

This fact sheet on monkeypox is intended for the general public and includes concepts related to sexuality.

➤ **We have been hearing about the monkeypox virus since May. Should we be worried?**

Monkeypox is a **virus that is endemic in some parts of Africa**, which is known since the 1960s. Endemic means that the virus is constantly present; in this case, it causes regularly small outbreaks - i.e. several cases at the same time and in a given area - without this being a particular cause for international concern (although we are never particularly happy about people falling ill, of course).

So far, the few cases reported outside these areas have been related to travel returns; we know about these cases because of the surveillance systems in place in countries, which allow us to identify and control infections of major concern.

**Since May 2022, the situation has changed** (and when the situation changes, the health authorities and epidemiologists get worried): there are local and independent "contamination chains" in our countries. In this situation, people transmit the virus among themselves and without any link to endemic countries. The number of infections is still proportionally very low, **but it is increasing**. And this is something specialists don't like at all, especially as they face with **many unanswered questions**: How is the virus different from that of the countries of origin? What are the modes of transmission? How long is one contagious? What are the risks of complications and death? What is the mortality rate? What are the risks for a baby if a pregnant woman contracts this virus?

The experience of endemic countries provides some answers, or partial answers (for example, we know that the virus is transmitted through skin-to-skin contact, but we don't yet know if it is transmitted through semen), but not all of them, especially in the context of these new outbreaks (because populations in endemic areas could be better protected than those in non-endemic areas, and their behaviours and medical means are different).

Therefore, there is **no need to panic but**:

- Health authorities should remain **watchful**;
- The population, and in particular people with high-risk behaviour, should be **cautious**.

In practical terms, this means that cases are monitored to ensure that their numbers do not escalate and to understand the transmission chains; on the other hand, scientists continue to investigate prevention methods and treatments, and organise themselves to find answers to questions. And this also means that people with high-risk behaviour are well informed and make choices accordingly (for example: "I had a fever and I have four weird pimples, do I go to the paintball game organised for my goddaughter's birthday?<sup>1</sup>).

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<sup>1</sup> Just to avoid any misunderstanding, the answer is no.

### ➤ Who is at risk?

The monkeypox virus does not target specific population groups. However, it does make use of certain activities to pass from one person to another. Since it is transmitted especially by contact (with sores, mucous membranes and skin), the closer the contact, the higher the risk of catching it. Thus, for the time being, **transmission is mainly observed among a population with a high level of sexual activity and a high number of partners** (that's the mathematical side; but, as with any disease, there is also the aspect of "bad luck, I'm not very sexually active and have only had one partner and I've caught monkeypox").

Monkeypox is definitely not a nice name for a disease (but they rarely are). Plus it stems from a casting error, because it was discovered in monkeys that turned out to be just "accidental" hosts like us humans. The more accurate name would be rat pox (okay, that's not very nice either), because it is usually spread among rodents.

### ➤ Why should you get tested?

You've spotted a suspicious pimple - but is it a sore or a mosquito bite or acne? - and you're hovering between anxiety, denial and hope. Why do you need to get tested as soon as possible?

- Firstly, because if you know you are ill and contagious, you will take precautions to **avoid passing the disease on to others**, especially those at risk of complications;
- Secondly, because while the majority of people with monkeypox have mild symptoms (a symptom is, by definition, unpleasant, even when it is mild), some may need **follow-up and treatment**, especially for pain;
- Finally, because monkeypox is not the only condition that affects, among others, people who have a busy sexual dance card. **Monkeypox symptoms can be similar to those of other infections**, in particular syphilis and herpes. These diseases can be more problematic and should be dealt with as soon as possible.

You should therefore pluck up the courage to **consult a doctor as soon as possible**. The doctor will be able to give you answers and certainly to provide you with reassurance (an overactive imagination is never good so you might as well be fixed). And, if you are positive, the cantonal doctor's office (SMC) will call you regularly (not the most fun prospect, but in reality this does help reassure as well).

