CONDITION

Mpox

Mpox is a contagious viral infection that usually causes a blistering rash and flu-like symptoms.

WHAT IT IS
Viral infection causing a painful or itchy rash

BODY SYSTEM
Skin and whole body

MAIN SYMPTOMS
Rash, fever, swollen lymph nodes, pain

WHAT CAUSES IT
Infection with monkeypox virus

HOW IT IS DIAGNOSED
PCR testing of swabs from skin lesions

MAIN TREATMENT
Symptom relief; antivirals for severe or high-risk cases

CAN IT BE CURED?
Yes, most infections clear completely

IS IT AN EMERGENCY?
Sometimes, with breathing trouble, confusion, or severe eye symptoms

LONG-TERM OUTLOOK
Most recover fully, though scars or lasting pain can occur

Overview

Mpox is an infection caused by monkeypox virus. It often causes a rash with spots, blisters, or sores. Some people also develop fever, headache, muscle aches, tiredness, or swollen lymph nodes.

The virus spreads mainly through close contact with someone who has mpox. This includes skin-to-skin contact, sexual contact, and contact with contaminated bedding, towels, or clothing. It is not limited to any gender, sexual orientation, or community.

There are two main groups, or clades, of the virus: clade I and clade II. Both can cause serious illness, although the risk and typical severity differ. The clade involved may also affect public health advice.

Most people recover within several weeks. However, mpox can be very painful, and some people develop complications involving the eyes, lungs, brain, or other organs. Severe illness is more likely in people with a significantly weakened immune system, during pregnancy, and in very young children.

Symptoms

Symptoms usually begin within 21 days of exposure. A rash may be the first symptom, or it may appear after fever and other general symptoms.

The rash can appear anywhere. Common locations include the face, mouth, hands, feet, genitals, and area around the anus. Some people have many lesions, while others have only one or two that are easy to mistake for pimples, ingrown hairs, cold sores, or another infection.

The lesions may change through several stages. They can begin as flat or raised spots, become firm or fluid-filled, and then form scabs. New skin grows underneath as they heal. The rash may be painful at first and itchy later.

Other symptoms can include:

Some people have no fever or feel only mildly unwell. Symptoms around the anus or genitals can still cause intense pain even when the rash is limited.

- Fever, chills, headache, or marked tiredness
- Swollen lymph nodes, sometimes called swollen glands
- Muscle aches, back pain, or sore throat
- Rectal pain, bleeding, or a feeling of needing to pass stool
- Pain when urinating or genital swelling
- Mouth sores that make eating or drinking difficult

Causes and risk factors

Mpox is caused by monkeypox virus, which belongs to the same virus family as smallpox. Mpox is not caused by chickenpox, and it is not the same condition as smallpox.

The virus can spread through direct contact with lesions, scabs, or body fluids. Prolonged close face-to-face contact may also allow spread through respiratory droplets or secretions. It can pass through contaminated personal items and from a pregnant person to the baby. In some regions, infection can follow contact with infected animals.

Sexual contact is an important route of transmission because it often involves prolonged skin-to-skin contact. Mpox is not only a sexually transmitted infection, however. Condoms may reduce some exposure but do not cover every area where lesions can occur.

Your chance of exposure is higher if you have close physical contact with someone who has mpox or share unwashed bedding, towels, clothing, or sex toys with them.

The chance of severe illness is higher in people with advanced or poorly controlled HIV, another major immune system problem, or certain widespread skin conditions. Pregnancy, breastfeeding, and early childhood may also increase concern. These factors do not mean that severe illness is certain.

Diagnosis

A clinician may suspect mpox from the appearance and location of the rash, your symptoms, and possible contact with someone who had the infection. Appearance alone cannot confirm it because herpes, chickenpox, syphilis, bacterial infections, and several non-infectious skin conditions can look similar.

The usual test is a polymerase chain reaction, or PCR, test. A clinician firmly swabs one or more skin lesions, including the surface or material from a lesion. The sample is tested for genetic material from the virus. Blood tests are not normally the main way to confirm an active case.

You may also be offered tests for herpes, syphilis, HIV, or other sexually transmitted infections. Having one infection does not rule out another.

While awaiting results, you may be advised to avoid close contact, cover lesions when possible, and not share personal items. Follow the instructions from your healthcare or public health service, as local arrangements can differ.

Treatment and management

Many people recover with symptom relief, skin care, and enough fluids. Treatment may focus on controlling pain, preventing dehydration, and keeping lesions clean. Pain around the mouth, genitals, or anus may need more support than an ordinary rash.

Try not to scratch, shave over, squeeze, or deliberately open lesions. Wash your hands after touching the rash or changing dressings. Loose clothing may reduce rubbing. A clinician or pharmacist can advise which non-prescription pain relief is suitable for you.

Antiviral medicines may be considered for severe illness or for people at higher risk of

complications. Tecovirimat is one antiviral like acyclovir or oseltamivir that may be available through national treatment or access arrangements. Research has not shown a clear benefit for every person with mpox, so its use is usually considered according to illness severity, immune health, affected body areas, and local guidance. Other antiviral or antibody-based treatments may be used in selected serious cases with specialist input.

