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# Monkeypox Briefing

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## Background on monkeypox

Monkeypox was first reported in Australia on 20 May 2022. Information about monkeypox is rapidly-changing as the outbreak unfolds and case numbers increase, so please continue to monitor health information. Scarlet Alliance will continue to provide updates as they become available.

Sex workers have always been quick to respond to protect the health of ourselves and our communities. We encourage our community to continue to monitor for any symptoms and stay safe and informed.

Although monkeypox is not a STI, it is transmitted through close physical contact with someone who has symptoms, which can include during sexual activity.

It is a rare but potentially serious viral illness. Symptoms include fever, rash and blisters, swelling of the lymph nodes, headache, muscle aches, joint pain and back pain.

The characteristic rash usually appears on the face and then spreads to the limbs and other parts of the body. It may also appear on the palms of hands, soles of the feet, inside the mouth, or on the genitals. Some people will only have a rash on genitals, anus and surrounding area. The rash can be flat red spots, little pimple-like spots or large blisters or ulcers.

Monkeypox usually resolves itself without treatment, with the symptoms lasting from 2 to 4 weeks. Anyone with symptoms should seek medical attention right away. Self-isolation is recommended if you are concerned you may have monkeypox.

Monkeypox can be transmitted to any person who has close contact with an infected person, and is not restricted to any particular demographics.

# Transmission

Human-to-human transmission can occur through:

- close contact with lesions on the skin,
- body fluids, including respiratory droplets, and/or
- contaminated materials such as linen and towels.

Monkeypox lesions may look like blisters (like you see with chickenpox), but they are larger and typically first appear on the head and neck. Direct skin contact with a lesion can result in a person noticing lesions at the site of contact. These will initially look like skin spots or a rash. Transmission can occur until the last blister you have has scabbed over.

Transmission via respiratory droplets is less common and usually requires prolonged face-to-face contact.

Although the virus is not a sexually transmissible infection (STI), transmission can occur through direct physical contact during sex. It can also be transmitted through bedding and linen used by someone with monkeypox.

# Symptoms

Symptoms usually begin 7-14 days after exposure, but can be as short as 5 days or as long as 21 days.

Symptoms of the infection can be divided into 2 periods:

1. The illness begins with:
  - swollen lymph nodes
  - fever
  - headache
  - muscle aches
  - joint pain
  - back pain
2. A distinctive rash usually begins within 1 to 3 days of a fever. The rash tends to be more concentrated on the face, arms, and legs rather than on the torso and may also appear on the genitalia. Some people will present with rash only on genitals, anus and region. The rash can be flat red spots, little pimple-like spots or large blisters or ulcers.

The rash may appear on the:

- face
- palms of the hands and soles of the feet
- inside of the mouth
- genitalia
- eyes

The number of lesions varies from a few to several thousand.

People who have recently returned from overseas, or who have been in contact with a case in Australia, and who develop any of these symptoms, should seek medical advice immediately. Contact your GP or local sexual health clinic via phone or telehealth. We provide [a list of sex worker-friendly health clinics](#) on our Red Book Online.

## Prevention

Avoiding close contact with people who have monkeypox is the most effective way to prevent infection. Close contact activities may include sleeping in the same room or bed, living in the same household, or drinking or eating from the same dish as an infected person.

Human-to-human transmission of monkeypox can occur through contact with lesions, body fluids including respiratory secretions, and contaminated materials such as bedding and towels.

While you should include a check for visible rash, lesions, blisters or sores while doing your [client health check routine](#), this will not capture sores that may not be visible or may be internally located, so is not a foolproof method of detecting. You may also want to include questions about overseas travel in your screening practices and check if your client has a fever or is feeling unwell. If you suspect that your client has monkeypox, you should discontinue booking and recommend they self isolate and contact their doctor immediately. As with COVID-19, it may become necessary for contact tracing to be conducted if there is a monkeypox infection; it will be important to have contact details of clients if this occurs.

## How is monkeypox treated?

Most people with monkeypox have a mild-illness and recover within a few weeks without specific treatment.

There are some therapies available for the treatment of monkeypox, particularly for people at high-risk such as those who are immunosuppressed.

Because monkeypox is closely related to smallpox, the smallpox vaccine can protect people from getting monkeypox. Vaccines may be indicated in persons at greatest risk of getting monkeypox.

## Where can I get more information?

Here are some sources of information:

[NSW Health - Factsheet on Monkeypox](#)

[Australian Department of Health - Information Page on Monkeypox](#)

<https://www.health.gov.au/sites/default/files/documents/2022/06/monkeypox-mpx-look-out-for-the-signs-poster-poster-monkeypox-mpx-look-out-for-the-signs.pdf>

[World Health Organization page on MPXV - Information Page on Monkeypox](#)

NSW Health have translated information factsheets available in:

- Arabic / العربية ,
- Simplified Chinese / 简体中文
- Traditional Chinese / 繁體中文
- Portuguese / Português
- Spanish / Español
- Thai / ภาษาไทย
- Vietnamese / Tiếng Việt Nam