



Frequently Asked Questions on Mpox for Healthcare Professionals

1) What is mpox? Why is in the news again? Is there more than one kind of mpox and what are these outbreaks about?

- For updated information on the current epidemiology of mpox, countries affected and a local situation update, please refer to the Ministry of Health (MOH) FAQ: <https://www.moh.gov.sg/seeking-healthcare/overview-of-diseases/communicable-diseases/mpox>

2) Has mpox ever been seen in Singapore prior to 2022?

- Mpox is not found naturally in animals in Singapore.
- The first imported case of mpox was diagnosed in Singapore in 2019 (this was due to Clade II), in a traveller from Nigeria attending a conference. The patient was admitted to an isolation room at the National Centre for Infectious Diseases (NCID) and recovered well, with no further spread to contacts.

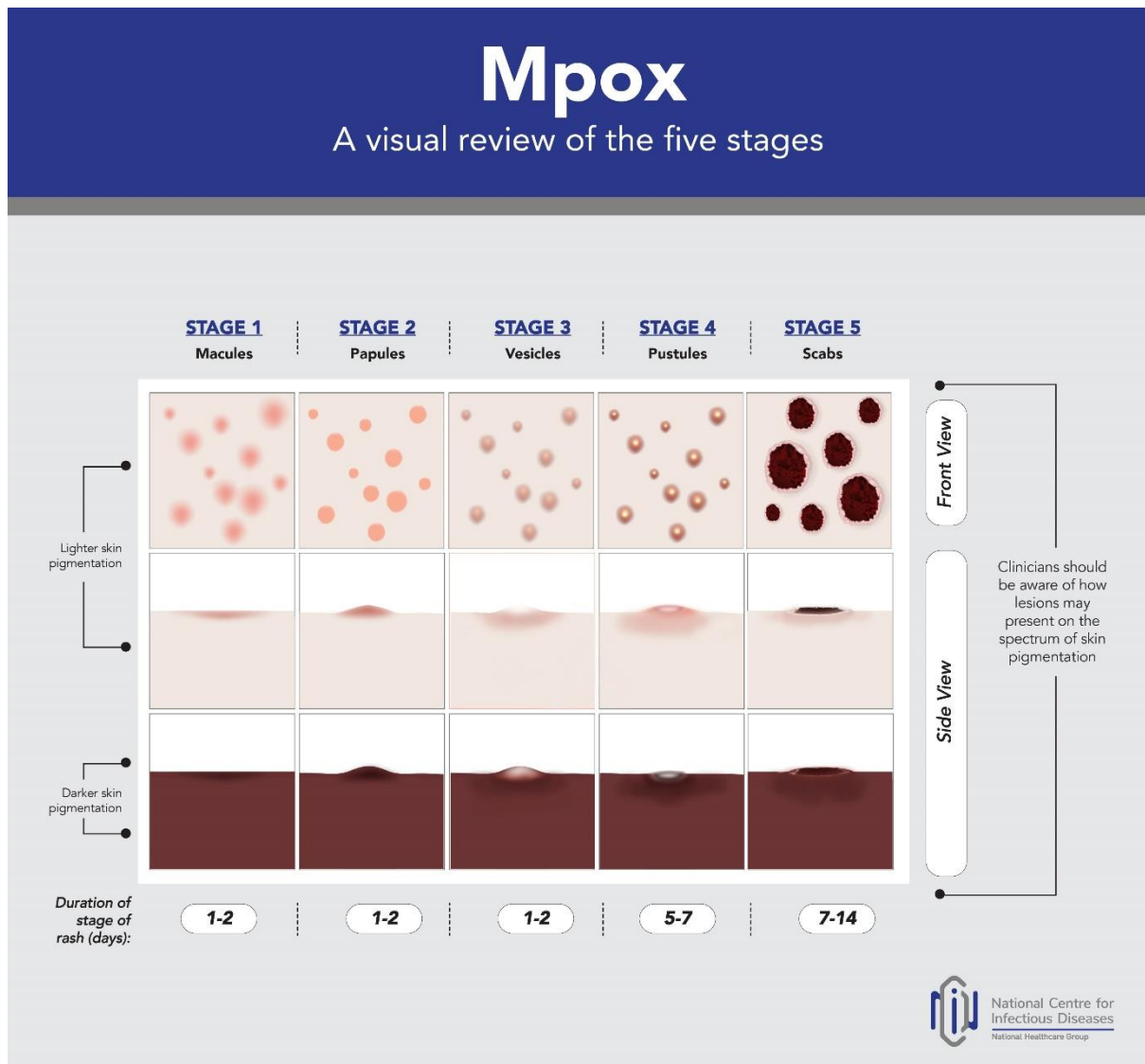
3) What precautions should healthcare professionals take when evaluating a patient suspected of mpox?

