

Mpox FAQs

Updated December 2022

What is mpox?

Mpox is a disease caused by infection with the mpox virus, which is in the *Orthopoxvirus* genus in the family *Poxviridae*. The *Orthopoxvirus* genus also includes variola virus, which causes smallpox, and vaccinia (cowpox) virus, which is used in the smallpox vaccine. It is not related to chickenpox (caused by the varicella-zoster virus). Mpox was first discovered in 1958 among research monkeys that developed a pox-like disease. Despite its name, the virus likely has a rodent reservoir host. The first human case was identified in 1970 in a child from the Democratic Republic of Congo. At present, two variants of the Western Africa mpox strain (as opposed to the more virulent, Central Africa strain) are thought to be circulating in the United States.

Have we seen mpox in the US before? How many cases are there in the US now?

Prior to the current outbreak, mpox was considered endemic in parts of Africa and cases were rarely seen outside of Africa. In 2003, there were 47 cases associated with prairie dogs in the US. From May 2018 through May 2022, we have had 9 cases in the US traced to non-endemic countries. Since May 2022 and August 2022, we have had 19,000 cases. We are lacking testing capacity so this is likely an undercount. You can look on the [CDC website](#) for case numbers in the US and on the [NYC DOH website](#) for the number of cases in NYC.

What are the signs and symptoms of mpox?

[Mpox](#), like many other viral illnesses, often begins with a prodrome of non-specific symptoms: fever, malaise, headache, myalgias. Within 2-3 days, a single lesion or multiple lesions develop simultaneously and evolve together on any part of the body. While typically mpox has been associated with multiple lesions, in this outbreak we are seeing it commonly present with a single lesion. The lesions develop in four stages (macular, papular, vesicular, pustular) over 2-3 weeks and then scab over and resolve. In lay terms, the lesions can look like pimples or blisters. They can appear on the face, inside the mouth, and on other parts of the body, such as the hands, feet, chest, genitals, or anus. Some people get the rash first followed by other symptoms; some people get the rash only. **It is important to note that the [clinical presentation of the current outbreak is different](#) than prior outbreaks, often presenting with a single genital, anal, or body/extremity lesion and no other symptoms.** Additionally, if there are multiple lesions, they can present in different stages. The illness course has been mild and usually resolves in 2-4 weeks.

How is mpox transmitted?

Mpox is transmitted primarily through **prolonged person-to-person direct contact** with the lesions or body fluid of an infected person. Most of the transmission occurs through intimate contact including:

- Oral, anal, and vaginal sex or touching the genitals or anus of a person with mpox
- Hugging, massage, and kissing
- Prolonged face-to-face contact

- Touching fabrics and objects during sex that were used by a person with mpox and that have not been disinfected, such as bedding, towels, fetish gear, and sex toys

Transmission through contact with fomites contaminated by an infected person's lesions or body fluids (e.g. sheets, clothing, towels) is possible but less likely than through physical contact. Mpox can also be transmitted by respiratory secretions through **prolonged face-to-face contact**, or during intimate physical contact (e.g. kissing, cuddling).

What is the incubation period for mpox?

The incubation period (period from exposure to disease) ranges from 5-21 days.

How sick are people getting?

Fortunately most cases have been relatively mild and self-limited. However, the lesions can be very painful. Some patients, mostly those who are at higher risk for severe disease (e.g. severe immunocompromising conditions, pregnant or breastfeeding women, children under the age of 8, people with exfoliating skin diseases), can develop complications such as pneumonia or secondary bacterial infections. Those with severe disease can be treated with an anti-viral medication called [Tecovirimat](#) (see below).

How is mpox treated?

Most cases are mild and self-limited, so individuals with confirmed mpox are treated symptomatically and counseled to prevent transmission to others by isolating and avoiding close physical contact with others. Those with [severe disease, at high risk for severe disease, or with disease in areas that present a special hazard](#) (e.g. eye, anus) can be treated with an antiviral medication called [Tecovirimat \(TPOXX\)](#). This drug was approved to treat smallpox and is available through the Strategic National Stockpile to treat mpox. TPOXX is indicated in only a small percentage of people with mpox.

What populations are being most impacted by mpox infections? What is the epidemiology of the current outbreak?

This outbreak is disproportionately impacting communities of gay, bisexual, or other men who have sex with men and/or those who are transgender, gender non-conforming, or gender non-binary. We anticipate that the epidemiology may change over time. Healthcare providers are on the alert for signs and symptoms of mpox in every patient, not only those who identify with one of the groups listed above. However, as vaccine supply is limited at this time, eligibility for vaccination (see below) is based on the current epidemiology.

What can I do to reduce my risk for getting mpox?

