

# INTEGRATING MPOX INTO ROUTINE SEXUAL HEALTH CARE

**29 January 2026**

## *Overview*

Mpox is continuing to circulate among gay, bisexual and other men who have sex with men in Australia and internationally. Given that elimination will be difficult to achieve and sustain, mpox will need to be addressed through routine sexual health care. The recognition of symptoms, treatment and management of mpox will need to be integrated into ongoing sexual health care, whether in specialist clinical and/or community-led services, or through general practice.

## *Context*

Australia experienced two mpox outbreaks, in 2022 and 2024, both predominantly affecting gay, bisexual and other men who have sex with men (GBMSM)<sup>i</sup>. Mpox had previously caused sporadic outbreaks in parts of Africa but became a global concern in 2022 with widespread transmission in North America and Europe. Australia successfully contained the outbreaks through rapid public health measures, including vaccination, contact tracing and community engagement. Only 0.8% of cases were among women, reinforcing that transmission largely occurred in sexual settings involving GBMSM. Reported figures likely underestimate true case numbers, as many infections may have been mild or managed without medical testing, particularly among vaccinated individuals.

Clinical care is routinely handled in sexual health services and general practice. For most cases of mpox, pain management is the primary treatment, and patients are asked to isolate at home to reduce the potential for onwards transmission. Hospital-based care is not typically required for mpox, particularly among those who are fully or partially vaccinated. However, in rare instances hospitalisation is required to treat more complex and serious cases.

## *Enhancing routine care*

In order to sustain a proactive response to mpox among GBMSM in Australia, the following actions should be considered:

### **1. Responsive and up to date clinical guidelines**

Clinical and public health guidelines for responding to mpox should be reviewed and updated periodically, led by clinicians in consultation with affected communities. Treatment guidelines for mpox<sup>ii</sup> have been updated regularly over the last several years, and at the time of writing, the latest version provided by the Australian Centre for Disease Control (ACDC) is from 12 November 2025. Additionally, the ACDC is also hosting the Communicable Diseases Network Australian National Guidelines for Public Health Units<sup>iii</sup>, last updated 17 December 2025 and making current public health guidance accessible from a single, central location.

### **2. Symptom recognition, treatment and management**

Both clinicians and members of affected communities should be given regular updates about the symptoms and management of mpox, including updates to treatment guidelines. Given the large workloads of many services involved in sexual health care, there is a risk that awareness of mpox drops and that cases may be missed. There were anecdotal reports of mild cases of mpox being initially misdiagnosed as either syphilis or herpes. Therefore, to increase awareness, regular updates on the current state of mpox, and any changes in treatment and management protocols should be provided regularly.

### **3. Continue to offer vaccination to GBMSM**

The current vaccine coverage in Australia does not provide sufficient protection against ongoing outbreaks, therefore the Australian mpox response requires ongoing and sustained focus on vaccinations. Access to vaccination through routine clinical care will assist in reducing the spread of mpox, and reduce the severity of illness among those that contract it. Particular focus should be given to people with HIV, newly sexually active people, and people that have experienced a shift in their sexual behaviour.

### **4. Population screening is unnecessary**

Given the relatively low numbers of cases being reported between outbreaks, large scale screening for mpox is impractical and an inefficient use of resources. During periods of low transmission, attention should be focused on responding to confirmed cases and on offering vaccination.

### **5. Patient-led and service-led contact tracing**

Services should promote patient-led approaches to contact tracing as an efficient way to contact partners who may have been exposed, particularly among GBMSM. In Australia, this approach is

regularly used in sexual health. However, capacity must be maintained for clinicians and public health authorities to support and/or lead contact tracing when the individual is unable to do so, or if the circumstances of exposure may lead to a significant public health risk, for instance if the person works in an aged care or childcare service.

#### ***6. Universal precautions***

As per the guidance in the CDNA national guidelines, general practice and sexual health services should be given the confidence to manage patients attending their service with suspected mpox using universal precautions. It is unnecessary to require services to use gowns and protective eyewear unless a procedure is being performed that increases the likelihood of transmission occurring. Telehealth consultations should be considered for supporting mild cases of mpox to reduce the opportunity for transmission to other services users and staff.

#### ***Intersection of Clinical Care and Community Engagement***

Health promotion and community education activities can support the integration of mpox into routine sexual health care. Empowering affected communities with knowledge about the condition, the need for isolation, and the likely treatment options can help ensure that individuals seek care when necessary.

## References

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- <sup>i</sup> Health Equity Matters. (2025). Mpox notifications in Australia in 2024 and 2025. Available at: <https://assets.healthequitymatters.org.au/wp-content/uploads/2025/04/29170801/1.-Mpox-2024-Outbreak.pdf>
- <sup>ii</sup> Australian Centre for Disease Control. (2025). 2025 Mpox treatment guidelines. Available at <https://www.cdc.gov.au/resources/publications/mpox-treatment-guidelines>
- <sup>iii</sup> Australian Centre for Disease Control. (2025). Mpox: CDNA national guidelines for public health units. Available at [https://www.cdc.gov.au/sites/default/files/2025-12/mpox-cdna-national-guidelines-for-public-health-units\\_2.pdf](https://www.cdc.gov.au/sites/default/files/2025-12/mpox-cdna-national-guidelines-for-public-health-units_2.pdf)