

# MPOX

## INFORMATION SHEET

Mpox was declared a public health emergency of international concern by the World Health Organization on 14 August 2024, following a rise in cases in the Democratic Republic of the Congo that has spread to neighbouring countries in Africa. On 16 August 24, a global Strategic Preparedness and Response Plan was launched to prevent the spread of human-to-human transmission of Mpox through coordinated efforts at the global, regional, and national levels. Oral lesions and ulcers due to Mpox have been reported.

### Overview of Mpox

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- Mpox is a disease caused by infection with the Monkeypox virus. It is part of the same Poxviridae family, genus Orthopoxvirus, as the virus that causes smallpox.
- As a zoonotic disease, it can be spread between animals and people.
- Clades
  - Clade I, responsible for the current epidemic, causes more severe illness and deaths. Mortality rates of up to 10% have been reported, although more recent outbreaks have reported a case fatality rate of 3-4%. While the outbreak remains generally confined to Africa, two isolated cases have been reported in Sweden and Thailand.
  - Clade II, responsible for the global outbreak that began in 2022, including in Singapore, results in less severe infections, with survival rates over 99%.

### 02 Symptoms of Mpox

- Rashes are common, which may be located in the mouth incl. tongue, on face, hands, feet, chest, and genital areas.
- The rash will go through several stages before healing. An individual is contagious until all scabs on the skin have fallen off and a new layer of intact skin has formed. The rash can resemble pimples or blisters initially and may be painful or itchy.
- Oral symptoms and lesions may include sore throat, ulcers, vesicles, dysphagia, erythema, tonsillar hypertrophy, exudates, erosions, pustules, papules and umbilicated lesions.
- **Accompanying symptoms** of Mpox can include: Fever, Headache, Backache, Lymphadenopathy, Myalgia, Asthenia (profound weakness).
- The incubation period of Mpox is up to 21 days.



### 03 How does it spread?

- Direct contact with an infected animal
- Close contact with an infected person:
  - (i) being within two metres of an infected person for  $\geq 30$  minutes, (ii) having physical contact, or (iii) having physical contact with contaminated surfaces or materials, e.g. clothes or bedding contaminated with bodily fluids and scabs

### Risk of severe disease

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Some individuals are at higher risk of becoming severely ill, including:

- Individuals with severely weakened immune systems
- Children younger than 1
- People with a history of eczema
- People who are pregnant

### 05 Screening and Protection

- Per MOH circular (55/2024), Mpox should be suspected<sup>1</sup> in an individual who presents with:
  - 1. Unexplained acute rash AND
  - 2. One or more accompanying symptoms (as above) AND
  - 3a. Travel history to East African countries or areas with recently reported confirmed case(s) of Mpox within 21 days illness onset OR
  - 3b. History of close contact with an infected person within 21 days from the onset of illness OR
  - 3c. History of sexual or intimate in-person contact with persons in a social or sexual network experiencing Mpox activity (including MSM and commercial sex workers) within the last 21 days prior to onset of illness, and presents with lesions on or near the possible route(s) of exposure during the sexual activity.
- Early detection of Mpox and immediate patient isolation are critical in preventing outbreaks or transmissions. In the event dental treatment is required, full PPE including N95 masks and eye protection, is recommended. Vaccines against smallpox are effective for the prevention of Mpox.

<sup>1</sup>A suspected case of Monkeypox virus infection in your patient should be immediately referred to a medical practitioner for follow-up and action by MOH.

# References/ Further Reading

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