



WHAT YOU NEED TO KNOW ABOUT MPOX VACCINE

Timely Vaccination: Early vaccination is essential for those at risk of exposure to prevent the spread of mpox and protect individual health.

Post-exposure Vaccination: Administered within 4 days of exposure to reduce the risk of infection and within 14 days to help lessen the severity of symptoms.

Pre-exposure Vaccination: Recommended for people at high risk of exposure. The Mpox vaccine is given as a two-dose series, spaced about four weeks apart

Community Protection: Widespread vaccination not only protects individuals but also helps safeguard communities by reducing transmission and preventing further outbreaks.

At-Risk Groups: The vaccine is recommended for those who have been in close contact with someone infected with mpox which includes healthcare workers and high-risk populations in areas with ongoing outbreaks.

Access for high-risk populations: Vaccination campaigns are focused on persons who are at higher risk of exposure to ensure maximum impact towards community protection.

Protection from Severe Disease: Vaccination controls the spread of mpox and reduces the risk of severe illness, offering critical protection for individuals who may be exposed or at high-risk for mpox infection.

Prevention measure: To control the spread of Mpox, the vaccine should be combined with measures such as maintaining personal hygiene and avoiding close contact with infected individuals.

Safety and Efficacy: The Mpox vaccine has been proven to be safe and effective in preventing severe disease and transmission of mpox. It is a crucial tool in our response to Mpox outbreaks and keeping communities protected.

Safe and Well-Studied: The vaccines used for Mpox are based on existing vaccines for smallpox, which have been studied for decades and proven safe. The mpox vaccines have been tested across multiple countries and have demonstrated safety and effectiveness. Controlling Spread: By reducing transmission, the vaccine plays a vital role in controlling the spread of Mpox and preventing outbreaks.

Integrated Prevention: Vaccination works best when paired with other preventive measures, such as avoiding close contact with infected individuals and practicing good hygiene.

Mild Side Effects: As with any vaccine, side effects can occur. Common side effects may include pain at the injection site, fatigue, headache, muscle pain, nausea and fever.

Adverse events: Severe reactions are very rare but can occur. A potential adverse event is myopericarditis (inflammation of the heart muscle and pericardium), after mpox vaccination, though the overall risk appears low.

If you have concerns about the Mpox vaccine, speak with a healthcare provider who can provide accurate information and answer any of your questions, or contact the National Health Helpline 0800 012 322 or info@health.gov.za
Clinical queries (Healthcare workers only): NICD Doctor on Call 0800 212 552
Outbreak related queries: NICD Outbreak Team outbreak@nicd.ac.za

MYTHS & FACTS ABOUT MPOX?

Stigma around Mpox discourages people from seeking medical care and perpetuates misinformation. By spreading facts and practicing empathy, we can create a supportive environment for individuals and communities affected by Mpox.

Myth: Mpox only affects certain groups of people.

Fact: Mpox can affect anyone regardless of gender, sexual orientation, age, or ethnicity. While some groups may have a higher risk of exposure due to close contact or specific circumstances, the virus does not discriminate

Myth: Mpox is a "gay disease."

Fact: Mpox can affect anyone, regardless of sexual orientation or gender. While early outbreaks may have disproportionately impacted certain groups due to specific patterns of close contact, Mpox is not exclusive to any community. It spreads through close physical contact, which can happen in any setting, such as households, workplace or crowded places.

Myth: Mpox only spreads through sexual contact.

Fact: While Mpox can spread during sexual contact due to close physical interaction, it is not classified as a sexually transmitted infection. Any close contact, including hugging, sharing personal items or bedding, or close and prolonged face-to-face interaction, can result in transmission.

Stigma: People infected with mpox should be isolated permanently.

Fact: People with Mpox can recover and rejoin their communities after the infectious period, which is typically 2-4 weeks. Isolation during the contagious phase is a public health measure, not a punishment or reason for permanent exclusion.

Myth: You can get Mpox just by being in the same room as someone infected.

Fact: Mpox is not as easily transmissible as airborne diseases such as COVID-19 or flu. It primarily spreads through prolonged close contact, such as skin-to-skin interaction, respiratory droplets during close face-to-face interaction, or contact with contaminated items like bedding or clothing.

Myth: Mpox is deadly for everyone who gets it.

Fact: Most Mpox cases are mild and self-limiting, with people recovering in 2 to 4 weeks. Severe complications are more likely in immunocompromised individuals including people living with HIV/AIDS, pregnant women, or young children but this remains relatively rare.

Myth: Mpox can be cured with home remedies.

Fact: There is no specific cure for Mpox. Treatment focuses on managing symptoms and preventing complications. If you suspect you have Mpox, seek medical advice for proper care and isolation.

Clinical queries (Healthcare workers only):

NICD Doctor on Call 0800 212 552

Outbreak related queries: NICD Outbreak Team outbreak@nicd.ac.za

Public queries: National Helpline 0800 012 322 or info@health.gov.za

Website: <https://www.health.gov.za/outbreaks-mpox/>