- Information regarding modes of transmission of mpox can be found at: <https://www.moh.gov.sg/seeking-healthcare/overview-of-diseases/communicable-diseases/mpox>
- In the outpatient setting, suspect cases should be evaluated in a single isolation room.
 - When performing duties that require staff to come into direct contact with a suspect case of mpox and/or their bodily fluids, or clinical samples, staff should don appropriate personal protective equipment (PPE) including:
 1. N95 respirator;
 2. Gown;
 3. Gloves; and
 4. Eye protection.
- Restrict entry of non-essential staff and keep a register of all staff who have come into contact with the suspect case.

4) What are the clinical manifestations of mpox?

- Mpox has been described to have 2 phases:
 - A) The first phase (prodrome) usually begins with fever, headache, body ache and swollen lymph nodes. Other less common symptoms may include sore throat and cough.
 - B) The second phase consists of a rash that changes appearance over 2-3 weeks.
 - Rash usually appears 1 to 3 days after the fever, starting on the face and spreading to the arms and legs.
 - The rash may start out flat or raised but usually develops into fluid-filled blisters. The blisters usually grow bigger; the fluid may turn into pus.
 - Scabs or crusts form, dry up, and fall off eventually, after 1-3 weeks.
 - If spread by sexual contact, the rash can be localised to the genital, perianal or oral regions.

- The pictorial diagram below shows different stages of the mpox rash.



- However, with the 2022 Clade IIb outbreak of mpox, it is well described that the two phases may occur in any order, and symptoms may be relatively milder, with more skin blisters occurring in the genital area than over the rest of the body.
- Co-infection with sexually transmitted infections (STIs) can occur and presence of an STI does not rule out mpox.

5) Is it possible to clinically differentiate between mpox due to Clade I and II?

- While Clade I has been described to have more severe clinical manifestations compared to Clade II, it is not possible to differentiate between them clinically.
- Suspicion of Clade I depends on epidemiologic risk and travel history.
- Case notification process of patients suspected to have Clade I mpox differ from those with Clade II.

6) How do I differentiate mpox from other vesiculobullous conditions?

- There are a number of vesiculobullous conditions which mimics mpox that needs to be ruled out.

- These include but are not limited to varicella zoster, measles, herpes simplex, bacterial skin infections, disseminated gonococcus infection, primary or secondary syphilis, chancroid, lymphogranuloma venereum, granuloma inguinale.
- Some features to help to distinguish mpox from chickenpox (primary varicella):

	Mpox	Chickenpox (Primary Varicella)
Fever	1-3 days before rash appears	1-2 days before rash appears
Appearance	Lesions may be in one stage of development (classic disease) or multiple stages (Clade IIb 2022 outbreak) For the 2022 outbreak, 64% < 10 lesions, 10% only a single genital lesion, 14% proctitis / anorectal pain	Lesions often in multiple stages of development (vesicles, papules and pustules) “Dewdrop on a rose petal” appearance. Crops of vesicles with surrounding erythema that are often excoriated and crusted
Rash development	Slow	Rapid
Rash distribution	May be present on palms and soles. Lesions often start at site of inoculation, e.g. genital or perianal if close contact associated with sex	Absent on palms and soles, more dense on trunk
Lymphadenopathy	Can be present	Typically absent

7) How should I assess for complications of mpox?

- Most cases of mpox are mild, though a small number may develop the following complications:

Complication	Assessment
Dehydration	Hydration status, blood pressure, heart rate
Encephalitis	Confusion, neck stiffness, neurologic signs
Pneumonia	Wheeze, decreased air entry, bronchial breath sounds

- Other potential complications include urethral meatal obstruction and superimposed bacterial skin infection.

