

# APPROACHES TO ENCOURAGING AND SUPPORTING APPROPRIATE ISOLATION WITH MPOX

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## *Overview*

Isolation remains a crucial step in preventing mpox transmission, but it can be challenging. Isolation rules must balance the risk of exposure from individuals who remain infectious with the burden of extended isolation on individuals and their families (1).

Barriers such as limited awareness, stigma and discrimination, and communication that does not reflect lived experience can hinder isolation, but targeted, community-informed strategies can support people to isolate safely and sustainably.

## *Isolating at home*

To prevent transmission, a person with mpox is advised to isolate at home, separated from others, including people and animals, from the time they suspect or are diagnosed with infection until fully recovered and cleared by their healthcare provider (2). During this period, they should not attend work, school, or public areas, and are advised to avoid all intimate or sexual contact, including with household members.

Leaving home isolation should only occur for essential purposes, such as emergencies or urgent health, wellbeing or safety needs. In such cases, individuals should ensure any visible lesions are covered with bandages and/or clothing, wear a medical mask (ideally an N95 or KN95), and avoid close contact with others.

While these recommendations are clear in principle, their successful implementation depends heavily on community understanding, trust, and the availability of social and practical supports that make isolation feasible and sustainable.

## *Barriers to isolation*

### **Community Awareness and Understanding**

Limited awareness of mpox symptoms, transmission, and the importance of isolation can prevent individuals from isolating promptly or sustaining isolation for the recommended duration. Clear communication about why isolation matters including protecting the community, preventing onward transmission, and reducing severe outcomes, can encourage earlier action and foster shared responsibility.

Public health messaging that normalises isolation as an act of care, not exclusion, can reduce anxiety and strengthen people's willingness to isolate.

### **Guidance that Reflects Community Needs**

A barrier to effective isolation arises when public health messages do not reflect the lived experiences or practical realities of the communities most affected, making guidance difficult to trust or act on. Successful HIV prevention among gay, bisexual, and other men who have sex with men (GBMSM) has long relied on community evaluation of public health guidance against lived experience to identify acceptable, sustainable strategies (3)(4). Likewise, GBMSM are likely to assess mpox risk and isolation advice based on personal circumstances, engagement with evidence, and peer knowledge.

Communication co-designed with community and delivered through trusted HIV and LGBTIQ+ organisations ensures guidance is relevant, culturally safe, and grounded in lived experience. When people feel respected, informed, and supported to make decisions within their own context, they are far more likely to isolate appropriately and sustain isolation for as long as needed. Trusted, community-led communication that responds to lived realities can also help dismantle inequities while providing clear instruction on prevention and treatment (5).

### **Stigma and Discrimination**

Stigma and discrimination surrounding mpox, particularly toward GBMSM, continue to act as barriers to isolation. Fear of judgment, outing, or unfair treatment can lead people to delay testing, hide symptoms, or avoid isolating altogether.

During Australia's 2022 mpox outbreak, some GBMSM reported difficulty accessing credible, non-stigmatising health information, and noted that misinformation and harmful portrayals of the GBMSM community were present in mass and social media (3). These dynamics can reinforce shame, erode trust in public health advice, and make isolation guidance harder to follow.

Reducing stigma requires coordinated action across government, healthcare, and community partners to promote factual and inclusive communication. Trusted community organisations are especially well placed to counter misinformation and normalise recovery, as their established relationships and credibility help create conditions in which people feel safe to test, seek care, and isolate. Lessons from Australia's HIV response show that community-led, non-stigmatising messaging remains essential for reducing shame and supporting engagement with public health guidance.

### *Support During Isolation*

Mpox can cause significant emotional distress due to its physical symptoms, disruption to daily life, and the social and financial impacts of isolation. Isolation can significantly affect both physical and mental wellbeing, with loneliness and uncertainty sometimes taking a heavier toll than physical symptoms. Stigma and discrimination can further compound this distress.

Support during isolation should be practical, compassionate, and community based. Community organisations, caregivers and support networks play a vital role in supporting people with mpox to isolate appropriately. Tips as to how best to support are below.

### ***Practical Tips***

To assist people with mpox to maintain appropriate isolation:

- Promote health messaging that normalises isolation as an act of care, not exclusion.
- Ensure guidance is clear, accessible and co-designed with community.
- Provide practical self-care advice.
- Ensure individuals can access clinical support for symptom management, particularly when symptoms change or worsen.
- Facilitate access to medical certificates and workplace accommodations, including work from home arrangements where appropriate.
- Strengthen referral pathways to trusted community organisations to provide culturally safe support, information, and practical assistance during isolation.
- Ensure that individuals experiencing distress have clear pathways to mental health and crisis support services (see below for contact details).
- Enable support pathways for those in overcrowded, shared or insecure housing.

To assist caregivers and supports workers:

- Promote the importance of maintaining social connection during isolation, including through phone, video chat, or social media.
- Encourage regular remote check-ins to reduce loneliness and support wellbeing during isolation.

- Promote practical assistance models, such as contactless delivery of food, medications, or essential supplies.
- Reinforce the importance of confidentiality and non-stigmatising communication within families, workplaces, and communities.
- Facilitate access to support for those with dependents, pets, or essential responsibilities when they are unable to leave home.

### *Crisis Support Services*

- [QLife](#) – A national and anonymous phone and online counselling service staffed by LGBTQ+ community members – 1800 184 527
- [Beyond Blue](#) – 1300 22 4636
- [Lifeline](#) – 13 11 14

## *References*

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