



## NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

### MPOX PREPAREDNESS

#### An update for Physicians, Accident & Emergency Practitioners and Laboratorians

Division of Public Health Surveillance and Response and  
Centre for Emerging Zoonotic and Parasitic Diseases  
(NICD) 24-hour hotline number: 0800 212 552

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As of January 3, 2023, there had been more than 90 000 confirmed cases and 185 deaths in 117 countries from all six WHO Regions. Since the peak of the epidemic in August 2022, the multi-country mpox cases have declined but low level of transmission continues. In addition, mpox is also reported from a number of African countries, where zoonotic transmission is also possible (i.e. animal to human). Between 2023 and May 2024, nearly 20 000 cases of mpox have been reported from the Democratic Republic of Congo. From June 2022 to May 2024, a total of seven cases of mpox have been confirmed in South Africa. All cases involved men between 28 and 41 years of age.

The risk of mpox to the South African population has been low, given the low transmissibility of the virus.

#### Transmission

Monkeypox virus can be transmitted to a person upon contact with the virus from an animal, human, or materials contaminated with the virus. Person-to-person transmission of the virus is through close contact (i.e. prolonged face to face contact, kissing). Entry of the virus is through broken skin, respiratory tract, or the mucous membranes (eyes, nose, or mouth). A person is contagious from the onset of the rash/lesions through the scab stage. Once all scabs have fallen off, a person is no longer contagious.

#### Signs and symptoms

The incubation period (time from infection to symptoms) for mpox is on average 7–14 days but can range from 5–21 days. Initial symptoms include fever, headache, muscle aches, backache, chills and exhaustion. Lymphadenopathy is also noted. Skin lesions (or rash) develops between 1-3 days following onset. The lesions may be found spread over the body or localised. For cases reported in the multi-country outbreak, localization of lesions in genital or peri-genital areas have been often reported. The lesions progress through several stages before scabbing over and resolving. Notably, all lesions of the rash will progress through the same stage at the same time. Case fatality rate is very low and most cases will not need hospitalization or specific treatment. More severe cases have been historically reported in children, pregnant women and individuals with untreated HIV disease.

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#### Response to a suspected case:

1. Establish that the patient meets the signs and symptoms for suspected mpox.
2. Observe appropriate infection control procedures (i.e. isolation with universal precautions). **As soon as the decision is made to proceed on the basis of a presumptive diagnosis of mpox, measures should be applied to minimize exposure of HCWs, other patients and other close contacts.**
3. Clinical management is supportive and will vary from case to case, but typically cases are self-resolving. Tecovirimat is an anti-viral agent that may be used for people with severe mpox disease.
4. Inform the NICD hotline (0800 212 552) and notify the local and provincial communicable disease control co-ordinator (CDCC) telephonically so that additional case finding and extensive contact tracing can be conducted.
5. Notify the case telephonically and through the NMC App – complete the Case Investigation Form ([CIF-MPOX](#)). Submit forms to provincial CDCC.
6. Submit samples to NICD for laboratory testing.

#### Differential diagnosis:

Other rash illnesses, some commonly found, include chickenpox (caused by varicella virus), hand-foot-and-mouth disease, measles, bacterial and fungal skin infections, syphilis, molluscum contagiosum and drug-related rashes. Lymphadenopathy in the prodromal phase of illness distinguishes mpox from chickenpox.

#### Sample collection and testing for mpox:

1. See laboratory guidance on submission of samples for mpox testing. Please refer to [lab guide mpox](#)

**For more information, visit the NICD website, [Mpox](#)**