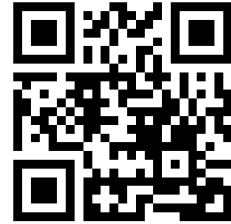


Mpox information sheet

WHAT IS MPOX?

Mpox is a notifiable disease caused by a virus. The virus is closely related to the smallpox virus, which was eradicated by 1977 thanks to a consistent vaccination campaign throughout the world. In humans, the Mpox virus can cause a disease similar to smallpox. However, in contrast to smallpox, the Mpox virus is rarely deadly. People with immune deficiencies, pregnant women and children are particularly at risk of more serious symptoms. Severe complications may include scarring; eye damage or vision loss if the conjunctiva or the cornea are affected; inflammation of the brain, heart or lungs; pregnancy loss; additional bacteria on skin lesions; severe pain when having a bowel movement or urinating due to skin or mucosal lesions.



Information and
booking an appointment

HOW DOES MPOX SPREAD?

In Western and Central Africa, Mpox is spread mainly through infected animals (rodents and monkeys). It spreads from person to person through contact with infectious skin lesions, via mucous membranes through speaking, coughing or sneezing when having prolonged and close physical contact, and through body fluids, e.g. through sexual contact. It can also spread through using clothing, bedding, towels, sanitary items or office equipment that has also been used by an infected person or through inhaling contaminated dust.

WHAT ARE THE SYMPTOMS?

Usually, the first symptoms show up 5 to 14 days (at the latest 21 days) after being exposed to the virus. They include a fever, general exhaustion, headaches, muscle and body aches, stomach issues and frequently painfully swollen lymph nodes. After another 1 to 3 days, patients develop a skin rash or lesions (first lesions with a flat base, then slightly raised firm lesions and finally lesions filled with a fluid, which will crust, dry up and fall off). The lesions are often discrete and can be painful and itchy. Lesions may also occur in the genital area and can be very painful. All skin lesions are infectious until they crust over and fall off.

HOW IS MPOX DIAGNOSED?

Swab samples are taken from the lesions or from the throat and sent to a specialist laboratory where the virus can be detected by PCR testing. The swabs are taken by healthcare professionals wearing protective gear.

IS THERE A VACCINE AGAINST OR TREATMENT FOR MPOX?

Treatment is for symptoms, not the virus itself. However, serious cases are treated with an antiviral medication. Persons with a high risk of exposure to persons infected with Mpox can get a prophylactic vaccination with the Jynneos® vaccine. The vaccine should be administered as quickly as possible, best within 4 days (or a maximum of 2 weeks) after exposure. It is a 2-dose vaccine with an interval of 28 days between the first and the second dose. Persons, who were vaccinated a few decades ago with the smallpox vaccine used at the time, only need one dose as they should have a certain degree of immunity.

WHAT SHOULD I DO IF I HAVE BEEN EXPOSED TO SOMEONE WHO HAS MPOX OR IF I HAVE MPOX MYSELF?

If you have symptoms and have had contact with someone with Mpox you have to self-isolate at once and call 1450.

If you have a confirmed Mpox infection you need to stay in self-isolation until the last crust has fallen off.

The official isolation period ends with a final medical examination after about 3 to 4 weeks. Contacts of Mpox cases should self-monitor for the development of symptoms, such as a fever, headaches, muscle and body aches or swollen lymph nodes, for 21 days after exposure and inform the health authorities about their state of health on a daily basis. Avoid any physical and especially sexual contacts (also protected sexual contacts) during this period. Also avoid contacts with people with immune deficiencies, children, pregnant women, and pets.

WHERE DO I GET GENERAL INFORMATION ABOUT MPOX?

Vienna Health Hotline – the health hotline of the City of Vienna at **1450** is available 24 hours a day.

Please turn over!

Guidance for persons infected with Mpox who are isolating at home

WHAT SHOULD YOU DO TO PREVENT THE DISEASE FROM SPREADING?

- Limit contact with others to a minimum! If you cannot avoid contact, keep a distance of at least 2m from other people. (Avoid any physical contact.)
- Isolate in a room or area separate from the other people in your home (stay in your own room)
- Wear an FFP2 mask when you leave your room
- Fully cover your skin lesions (bandages/clothing)
- Avoid contact with your pet (the disease might spread to pets)
- Wash your hands regularly with soap and water
- Do not touch your eyes. Mpox may enter the eye via self-infection. If you experience vision impairment, eye pain, skin lesions around the eye or other health issues, contact your doctor immediately and tell them that you have a confirmed Mpox infection.
- Do not share any items (e.g. towels, dishes) with other household members
- Sanitise the surfaces of bathroom/toilet every time you have used it
- Use an antiviral surface disinfectant
- Clean the surfaces you use on a daily basis (door handles, tables, smartphones, etc.)
- Wear clothes which you can wash at 60°C or higher or use an antiviral laundry sanitiser
- Avoid dust-generating household tasks such as making a bed or vacuum cleaning
- Dispose contaminated waste in a tightly sealed bag in your household waste container

WHEN IS ISOLATION ENDED?

You need to isolate until it is assured that you are no longer at risk of spreading the infection to others. This is the case when all crusts have fallen off and all wounds have healed. You have to isolate for at least 21 days, sometimes even up to 28 days, after the first symptoms show up. You will receive an isolation notice, which provides you with a date for the final examination that has been scheduled together with your doctor. If your doctor does not object to releasing you from isolation at this examination, the notice will be automatically cancelled and your isolation is ended. Persons with mild symptoms and only a very small number of lesions may not have to isolate but will be subject to restrictions of movement. In this case, a medical assessment should be carried out one week after the onset of the infection. If the symptoms worsen, you will still have to isolate.

FINAL DISINFECTION OF YOUR HOME

Once your isolation has ended, the health authorities will contact you to schedule a date for the final disinfection of your home. The disinfection should take place within three working days after your isolation has ended.

Further recommendations: Since your body fluids (e.g. sperm) may still be infectious after your isolation has ended, we recommend the use of a condom and other safety precautions for a further period of 3 months.

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