

YOUR QUESTIONS ABOUT MPOX VIRUS, ANSWERED

With mpox cases continuing to rise, it's important to arm yourself with as much information as you can about the virus. That's why we're addressing questions you may have to help alleviate your concerns.

Background

Q: What is mpox?

A: Mpox is a virus in the Orthopox family that usually infects rodents in Africa but can infect humans and monkeys. It causes a rash that resembles the now-extinct smallpox rash, but it is far less dangerous.

Q: Why is it called mpox?

A: The illness was first diagnosed in a colony of research monkeys in Denmark in 1958. While the virus usually spreads among African rodents, it can infect other mammals such as humans and monkeys.

Q: Why now?

A: Much like a cowpox infection protected milkmaids against smallpox 200 years ago, the smallpox vaccine lowered the risk in humans of getting mpox. When smallpox was eradicated from the world and the smallpox vaccine program ended in 1980, unvaccinated humans became more susceptible to mpox.

Q: Are there different types of mpox?

A: The current worldwide mpox outbreak is related to the West African variant of the disease which tends to cause a self-limited infection that is only occasionally dangerous to humans. There is a second form of mpox found in Central African rodents that is more dangerous to humans. This more dangerous version is not what is spreading in humans throughout the world today.

Q: Is mpox deadly?

A: The currently circulating strain of mpox is rarely lethal. According to the World Health Organization, as of June 30, 2024, there have been about 100,000 confirmed cases from 116 countries (including the U.S.) of which there have been 208 deaths. Considering that patients with no symptoms or a very mild rash may not get tested, the death rate is even lower.

Prevention

Q: How can mpox be prevented?

A: Avoid intimate contact with anyone who has a rash or recent flu-like illness. If you are caring for someone who has mpox, wear a surgical mask, eye protection and gloves. Have the patient also wear a surgical mask and be careful not to spread dry scabs through shaking sheets or vacuuming.

Q: Would wearing a mask protect against getting mpox?

A: Wearing a surgical (not cloth) mask may provide protection from the respiratory spread of the virus.

Q: How do I clean my house after someone in my family has mpox?

A: The virus survives for weeks to months, especially on porous surfaces (upholstery, rugs, bedding, clothes). Do not resuspend dry infectious material (shaking sheets, dusting, sweeping, vacuuming) as this leads to inhalation of the virus. Clean using a wet mop and detergents, washing machine, dishwasher, steam cleaning and UV light.

Q: Is there a vaccine to prevent mpox?

A: The preferred vaccine used for mpox, called Jynneos [Imvanex (Europe), Imvamune (Canada)], was developed for smallpox and is considered to be 85% effective at preventing mpox.

Q: Can anyone be vaccinated if they are at risk of being exposed to mpox?

A: Vaccination eligibility before known exposure to mpox varies by country and city. The current mpox outbreak has been associated with intimate contact, therefore some jurisdictions with high rates of mpox are offering the vaccine to individuals with multiple sexual partners, as well as people at risk of severe disease due to immune-suppression and skin disorders. As vaccine production increases, it will become more widely available.

Q: Currently, when is the vaccination given and what are the expected results?

A: If a person receives the mpox vaccine within four days of exposure, then it is expected to prevent infection. If a person receives the mpox vaccine within 14 days of exposure, then it may lessen the symptoms of mpox.

Q: How do I get a vaccine?

A: To determine if you are eligible for a vaccine and where to get one, call your local health department.

Transmission

Q: How does someone get mpox?

A: The most likely way to get this virus is through direct contact with infected sores or scabs. It can also be transmitted through coughing or sneezing, especially if one is in close contact with an infected person for a long period of time. Fortunately, it is less contagious than COVID-19. Mpox is also found in bodily fluids such as semen and saliva. While skin is a great barrier, cuts, abrasions and skin problems such as eczema can allow the virus to enter. It can also enter through the thin skin of the mouth and genital areas and eyes. Mpox can also be spread from clothing or bedding that has been contaminated by virus-filled scabs or sores. Finally, a pregnant woman can pass the virus to their fetus.

Q: Is mpox a sexually transmitted infection?

A: Mpox is not a sexually transmitted infection, but it can be passed through intimate contact. The main way mpox is transmitted from person to person is through contact with the rash, which can be anywhere on the body or through respiratory droplets. However, one can become infected through intimate skin-to-skin contact and through semen.

Q: Can I catch mpox if I am at a restaurant or bar with someone who has mpox?

A: While mpox can be transmitted through respiratory droplets, it is currently not thought to be a common route of transmission and requires prolonged face-to-face contact.

Q: Are people with HIV more likely to get mpox?

A: Like many who have abnormalities of their immune system, mpox may be easier to contract and be more severe.

Q: Are people with eczema more likely to get mpox?

A: Any break in the skin allows the mpox virus to enter the body more easily and cause infection.

Symptoms

Q: How long after exposure to mpox does one get symptoms?

A: The time between exposure and illness is called the incubation period and it averages one week but the range is believed to be three to 21 days.

Q: What are the symptoms of mpox?

A: Generally, one initially has flu-like symptoms (fever, achiness, headaches and swollen lymph nodes) followed by a rash, usually within three days, that starts at the site of contact then spreads. If intimate contact is the cause, then the rash can first appear in the genital or anal region or in the mouth. The rash can also be on the palms and soles and is usually denser on the extremities than the trunk. The rash can be painful or itchy and can present as an ulceration, a blister or a pustule.

Q: Can the mpox rash be mistaken for other rashes?

A: The mpox rash has different stages that can resemble many other conditions, such as pimples, bug bites, genital herpes, cold sores and even chickenpox (which is an unrelated virus). If you have any suspicion, you should be evaluated by a healthcare professional.

Q: What should I do if I have symptoms?

A: See a healthcare provider to discuss the availability of a vaccine, treatment options and quarantine. Self-quarantine until all the scabs have fallen off and the skin underneath has regrown (two to four weeks). Wear a mask, keep hands clean (soap/water or alcohol hand sanitizer) and wear clothing to cover the lesions.

Diagnoses

Q: How is mpox diagnosed?

A: The preferred diagnostic method is testing the fluid in the lesion.

Treatment

Q: How is mpox treated if the symptoms are mild?

A: Most cases of mpox are self-limited so the treatment is supportive care. This may include alleviating pain due to the rash and being sure the patient is well-hydrated especially if there are painful lesions in the mouth.

Q: How is mpox treated if the symptoms are moderate to severe?

A: The patient may need to be hospitalized for pain control, dehydration and complications including secondary bacterial infections, involvement of the eye and inflammation of the brain, heart or lungs. If the illness is severe, there are antiviral medications that are being used on an experimental basis.

Q: What happens if a patient with mpox must be evacuated to another hospital?

A: If a medical transport is necessary, it will likely be by ambulance or air ambulance in isolation due to the degree of contagiousness.

Q: How long does mpox last, and how long should one quarantine if diagnosed with mpox?

A: Mpox infection can last from two to four weeks. There is a risk of transmitting the infection to other people until all the scabs have fallen off and the skin has regrown.

Resources

The information provided here is accurate as of the time of publication in September 2024. For the latest information about mpox topics and how the virus can affect you and your family, visit www.cdc.gov/poxvirus/mpox/ or www.who.int/health-topics/mpox. You can also contact your local health department or physician's office.

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