Hospital care may be needed for uncontrolled pain, dehydration, extensive infection, eye involvement, breathing problems, or complications affecting internal organs. People with a severely weakened immune system may need coordinated care from infectious disease and immune or HIV specialists.

Continue any regular medicines unless a clinician advises otherwise. Tell the care team if you are pregnant, could be pregnant, or are breastfeeding so that testing, treatment, and contact advice can be planned appropriately.

Complications

Most infections resolve without lasting physical problems, but complications can occur.

Possible complications include:

Severe and sometimes life-threatening mpox has occurred, particularly in people with advanced immune suppression. Prompt assessment is important if symptoms are worsening rather than gradually improving.

The visible rash, pain, isolation, and stigma can also affect sleep, mood, relationships, and income. Emotional effects are valid reasons to seek support.

- Bacterial infection of damaged skin
- Dehydration from painful mouth sores or difficulty swallowing
- Severe rectal pain or inflammation
- Eye infection, which can threaten sight
- Scarring or changes in skin colour after lesions heal
- Ongoing nerve pain at affected areas
- Pneumonia, brain inflammation, or widespread infection

Prevention

Mpox cannot always be prevented, especially if exposure happens before anyone knows the

infection is present. Several steps can reduce the chance of spread.

Avoid direct contact with another person's rash, scabs, or body fluids. Do not share towels, bedding, clothing, razors, sex toys, or other personal items with someone who may have mpox. Clean shared objects and wash contaminated laundry according to public health advice.

If you have mpox, avoid close physical and sexual contact until the lesions have healed, the scabs have fallen off, and a fresh layer of skin has formed. Keep lesions covered when practical and avoid contact with people at higher risk of severe illness. Local guidance may include additional precautions.

Vaccination is offered to certain people with a higher chance of exposure and to some close contacts after an exposure. Eligibility differs by country and outbreak situation. Contact a sexual health, vaccination, or public health service promptly after a known exposure because timing can matter.

Vaccination lowers risk but does not provide perfect protection. Continue to avoid contact with a suspected mpox rash even if you have been vaccinated.

Living with it and what to expect

Mpox commonly lasts two to four weeks, although recovery can be shorter or longer. Lesions may appear at different times, so some may be healing while others are still developing.

Pain often improves as lesions crust and heal. Itching may become more noticeable later. Temporary darkening or lightening of the skin is common after inflammation. Some lesions leave scars, especially if they were deep, infected, or repeatedly scratched.

You remain capable of passing on the virus until every lesion has healed, all scabs have come off, and new skin has formed. This can disrupt work, school, caregiving, intimacy, and shared living arrangements. A healthcare or public health service can provide guidance about household precautions and when normal activities can resume.

Follow-up is routine if pain is not well controlled, lesions are slow to heal, or you have questions about returning to work or close contact. People treated for severe illness or with substantial immune suppression may need closer monitoring.

Most people return to their usual health after recovery. Lasting pain, scars, or emotional distress are possible but not inevitable. Seek follow-up if these continue to affect daily life.

When to get medical help

Contact a healthcare or sexual health service promptly if you develop a new unexplained blistering or ulcer-like rash, particularly after close contact with someone who has mpox. Call ahead before attending in person so the service can reduce possible exposure to others.

Prompt assessment is also important if you are pregnant, have a weakened immune system, or have lesions near an eye. Seek same-day advice for worsening pain, spreading redness, pus, persistent fever, reduced urination, or difficulty eating and drinking.

Get urgent medical help for:

Call emergency services for trouble breathing, severe confusion, a seizure, collapse, inability to wake normally, or other signs of critical illness. Do not delay emergency care because of concern about isolation arrangements; tell the service that mpox is possible.

- Eye pain, new light sensitivity, blurred vision, or an eye lesion
- Severe rectal, genital, or abdominal pain
- Repeated vomiting or signs of dehydration
- Rapid worsening in someone with major immune suppression

Common questions

Is mpox the same as monkeypox?

Yes. Mpox is the preferred name for the condition previously called monkeypox. The virus itself is still commonly called monkeypox virus.

Is mpox always sexually transmitted?

No. It can spread during sex because of close skin contact, but it can also spread through other close contact, contaminated personal items, pregnancy, and contact with infected animals.

What does an mpox rash look like?

It may look like spots, firm bumps, blisters, pus-filled lesions, ulcers, or scabs. Lesions can have a central dip and may feel deep or painful. A test is needed because appearance alone is not reliable.

Can I get mpox more than once?

Previous infection probably provides some immune protection, but its strength and duration are not fully known. Reinfection has been reported, so a new compatible rash still needs assessment.

How long is mpox contagious?

A person is generally considered contagious from the start of symptoms until every lesion has

healed, all scabs have fallen off, and new skin has formed. This often takes several weeks.

Does the mpox vaccine stop all infections?

No vaccine prevents every infection. Vaccination can reduce the chance of mpox and may reduce illness severity, but avoiding direct contact with lesions remains important.

Sources

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