

# Educate About Monkeypox...and Limit Misinformation

You'll get **questions about monkeypox**...as this outbreak continues to evolve.

Explain that monkeypox is rare and caused by a virus in the smallpox family. But death from the circulating strain is very rare.

Although monkeypox can affect anyone, most cases are currently in men who have sex with men...especially with multiple partners.

Point out that monkeypox causes a pimple-like or blistery rash that scabs...and can look like herpes or shingles. But monkeypox bumps are bigger, often with a central indentation.

In the current outbreak, these rashes are often clustered on the anogenital area, face, arms, or legs...and can be painful enough to require hospitalization.

Be aware that symptoms may not appear for up to 21 days after exposure...and can also include fever, sore throat, fatigue, etc.

Reassure that monkeypox does NOT spread as easily as COVID-19.

Educate that monkeypox spreads by directly touching the rash, scabs, or items with lesion secretions (bedding, etc)...or through respiratory secretions during close, sustained face-to-face contact.

It requires prolonged contact, such as during sex. Infection isn't likely from doorknobs, public toilets, or sitting near someone.

Recommend limiting the number of sexual partners...and counsel that condoms aren't a reliable way to prevent exposure.

For now, advise patients with possible exposure or symptoms to contact their prescriber for testing, vaccination, or treatment.

Expect *Imvamune* to be used when vaccination is needed...it's approved to prevent monkeypox. For postexposure prophylaxis, it's ideally given within 4 days of exposure, or up to 14 days.

PRE-exposure prophylaxis may be an option in some provinces for high-risk patients (sexually active men who have sex with men, etc).

If patients develop monkeypox, reinforce isolation for 2 to 4 weeks until the rash fully heals and new skin forms. Also advise covering lesions...and wearing a mask if around other people.

Clarify that there's no evidence yet that any med or supplement can treat or prevent monkeypox.

But higher-risk patients (immunocompromised, etc) with monkeypox may qualify for treatment with oral *TPOXX* (tecovirimat). This med usually comes from your provincial health department.

## Monkeypox Lesions

These photos depict the life cycle of lesions brought on by the monkeypox virus.

Photo Credit: UK Health Security Agency

Source: [https://www.cdc.gov/media/dpk/diseases-and-conditions/monkeypox/images/Monkeypox-Lesions.jpg?\\_=01184](https://www.cdc.gov/media/dpk/diseases-and-conditions/monkeypox/images/Monkeypox-Lesions.jpg?_=01184)

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