

Monkeypox

Monkeypox is not a very common viral disease that can be transmitted from person to person through close contact such as sexual intercourse. There is currently an active outbreak of monkeypox, and Spain is one of the most affected countries. Most cases occur in gay, bisexual and other men who have sex with men (gbMSM), who have had sex under certain conditions that make transmission easier.



How is it transmitted?

- The primary channel of transmission of the current outbreak is close, direct physical contact with the skin lesions, scabs or body fluids of an infected person during sex or in other situations of prolonged and sustained physical contact.
- It may also be transmitted through respiratory secretions of an infected person or by sharing equipment that has been in contact with infected blood or fluids (straws or pipes in drug use, as well as gear for drug injection).
- Transmission is also possible through contact with contaminated objects such as bed linen, towels or clothing.
- The likelihood of transmission is high in people who have sex in certain conditions that facilitate transmission, for example when several people are involved, when partners are strangers and/or when sex takes place in environments where lesions cannot easily be seen or where perception of risk may be altered, for example, by drug use.
- The chance of transmission for the general population is currently thought to be low.
- The virus is diagnosed by laboratory testing of samples from skin lesions such as fluid or scabs.

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What are the symptoms?

- Symptoms can appear from 5 to 21 days after exposure to the virus. The initial symptoms are very non-specific: fever, headache, muscle aches, fatigue and swollen lymph nodes.
- 1 to 5 days after the onset of fever, a rash usually develops. In the current outbreak, the rash is most often located on the areas of skin where contact occurred
- If the contact occurred during sex, lesions tend to appear on the genitals, around the anus or in the mouth.
- The rash consists of skin lesions that are initially smooth. They then fill up, become fluid-filled vesicles, turn into pustules, and end up as crusts that eventually fall off and disappear.

How serious is the disease?

- The disease usually goes away on its own without treatment and most people recover within several weeks. In some cases, however, it may become serious and require hospital care.
- The most common long-term impact is scarring at the site of the lesions.
- In Spain, although most cases have been mild so far, around 7% involve complications that include mouth and anal ulcers, secondary skin infections and proctitis.

How to prevent it

There is evidence that smallpox vaccination reduces the risk associated with this disease. In Spain, vaccination is recommended in two situations:

- Before exposure to the virus (pre-exposure prophylaxis), with priority for people who engage in high-risk sexual practices and mainly, but not exclusively, gbMSM men.
- After contact with the virus (post-exposure prophylaxis) in people at higher risk of developing severe disease if they acquire the virus.

Are there other measures to prevent infection?

- Find out about monkeypox and its symptoms so that you can identify them if in doubt.
- Avoid direct sexual contact with people with monkeypox symptoms.
- Take a break from parties and large events that involve close, direct contact.
- If you think you may have caught it, reduce your social and sexual contacts, wear a mask, and contact your health centre.

gt grupo de trabajo sobre tratamientos del VIH
ENTIDAD DECLARADA DE UTILIDAD PÚBLICA
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¿TIENES DUDAS
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PREGÚNTANOS
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Disclaimer

The information on this sheet is not intended to replace a doctor's advice. Health decisions should always be taken after consulting health professionals. Medical information can quickly become outdated.

If you have any questions after reading this sheet, you should talk to your doctor or nurse, or call gTt-VIH on 93 458 26 41 to find out whether there have been any significant new developments.

www.gtt-vih.org

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