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| MPX Q&A – September 2022 |
| Video transcript |
| OFFICIAL |

**Brett Sutton, Chief Health Officer:** Hi Simon. [pointing to himself] Brett. I’m the Chief Health Officer for Victoria.

**Simon Ruth, Chief Executive Officer, Thorne Harbour Health:** Yes, everyone knows you, Brett. But I’m Simon Ruth. I’m the CEO of Thorne Harbour Health. We are Victoria’s main LGBTI health service.

**Brett:** Super. Pleased to meet you.

So, we’re here to talk monkeypox, or MPX, as I like to call it. What do you want to know from me?

**Simon:** Well, tell us about monkeypox. What is it?

**Brett:** It’s a viral infection. It causes pox, or you know, lesions that can fill with fluid and puss and scab over. It’s been known in Western Central Africa since the 1950s. It was called ‘monkeypox’ because it was seen in monkeys, but actually it can obviously infect people. And it’s probably started in rodents in Africa.

We’ve obviously seen cases that have emerged in Europe and North America, and now in Australia in recent months, and it spread in mostly the community of men who have sex with men, gay and bisexual men predominantly. But it can spread between anyone who’s really got skin-to-skin contact as the primary means of transmission. It can also probably spread through respiratory transmission, if you’re face to face and in really close and prolonged contact with someone. So that puts some household and other very close contacts at potential risk. But mostly transmission has been through skin-to-skin contact.

It happens to have involved the community of gay and bisexual men predominantly in this phase of the pandemic. Anyone, in theory, is at risk. But we have to recognise that almost all of the cases that we’ve seen globally and in Australia have been in gay and bisexual men.

**Simon:** There’s also research, though, that suggests that it might be spread through semen, isn’t there?

**Brett:** There’s not clarity on this. What we do know is that the pox are infectious, and so that skin-to-skin contact can definitely transmit it. But it’s not a sexually transmitted infection in that classic sense, because it can absolutely be just through intimate skin-to-skin contact. And it’s not exclusively through sexual transmission by any means.

**Simon:** But globally, if you’re looking worldwide at who’s got it, the vast majority of people have probably contracted it through sexual transmission.

**Brett:** That’s right. That’s right. And it’s not to say that other ways of transmission might not occur, but that’s the thing to be aware of in terms of the risk.

**Simon:** Yep. And there’s a vaccine available?

**Brett:** There is a vaccine available. It’s a so-called third generation vaccine, so it’s got a much better safety profile than some of the earlier vaccines. We have got a supply in small amounts at the moment that we’re delivering to a pretty tight eligibility cohort. But we’ve got more coming, probably only four weeks away. And we think we’ll be able to deliver it to tens of thousands of at-risk individuals come October, early October.

**Simon:** So, who are the at-risk individuals?

**Brett:** So, gay and bisexual men, men who have sex with men. Obviously those who have been in settings where they’ve had sex with multiple individuals, or where they intend to have sex with multiple individuals and not their exclusive partner. Those who’ve had a sexually transmitted infection in the last 12 months are considered at-high risk. Commercial sex workers who have sex with men who have sex with men. And the community where there is homelessness or significant mental health illness as a risk factor as well.

**Simon:** So, someone has monkeypox. The immediate family around them, do they get access to the vaccine as well?

**Brett:** They do, if they’re considered what we call high-risk contacts, and that’s really intimate partners and household contacts who can’t isolate. Then, within four days there’s the opportunity to get the vaccine as post-exposure vaccination.

**Simon:** Great. So, Brett, can you tell us about the symptoms with monkeypox?

**Brett:** So, obviously the classic symptoms are these pox. So, skin lesions that can fill with fluid and puss that crust over. They’re infectious while they’re fluid-filled and before they crusted over. That’s usually 2 to 4 weeks before they resolve completely. But there can be a set of symptoms before the pox emerge. So, fever, headache, muscle aches and pains, fatigue, sore throat. So, they might be general symptoms, but they are potentially the first symptoms of monkeypox. So, people need to be aware that that might be a phase where they’re already infectious. And then the pox tend to come in the few days following.

**Simon:** And I hear with the pox it might be half a dozen, it might be dozens and dozens. And they can look very different depending on who the person is.

**Brett:** That’s right. So, they tend to be towards the periphery. [raising his hands in the direction of his face] So, hands and feet – extremities – and the face, rather than classic chickenpox [pressing his palms against his chest] that can involve the torso more so. But it varies very much with individuals, and they can be quite significant in number. You know, the good news is they resolve on their own, but there is a small risk of significant illness with some people. And obviously, if you feel extremely unwell, you need to see your medical practitioner.

For some individuals, there’ll be some scarring. For some individuals, there’s a small risk that the eyes could be involved. That, obviously, needs specialist attention as well.

**Simon:** And you can get them inside your mouth and around your genitals as well?

**Brett:** You can. You can. So, genital pox have been known and reported. They’ve even been rectal lesions that people obviously can’t necessarily identify, but they might experience rectal pain, and so need to get checked out for that reason.

