

## Public Health Advisory

<b>To:</b>	Health New Zealand   Te Whatu Ora healthcare sector contacts
<b>From:</b>	Dr Susan Jack, National Clinical Director   Medical Officer of Health, NPHS
<b>Date:</b>	11/09/2024

## Two mpox cases confirmed in NZ linked to Winter Pride Festival in Queenstown (22 Aug – 1 Sept): Be alert for cases linked to this festival

**\*Please share the following information with relevant staff in your organisation\***

### Overview

Two mpox cases have so far been confirmed in New Zealand, linked to the recent Winter Pride Festival in Queenstown. Several individuals who attended events associated with the festival, including contacts of cases in Australia, have been identified across Aotearoa and are being supported by public health and sexual health services. It is likely other cases will be confirmed linked to this festival.

Cases linked to this festival are confirmed to be clade II and are likely to be associated with the ongoing clade II mpox outbreak in Australia. There is no link to the clade I outbreak in Africa.

### Clinicians are asked to:

- Prioritise assessment and testing of individuals with symptoms compatible with mpox who attended Winter Pride or related events or had sexual contact with event attendees.
- Notify their local public health service urgently of any suspected cases.

Clinicians are advised that isolation is no longer routinely required for mpox cases and that covering lesions is the mainstay of preventing transmission. Public health will advise cases of restrictions required to prevent transmission. See [HealthPathways](#) and/or the [CD manual](#) for more information.

### Background information

Mpox spreads through very close physical contact, primarily through sexual and intimate contact. It does not spread easily from person to person via respiratory and other ways. The usual incubation period for mpox is 7 - 14 days (range of 5 - 21 days). This means cases directly linked to the Queenstown Pride Festival could occur until the end of September 2024.

The highest risk group for mpox in New Zealand continues to be gay, bisexual or other men who have sex with men (MSM).

To date there have been 55 cases of mpox in New Zealand since the disease became notifiable in June 2022. Of those, six have been confirmed in 2024.

There are two different clades (subtypes) of mpox (MPXV Ia, Ib, and MPXV II). The ongoing global mpox outbreak that began in 2022 is clade II, and this is the most common type worldwide, outside of Africa. All cases reported in Aotearoa have been the clade II variant. There are currently no cases of

clade I in Aotearoa, or our neighbouring countries. Current evidence indicates clade II causes less severe disease than clade I.

## Clinical presentation

Mpox classically presents in unvaccinated individuals with flu-like symptoms such as fever, muscle aches, joint pain, and lymphadenopathy, followed by a characteristic rash with lesions progressing through four stages from macules to papules to vesicles then pustules, followed by scabbing.

The rash can occur on any part of the body including the face and inside the mouth, the torso, arms and hands, legs and feet, and the genital and perianal region. The rash can be painful, especially if the lesions join or appear in the mouth or rectum.

Atypical presentations are common with the current clade II variant and for those who are vaccinated. For example:

- Systemic symptoms may be absent or may develop after the onset of rash.
- The rash or lesions may be localised to ano-genital skin, or oropharynx or rectal mucosa (proctitis).
- There may be a solitary lesion.
- The rash or lesions may not progress through all 4 stages.

Therefore, also consider mpox in patients with epidemiological risk factors who have a flu-like illness even in the absence of a rash, or a rash in the absence of a flu-like illness.

The differential diagnosis for mpox includes hand foot and mouth disease, varicella zoster, herpes simplex, syphilis and molluscum contagiosum. As coinfections can occur patients with a rash suggestive of mpox should be tested, even if other conditions are likely.

## If you suspect a case

- Notify your local [public health service](#) (PHS) urgently and before test results are available.
- Swab lesions to test for mpox. Guidance on testing is available in the mpox HealthPathway. PHS can support with expediting testing if required.
- Practice infection prevention and control. Ensure you wear appropriate PPE including gloves (+/- gown) if examining lesions, and facial protection (mask and eye wear) if examining oral cavity or taking swabs. N95/P2 respirators are required for aerosolising procedures. Disinfect shared equipment after use and change linen carefully. Mask use by patient is recommended when attending health care.
- Advise suspected or confirmed cases they will be contacted by their local public health team who will provide them with advice and support. Cases should be advised to cover lesions and avoid close contact, including sexual and intimate contact with others. Additional guidance on precautions is available from HealthPathways.

## Mpox vaccination

Mpox vaccination with Jynneos is recommended for mpox contacts as post exposure prophylaxis, ideally within 4 days of exposure although it can be given up to 14 days after exposure to a case.

The Jynneos vaccine is also recommended to prevent mpox infection and reduce the risk of severe disease for the following groups of people over 18 years old:

- At risk of occupational exposure to mpox (such as lab workers and sex workers)
- At risk of mpox infection during a local (national) mpox outbreak
- At risk of mpox infection because they are gay, bisexual, men who have sex with men, transgender or nonbinary people who in the past 6 months have had one of the following:
  - A new diagnosis of a sexually transmitted disease
  - More than one sex partner
  - Sex at a commercial venue
  - Sex in association with a large public event in an area where mpox transmission is occurring
  - Sexual partners of the people with the above risks
- People who anticipate experiencing any of the above.

Following [provisional approval of the Jynneos vaccine on 11 September 2024](#), the National Immunisation Technical Advisory Group will be reviewing which groups are at greatest risk and whether there are others most likely to benefit from the vaccine. Any changes will be communicated as soon as possible.

Vaccination sites can be found on your local HealthPathways. There is no charge to the health sector for the storage or distribution of the vaccine, however, there is no funding for vaccine consultations or administration. It is at the discretion of the clinic to determine the administration costs that are passed to the consumer for the vaccination event.

NPHS is working with Sexual Health and Regional teams, to support reduced wait times for the vaccine, in particular in the major centres where wait times are longer.

## Further information

Please refer to your local HealthPathway for more information:

- [HealthPathways Community](#)

Further information is available from:

- [Health NZ: Communicable Disease Manual: Mpox](#)
- [Info.health: Mpox \(consumer information\)](#)
- [News and updates – Health New Zealand | Te Whatu Ora](#)
- [Burnett Foundation: Mpox](#)

## Contacts

[Health NZ - Public Health Contacts](#)