPV is ideally given within 4 days of exposure but may be given up to 14 days post-exposure. For further guidance, see health.nsw.gov.au/mpox-pep

Mpox affecting men and women in NSW

N SN: 022/25

Further information

Australian STI Management Guidelines (includes detailed advice on specimen collection)

<https://sti.guidelines.org.au/sexually-transmissible-infections/monkeypox/>

Clinical Excellence Commission Infection Prevention and Control Information for clinicians: mpox

https://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0003/728148/infection-prevention-and-control-information-for-clinicians-mpox.pdf

NSW Health mpox fact sheet for cases

<https://www.health.nsw.gov.au/mpox-cases>

Mpox translations

<https://www.health.nsw.gov.au/mpox-translations>

NSW Health post exposure preventative vaccination (PEPV) for mpox fact sheet

<https://www.health.nsw.gov.au/Infectious/factsheets/Pages/mpxv-pep.aspx>

Mpox Australian Centre for Disease control

<https://www.cdc.gov.au/topics/mpox>