**Simon:** Yep. And there’s been some cases where doctors have confused them with other things.

**Brett:** Yeah. And look, It’s not straightforward. No one has seen monkeypox in Australia prior to this year. But, if in doubt, have a look at the Chief Health Officer advisory on monkeypox, as a clinician, to get that information. But also, if in doubt take that PCR swab and the lab will sort it out, because they can obviously differentiate monkeypox from any other lesions.

**Simon:** Yeah. So, the advice at the moment is if you think you’re at risk and you notice something unusual, come in and get it.

**Brett:** Exactly. And if it’s excluded, great. Otherwise, getting it identified means that you’ve got the opportunity to protect those close contacts, you’ve got care for yourself, and there’s even antivirals for people who have significant illness that can be made available.

**Simon:** And pain, some people experience really quite severe pain with them too, don’t they?

**Brett:** That’s right. Not everyone. For some people it’s relatively mild, but it can be really significant pain in those skin lesions.

**Simon:** Yep. And what about people with HIV or if they’re immunocompromised?

**Brett:** Obviously, the great majority of people with HIV have well-controlled HIV. It doesn’t make them at risk of much more significant illness. We obviously recommend people to continue with all of their usual HIV treatment.

But people who have immune compromise with HIV and a CD4 count that’s low, they need that specialist advice because it does make them more at risk of significant illness, and there are special recommendations also for the vaccine for people who’ve got low CD4 counts, for example, whereby you wouldn’t get that intradermal vaccine that’s just a little bleb in the skin, you get the subcutaneous vaccine in the full dose. And you need the follow-up dose one month later, rather than have it deferred for a time.

**Simon:** So, not all people with HIV will be considered immunocompromised, would they?

**Brett:** No, that’s right.

**Simon:** But there are also other people that we may consider immunocompromised.

**Brett:** That’s right. So, in the group of people who we consider with significant immune compromise, there’s recommendations to make sure you get both oof the vaccines a month apart. For everyone else, we’re giving that first vaccine to make sure everyone that we can possibly reach can get it, and the second vaccine will follow up when we’ve got the supply.

**Simon:** So, let’s talk about the vaccines. So, we’ve just changed how we’re administering the vaccine, haven’t we?

**Brett:** That’s right. So, we’ve got advice from our Australian Technical Advisory Group on Immunisation (ATAGI). They are happy that individuals can get an intradermal dose that uses a smaller amount but it’s just as effective. And that means that we can vaccinate four or five times as many with the doses that we have. So, for the great majority of people now we are providing that intradermal vaccine, a little bleb in the skin rather than under the skin, but for those with immune compromise, the recommendation is for the subcutaneous vaccine.

**Simon:** Yep. And so, that intradermal for anyone our age or older it’s the old Mantoux test, if you got tested for TB at any point.

**Brett:** Yep, exactly. So, TB nurses, very familiar with it. We’ve trained our immunisation practitioners to be able to give that vaccine with the appropriate technique.

**Simon:** So, who’s not eligible for intradermal?

**Brett:** There are specific criteria for immune compromise that are on our website, but clinicians will be aware of it. Essentially, it’s a CD4 count of 200 or lower, or uncontrolled viral load for HIV.

**Simon:** So, if you’re coming into be immunised and you fit into those categories, you need to identify yourself as being in those categories.

**Brett:** That’s right. Exactly. You need to just say “this is my situation” and make sure that you’re getting the subcutaneous vaccine.

**Simon:** Yep. So, Brett, what can people do to prevent getting monkeypox?

**Brett:** So, a key thing obviously is getting the vaccine. We think one dose probably is very substantial protection. Maybe as high as 80%. Two doses of the vaccine when they’re given and two weeks for it to kick in. In terms of the immune response, will be close to 100%, we think. So, that’s a really key preventative mechanism. But obviously early identification protects those around you as well.

You know, I’m keen to know from you what you think the community of men who have sex with men are doing and reflecting on in terms of reducing their own risk.

**Simon:** So, I guess if you go to our website and you look through the things we’re talking about, one is check for symptoms. As soon as you see something unusual on your body, come in and get it tested. Don’t wait a few days to see if it goes away. If it’s unusual looking and you think you’re in a high-risk group or you may be at risk, come in to get tested so that we can prevent it spreading.

Second would be contact surfaces. You want to be spending less time in skin-to-skin contact with other people, and less time in their beds and their bedding. So, as soon as you’re finished having sex, now is not the time to stay over and cuddle, it’s time to go home.

The third one would be contact tracing. People that you’re having sex with, you need to be able to contact them. Preferably know their name, maybe have their phone number or their email address. If you come down with monkeypox, or if they come down with monkeypox, we need to be letting each other know. And people like your teams need to be able to contact people and let them know that they might be at risk so that we can stop the spread.

Limiting the number of sexual partners right now until you can get vaccinated. We know that the more partners the more likely that you are to possibly contract this. So, limit the number of sexual partners until you can get vaccinated.

And the final one is get vaccinated as soon as you can. So, if you’re in a high-risk group, and we’ve talked about what the high-risk groups are, come in and get vaccinated as soon as possible. You can go to your website or our website, put your name down on the list and we will get you vaccinated.

**Brett:** You bet. Thank you.

**Simon:** Great.

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