

MPV Frequently Asked Questions

Many patients are asking about Monkeypox (now called MPV). A few things to consider:

1. How is it transmitted? MPV is not thought to be easily transmissible like COVID. It is mainly transmitted by direct contact with infectious sores, scabs, and body fluids, but skin-to-skin contact is a risk even if not directly touching a sore or lesion. There have been reports of indirect transmission with infected surfaces/materials, such as clothing and linens contaminated with MPV. It is also thought to be spread by large respiratory secretions such as those exchanged during prolonged close face-to-face contact, such as kissing, and massages. It is possibly concentrated in semen, so safe sex using condoms is recommended to decrease your risk of infection. Wearing a condom is advised for 12 weeks after infection to prevent spread to others. But again, infection can be acquired from any skin-to-skin contact with infected lesions, contaminated linens/clothes, or possibly respiratory droplets.

2. What are the symptoms? The rash, which almost all patients get with MPV, can develop before flulike symptoms develop (fever, chills, muscle aches, headache, and swollen lymph nodes). It usually occurs within 21 days of exposure, most commonly within a week, but 2% of patients may develop symptoms even 3 weeks after exposure. Patients are contagious for weeks, until all skin lesions are healed, scabs have fallen off, and a fresh layer of skin has formed, thus in addition to notifying all contacts, people with MPV should stay at home until lesions are completely healed.

3. **Can I get immunized to prevent MPV?** While some cities in the country are starting to immunize high-risk groups, the supply is very limited, and Dallas is only able to immunize those with a known close exposure at this time. You would need to get the vaccine directly through Dallas County Health and Human Services, if available. Their phone number is (214)819-2004 extension 6 and website is https://www.dallascounty.org/departments/dchhs/monkeypox.php.

As far as testing, our laboratory has an approved MPV test beginning this week. If you think you have MPV (a rash or an exposure followed by fever, aches, etc.), you should stay at home and call us for an appointment. As it is contagious, we want to start with a telemedicine appointment if you have been exposed or think you may have MPV so we can discuss with you. We can then arrange testing for you.

4. **How is it treated?** Regarding treatment for MPV, typically patients recover without treatment within 2-4 weeks. You should isolate from your pets, as it may be possible to pass to them. Also, for caregivers, remember to wear a mask, gloves, and all linen/clothes should be considered infectious. Patients at higher risk of complications include those with cancer, on immunosuppressants, and those with advanced HIV infection. Well controlled HIV is not thought to be a risk factor for more severe disease. TPOXX/Tecovirimat is approved for smallpox, but it has not been studied well for MPV. Per the CDC, it can be considered for severe cases requiring hospitalization and for severely immunocompromised patients. Again, well-controlled HIV is not thought to be a risk factor for severe illness. Currently the medication is only available through the health department, and the treating physician must complete forms indicating the medication is for compassionate use. We are working with the health department to streamline this process, but currently, it is very difficult to obtain. We are seeing that patients recover within 2-4 weeks without treatment.



5. Why are only men who have sex with men or people who identify as gay getting MPV? There is nothing about being gay or having sex with men that uniquely causes MPV infections. Right now, infections are happening from events and festivals where part of the activities included dancing and situations where people are having close, skin-to-skin contact with other people.

6. Who can get MPV? Everyone is susceptible to MPV infection, and in other parts of the world such as Africa, MPV infections are not just happening in men who have sex with men. People who were born in the U.S. prior to 1970 may have some protection from receiving the smallpox vaccine, but this protection does wane with time, and there have been documented cases of people previously being immunized against smallpox contracting MPV. This is a public health problem that affects everyone.

7. **Is MPV transmitted by sex?** Yes, we know from MPV cases so far that it is being transmitted during skin-to-skin contact occurring as part of sexual encounters. However, MPV transmission is also occurring from skin-to-skin contact that happens during other activities like dancing, hugging, massages, and kissing.

8. **Should I stop going to sex parties?** Many MPV cases both in the U.S. and Europe are happening from sex parties or from having sex with multiple, anonymous sex partners. As cases in Dallas and the U.S. are rising quickly, it is reasonable to hold off from attending or participating in sex parties for at least a month until we have better access to vaccines and learn more about how to be safe in these situations.

9. I attended a sex party over the weekend, or I think I may have been exposed by someone. How can I get checked? The only way to know if someone has MPV at this time is to swab a visible lesion and have the sample tested in a laboratory. So, unless you have a visible rash, sore, or blister, we will not be able to determine whether or not you have MPV.

10. **Should I not attend an upcoming festival or event?** Attending a large gathering or event by itself would not be considered a risk, but it would be important to avoid settings or situations that may be connected to the event like spin-off or side events where people may have close skin-to-skin contact with others.

11. Should I avoid having online sex or having sex with people I do not know well? Deciding who you choose and what types of sex you have is a very personal decision. The MPV infection risk is very similar to other sexually transmitted infections, except at the moment, there is limited treatment and no vaccine available. Infections can be severe and scarring from lesions is very possible. Therefore, it is important to realize the risk currently when engaging in more risky sexual activities.

12. How can I tell whether or not my sex partner has MPV or whether it is safe for me to have sex? It may not be possible to tell, but someone with a rash, sore, or blister, on or near the genitals should refrain from having sex until the lesions are well healed. Some MPV infections are very mild with only a few small lesions. It is a good idea to ask about rashes or lesions before having sex.

13. When can I get the vaccine? We are waiting for more vaccines to arrive in the Dallas area. Once we start receiving them, we will let you know how to sign up if you meet the criteria for vaccination.



14. I am planning or organizing a social event where people may be at risk for MPV. What do I do? We recommend that the CDC's website you go to at https://www.cdc.gov/poxvirus/monkeypox/specific-settings/social-gatherings.html review and the resources for social gatherings, safer sex, and MPV.

15. How can I tell whether a new rash, sore, blister, pimple, or other skin lesion may be MPV? It may be hard to tell because many different things can cause similar lesions. If you have any new or unexplained rash, it is important to get checked by a healthcare provider and to avoid sex or being intimate with someone until then.

16. How can we in the gay community better protect ourselves from MPV? Right now, cases are extremely rare, so now is the time to mobilize awareness and prevent the spread of MPV before it gets out of control. Preventing spread by avoiding high-risk situations like sex parties right now will allow us time to get vaccines which will better protect all of our community. We can all do our part right now.