Vaccination is an important tool in reducing risk for mpox, however due to limited supply the vaccine is currently being offered only to those at the highest risk. All those at risk should seek vaccination (see below). Individuals may consider temporarily changing some behaviors that may increase their risk of being exposed while either awaiting vaccination or between the first and second dose of the 2-dose vaccine. The [NYC DOH](#) and the [CDC](#) have published guidance on reducing risk for mpox.

Can I get mpox on the subway? From the gym? From talking to someone at the store?

Although it is true that mpox can be transmitted through contact with virus on surfaces and rarely through respiratory secretions, it is very unlikely that individuals are at risk from public spaces or from casual contact with an infected person. In order to become infected through contact with contaminated surfaces, one would have to have prolonged contact with a surface; similarly, transmission from person-to-person is through prolonged skin-to-skin contact with the lesion from an infected person and not from a casual interaction or conversation.

What should I do if I think I have been exposed to mpox?

You should contact your provider (and/or [Student Health Services](#)) and they can discuss your risk and appropriate next steps. NYC DOH is administering Post-Exposure Prophylaxis (PEP) when indicated, and your provider will help facilitate this. PEP for mpox is vaccination (see below).

What should I do if I think I might have mpox?

If you are concerned that you have the signs and symptoms of mpox, you should contact your provider (and/or [Student Health Services](#)) and they can evaluate you and test you for mpox. You can also get mpox testing through the [NYC Health and Hospital Services](#) or community clinics such as [Callen-Lorde](#).

What if I am diagnosed with mpox?

If you are diagnosed with mpox, please contact [Student Health Services](#), who will work with you to develop a plan regarding treatment and isolation in accordance with guidance from NYC DOH and the Mount Sinai Health System. NYC DOH will conduct contact tracing and facilitate symptom monitoring and administration of Post-Exposure Prophylaxis (PEP) when indicated. PEP for mpox is vaccination (see below).

How long do people with mpox need to isolate?

Mpox is thought to be [contagious](#) from the beginning of symptoms until all lesions have healed and a new layer of skin forms. This is typically about 14 days, but can be up to 4 weeks.

Do I need to get vaccinated?

At this time, the CDC is not recommending widespread vaccination against mpox. Vaccine supply is limited (see below for details) but vaccination is recommended for individuals who:

- Are close personal contacts of people with mpox
- May have been exposed to the virus, including through their social and sexual networks
- May have increased risk of being exposed to the virus, such as people who perform laboratory testing to diagnose mpox

I am working in health care. Shouldn't we be vaccinating all health care workers?

It is not necessary for health care workers to get vaccinated due to the low risk of transmission in the general clinical setting. Historically nosocomial transmission has been extremely rare and the US has had no known nosocomial transmission in health care workers. Health care workers

should be masked in all clinical encounters. If a patient has known or suspected mpox, health care workers should wear appropriate PPE as per the guidance set out by Mount Sinai Health Systems.

Vaccine Information

Information about eligibility and scheduling vaccines in NYC is posted on the [NYC DOH website](#). This site is updated regularly.

If you are [eligible](#), you can make an appointment by calling 877-VAX-4NYC (877-829-4692) or by checking the [NYC DOH Vaccine Scheduler](#) or [NYC Vaccine Finder](#).

To get text alerts about vaccination appointments and other mpox updates for NYC, text "Mpox" to 692-692 or, for Spanish, text "MpoxESP".

Vaccine supply and delivery: The city continues to receive a supply of the [JYNNEOS™ vaccine](#) from the federal government. Jynneos is a 2-dose vaccine and the city is currently administering both first and second doses to those eligible. You can get a second dose 10 weeks or more after your first dose. In order to make more vaccine doses available, the federal government has [mandated the vaccine now be given intradermally](#), which will provide similar protection as subcutaneous injections but allow us to get 4-5 times more doses from the same amount of supply.

Eligibility criteria (as of December 2022): NYC DOH has developed eligibility criteria for distribution of the initial doses, taking into consideration the federal strategy, current vaccine supply, evolving epidemiology, and community and partner feedback. The city will continue to re-assess eligibility criteria as the outbreak evolves.

The following people are eligible to be vaccinated in NYC:

- People of any sexual orientation or gender identity who have or may have multiple or anonymous sex partners, or participate or may participate in group sex
- People of any sexual orientation or gender identity whose sex partners are eligible per the criteria above
- People who know or suspect they have been exposed to mpox in the last 14 days
- Anyone else who considers themselves to be at risk for mpox through sex or other intimate contact.

Links to resources on mpox

[NYC DOH website](#) provides information about the outbreak in NYC and also eligibility and scheduling vaccines. The site is updated regularly.

[New York State Department of Health website](#) also provides information on the outbreak in NYS and is updated regularly.

[CDC Mpox information](#)