8) How serious is mpox infection? Can people become severely ill or die?

- Most cases of mpox are mild and recover well.
- Mpox can cause severe infection, with mortality estimated to be $\leq 0.1\%$ (range, 0.1-3.6%) for Clade II and 3-4% (range, 1-10%) for Clade I.
- Immunocompromised patients, young children and pregnant women have a higher risk of severe disease.

9) How long does it take to show signs of infection after exposure to mpox?

- The incubation period, which refers to the duration from exposure to the development of clinical symptoms, is about 5-21 days.

10) How long does it take for a person to recover from mpox?

- Usually 2 to 4 weeks, depending on how severe their initial infection was.

11) How long does mpox remain infectious?

- The infectious period is from illness onset until all scabs separate with re-epithelialisation of underlying skin.

12) How is mpox diagnosed?

- If mpox is suspected, a skin lesion material, fluid, pus or scab sample is obtained and sent to the National Public Health Laboratory (NPHL) for confirmation and clade-specific determination.
- NCID, other public healthcare institutions, and the Department of STI Control (DSC Clinic) have access to testing.

13) Can mpox be treated?

- Most confirmed cases of mpox only require supportive care, such as fluids, treatment for fever, pain or itch, and will make a full recovery.
- Those with complications or with high risk of severe disease may be treated with antivirals.
- Patients with mpox will be isolated to prevent the spread of infection, and depending on the clade, this may either be at home, in a quarantine facility or in hospital.

For Healthcare Professionals – Guidance for Patients**14) What advice can I give patients who are travelling?**

- Precautions to take include:
 - Avoid close contact with people who are sick, especially if they have a fever or rash.
 - If you are seeing or caring for a sick person, wear protective gear such as rubber/latex gloves, a splash-proof gown and a facemask. Wash your hands thoroughly afterwards.
 - Avoid handling wild or sick animals if possible; if you do, wear rubber/latex gloves and wash your hands thoroughly afterwards.
 - Avoid eating bushmeat if possible; if you do, make sure the meat is thoroughly cooked all the way through.
 - Avoid contact with any bedding that has been in used for a sick person or animal.
 - Take the necessary precautions during sexual intercourse, such as the correct use of a condom (which will also reduce the risk of other sexually transmitted infections).
 - Seek medical attention immediately, if you become sick.
- Note: There is **no** MOH vaccination recommendation for travellers to mpox-affected countries.

15) What should I (in this case the patient) do if I think I have been exposed to mpox?

- Stay calm, and try to get further information to determine if you were indeed exposed to mpox.
- You may be contacted by MOH as part of contact tracing if you were exposed to mpox and will receive advice on any quarantine procedures needed.
- You may be referred to NCID to be evaluated for suitability and safety of post-exposure prophylaxis (PEP).
- If you develop fever, rash or are unwell within 21 days after exposure, seek medical attention and inform them of travel and any relevant contact with infected persons or animals.

16) What is PEP, and how can one prevent mpox, especially after an exposure?

- MVA-BN (JYNNEOS) is a third-generation smallpox vaccine and is available for post-exposure prophylaxis (PEP) for persons who have been identified to be close contacts of confirmed cases of mpox.

- There is currently no recommendation for vaccination before travel.

References:

Ministry of Health, Singapore

<https://www.moh.gov.sg/seeking-healthcare/overview-of-diseases/communicable-diseases/mpox>

UPDATE ON PUBLIC HEALTH PREPAREDNESS MEASURES FOR MPOX CLADE I, Press Release, MOH, 4 Sep 2024

<https://www.moh.gov.sg/newsroom/update-on-public-health-preparedness-measures-for-mpox-clade-i>

MOH Circular 54/2024

[Joint MOH-NCID Guidance for Mpox for Healthcare Professionals](#)

World Health Organization, Mpox, Questions and Answers

<https://www.who.int/news-room/questions-and-answers/item/mpox>

CDC, Mpox

<https://www.cdc.gov/mpox/index.html>

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