Bundesinstitut für
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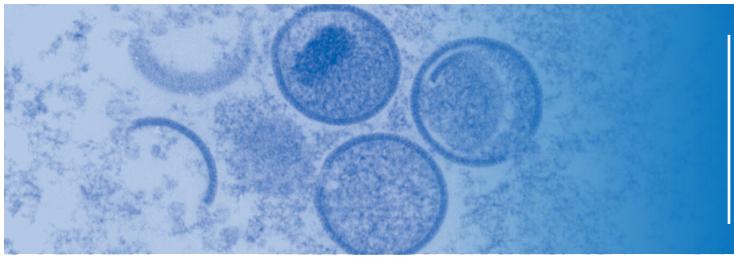
ROBERT KOCH INSTITUT



UP-TO-DATE INFORMATION ON

Mpox

If you notice symptoms of possible mpox infection or fear that you have been infected, please contact your doctor to receive the best possible treatment.

WHAT IS MPOX?

Mpox is a disease caused by the monkeypox virus (MPXV). There are two genetic clades of mpox – clade I and clade II. The disease is mild in most people and usually resolves on its own if appropriate medical care is available. However, severe cases can occur, especially in children or people with weakened immune systems.

OUTBREAKS OF MPOX

In May 2022 cases of mpox spread outside of Africa as part of a global outbreak, including in Germany. The infections were mainly transmitted through sexual contact between men who have sex with men and belonged to the Mpox clade IIb.

In 2023, a **new variant of the Mpox virus**, subclade Ib, emerged. Since then, it has spread mainly in a number of Central African countries. Since then, human-to-human transmission has been occurring. There have been few cases of Mpox, clade Ib, in Germany to date. Transmission of this clade is also thought to occur primarily through close physical contact with Mpox patients, e.g. during sexual contact.

HOW IS MPXV TRANSMITTED?

MPXV can spread in several ways:

- **Human-to-human transmission** can occur through direct contact with infectious skin or mucous membrane lesions, e.g. in the mouth or on the genitals. Close skin-to-skin contact occurs, for example, during close hugs, kissing and sex.
- Transmission can also occur **indirectly through contact with contaminated materials** used by people infected with mpox (e.g. towels, clothing, bedding).
- **Zoonotic transmission from animals to humans** can occur via direct contact, either through bites or scratches from an animal infected with mpox (especially various rodents) or contact with animal carcasses and excrement (e.g. during activities such as hunting, skinning, trapping), as well as through the consumption of meat from infected animals. This route of transmission is not relevant in Germany.

Currently, transmission through close skin-to-skin contact is observed to be the main route of transmission. **Human-to-human transmission of mpox can occur once symptoms of the disease appear.**

Only when all wounds, including any scabs, have healed and fallen off and a new layer of skin has formed is the person no longer contagious. This can take several weeks.

It is still unclear whether Mpox can be transmitted through semen or vaginal secretions. As a precaution, people who have had Mpox should use a condom during sex for eight weeks after all lesions have healed.

WHAT ARE THE SYMPTOMS OF MPOX?

- Symptoms usually appear 4 to 21 days after contact with a person infected with mpox and last for about 2 to 4 weeks.
- **General symptoms** include fever, headache, muscle and back pain, and swollen lymph nodes.
- **Typical skin changes** can develop at the same time, or a few days earlier or later, progressing from spots to pustules and eventually crusting over and falling off.
- A Mpox infection can also be completely asymptomatic.

Images of typical skin changes can be found here:
rki.de/mpox-bilder

HOW CAN INFECTION BE AVOIDED?

- Avoid close physical and sexual contact with a person infected with Mpox. Using condoms does not provide reliable protection against infection.
- Do not touch any rashes or sores and avoid skin contact.
- Avoid touching personal items or objects used by a person infected with Mpox.
- Wash your hands thoroughly and regularly.
- Avoid contact with potentially infected animals in endemic areas, including consumption of such animals.

VACCINATION AGAINST MPOX

- The STIKO only recommends the mpox vaccination only for certain individuals who are at increased risk of exposure. Currently, these are primarily **men and trans and non-binary individuals who have sex with men and frequently change partners, as well as sex workers**.
- In the EU, the **smallpox vaccine Imvanex (Modified Vaccinia Ankara, Bavaria-Nordic [MVA-BN])** is approved for the protection against mpox in persons aged 12 years and older.
- The vaccine is effective against infections with all mpox clades (I and II).
- **Basic immunisation** consists of two vaccinations administered at least 28 days apart.
- **The vaccine provides the best protection when given preventively.** Individuals for whom vaccination is recommended should check their vaccination status and catch up on any necessary vaccinations as soon as possible.
- **Even after contact with a person infected with mpox, rapid vaccination can reduce the risk of disease.** This so-called post-exposure vaccination should be given **within four days of contact** if possible and **no later than 14 days after exposure**.
- There is currently **no general recommendation** from STIKO for travel vaccination against mpox i.e. when travelling to Central Africa.
- **Employees working in currently affected areas**, who may be exposed to risk (e.g. in disaster relief) or in emergency medical aid (e.g. Doctors Without Borders), **can decide individually whether to be vaccinated after evaluating the risks and benefits**.
- Information on vaccination: **rki.de/mpox-impfung.** For further information, please contact your attending physician.

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WHAT TO DO ...

...IF YOU SUSPECT TO HAVE MPOX?

- If you feel ill, check for wounds or rashes on your body, including your genitals and anus.
- Until you have been diagnosed, avoid meeting other people, especially if this involves close skin contact, and cover any lesions carefully, e.g. with tight-fitting plasters and/or bandages.
- If you have respiratory symptoms and lesions in the mouth area, wear a face mask during unavoidable contact.
- Consult a doctor for clarification.

...IF YOU HAVE MPOX?

- Watch for symptoms and check your skin regularly, even in areas that are not easily visible.
- Maintain good hygiene for yourself and your household members. Wash your hands thoroughly with soap and water.
- Avoid close physical contact until scabs and crusts have completely healed and fallen off and no new lesions appear.
- If contact is unavoidable, cover lesions and scabs carefully (see above) and do not share items (e.g. towels, bed linen, dishes) with others.
- Refrain from sexual contact until all lesions have completely healed and continue to use condoms for 8 weeks after the end of any isolation period.
- Especially avoid contact with people who are at increased risk of severe disease if infected with Mpox (pregnant women, children, immunocompromised and elderly people).
- Inform people with whom you have had close physical contact since the onset of symptoms that they may have been at risk of infection.
- If you need to see a doctor, inform the practice in advance.
- Depending on the type and location of the symptoms, home isolation may be recommended or ordered by the authorities.

FURTHER INFORMATION IN GERMAN

ROBERT KOCH-INSTITUTE
rki.de/mpox
rki.de/mpox-faq
rki.de/mpox-ratgeber
rki.de/desinfektion

FEDERAL INSTITUTE OF PUBLIC HEALTH (BIÖG)
infektionsschutz.de/download/6690-BIOEG_Mpox.pdf

infektionsschutz.de/infektionen/erregersteckbriefe/mpox

GERMAN AIDS FEDERATION
aidshilfe.de/de/mpox-affenpocken

GERMAN FEDERAL FOREIGN OFFICE
auswaertiges-amt.de/de/ReiseUndSicherheit/reise-gesundheit/mpox/2532402

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