

WHO declaration on mpox

In light of recent announcements about mpox in Toronto and the World Health Organization's declaration that the mpox outbreak in Africa is a public health emergency of international concern, we are providing an update about mpox surveillance, testing, and prevention in the region. More information is available from the BCCDC ([tinyurl.com/BCCDCmpox](https://www.tinyurl.com/BCCDCmpox)) and Public Health Agency of Canada ([tinyurl.com/PHACmpox](https://www.tinyurl.com/PHACmpox)).

What is happening with mpox here?

The risk of mpox in Island Health has not changed and remains low. There have only been 9 cases of mpox detected in Island Health since 2022 and no new cases of mpox have occurred here in 2024. In Island Health and BC, cases of mpox are limited and the risk of mpox is low, even in populations at higher risk for this infection (e.g., gay, bisexual and other men who have sex with men (gbMSM)). The World Health Organization's declaration is intended to bring attention to the mpox outbreak and assist severely affected countries to obtain resources to respond, especially given the severity associated with clade 1a/b. Unlike in Canada, mpox vaccination is not available in many African countries. All cases detected in BC (and North America) have been clade 2b as opposed to the mpox outbreak in countries in Africa which are generally clade 1b.

Thinking mpox?

When to consider

Testing for mpox should be based on clinical judgment, exposure history, physical examination*, and epidemiologic factors.

- Nearly all cases have been among gbMSM.
- Consider testing for those with close, direct contact with individuals when travelling to epidemic areas like the Democratic Republic of Congo and neighbouring central and eastern African countries.

**Typical rash evolves as macules, papules, vesicles, then pustules, before crusting which then scale off.*

Testing if suspecting mpox

The highest yield is from skin and mucosal lesions.

- Use the same swab that is normally used to sample lesions for HSV/VZV testing (COPAN Blue Top) in Universal Transport Medium (UTM).
- Multiple viruses (e.g., HSV/VZV/mpox) can be detected from a single sample collection.
- Swab 2 to 3 lesions per swab per area, unroof vesicles, and/or vigorously swab dry or crusted lesions using a single swab.
- Submit to BCCDC using virology requisition ([tinyurl.com/BCmpoxreq](https://www.tinyurl.com/BCmpoxreq)).
- For more details, refer to [tinyurl.com/BCmpoxtest](https://www.tinyurl.com/BCmpoxtest).

Infection Prevention and Control

- In the community, gloves and a mask are often sufficient PPE in addition to good hand hygiene.
- Eye protection should be considered if fluid contact is expected and a gown if having prolonged contact with the client.
- N95 respirators are not necessary in community settings except if performing aerosol-generating procedures.

Vaccinations

The following are eligible for the mpox vaccine:

- Two-spirit people, transgender people or cisgender members of the gbMSM community, and at least one of:
 - Has sex with more than one partner
 - Has sex with a partner who has more than one partner
 - Has casual sex (e.g. cruising)
 - Engages in sex work either as a worker or a client

Travel is not currently an indication for vaccination.

Vaccination appointment info: [tinyurl.com/ISLHmpox](https://www.tinyurl.com/ISLHmpox)

Island Health Medical Health Officers

Chief MHO: Dr. Réka Gustafson 250-519-3406; North Island: Dr. Charmaine Enns 250-331-8591

Central Island: 250-739-6304; Cowichan Region: 250-737-2020

South Island: Dr. Mike Benusic, Dr. Murray Fyfe, Dr. Dee Hoyano, Dr. Christina Kay 250-519-3406

[islandhealth.ca/about-us/medical-health-officers](https://www.islandhealth.ca/about-us/medical-health-officers)