### Where to get tested?

- **All doctors and health centres** in the canton of Geneva are authorised to perform a monkeypox test.
- If your doctor has recommended that you go to the **Geneva University Hospitals (HUG)** for a test, it is best to call 022 372 33 11 to make an appointment.
- **Checkpoint** opens testing slots on Tuesdays and Thursdays from 8 am to 12 pm, without an appointment.

➤ **And if I am tested positive, will I have to go into isolation?**

No (except for some very rare cases). The past three months haven't shown any proof of transmission of the disease outside of close contacts, which shows that the virus is not easily transmitted outside of intimate contacts. As soon as we receive your positive test result, the cantonal doctor's office (SMC) (behind this name there are real people, and people whose expertise it is to find the best solutions for your specific situation) will contact you.

**Depending on your symptoms and the place where your pimples are, and after a risk assessment, you will receive specific and adapted recommendations. They should be applied strictly during the entire contagious period. The aim of these recommendations is to prevent you from transmitting monkeypox to other people.**

In practical terms, this means that some people will be able to carry on with their usual activities, provided they take certain precautions, while others may have to telework and avoid meeting other people. It all depends on the type of symptoms, their extent and of course your general condition. For instance, you may have to take sick leave and stay at home (for example, if you have very painful pimples that prevent you from working or if you have a high fever). Your doctor will then issue you with a medical certificate (wherein the reason for the sick leave will obviously not be mentioned).

Therefore, in agreement with the cantonal doctor's office, a tailor-made and adapted care-plan will be set up for you.

**In all instances, avoid sharing objects (sheets, cloths, kitchenware), wear a mask, cover your pimples and refrain from any sexual contact.**

➤ **You mentioned people at risk of serious complications?**

Yes, this includes immunosuppressed people (for instance people living with HIV without effective treatment), pregnant women, children, infants and elderly people. Not everyone has a super strong competitive immune system; catching this disease can have serious consequences for some people.

➤ **What are the symptoms of monkeypox?**

Scenarios may vary from person to person. But, in general, the first symptoms appear between 5 and 21 days after contact (what experts call the "incubation period"). These symptoms are very **similar to flu symptoms**, and a little like those of COVID (which is not very convenient for us at all, but these are the signs that your body is under attack and is setting up its alert and defence system):

- Headache
- Fever (>38.5°C) and shivering
- Swollen lymph nodes
- Muscle and body pain
- Back pain
- Generalized weakness

Then, usually 1 to 3 days after these symptoms appear, there is a **skin rash**, i.e. lesions on the skin. Again, there are several options: one pimple or dozens of them, red patches or blisters. Typically, they appear first on the face and then on the rest of the body, including the palms of your hands, the soles of your feet and on your genitals. In all cases: **Do not touch! These lesions contain the virus, so do not twiddle or scratch your sores.**

➤ **So what do I do if I have symptoms or doubts?**

**You call your doctor right away.** He or she will be able to assess the need for a test (for monkeypox and/or another disease), and you can be reassured or fixed. While waiting for the result, avoid spreading the disease to other people.

**If you are positive**, members of the cantonal doctor's office (SMC) (those mentioned above) will contact you. You will be able to ask your questions, and they will ask theirs, and organise the situation as best they can (which - on the scale of discomfort ranging from "Hot Stone Massage" to "Sinking of the Titanic" - is not catastrophic, but it is not practical or pleasant, and the people from the cantonal doctor's office (SMC) are well aware of this). As mentioned above, "depending on your symptoms and the location of your pimples, and after risk assessment, specific and adapted recommendations will be given to you".

➤ **So what should I do if I have been in contact with a positive or symptomatic person?**

On the one hand, you keep an eye out: this is called **self-monitoring**, and it means you regularly check for sores and take your temperature (regularly = twice a day, not every three minutes).

On the other hand, and this is not great news but that's the way it is, you **avoid all sexual contact** ("all" includes anything from kissing to foreplay to the full act, and everything in between, sorry!).

And finally, to be on the safe side, you minimize all contact with other people or animals (including your cat Antoine and your pit bull Jane-Fonda; to limit the spread of the epidemic, specialists want to avoid animals getting infected).

You do all this for 21 days following your exposure; if nothing happens, you can move on, it was just a false alarm (but, as hermits around the world say, "true courage is caution").

➤ **What about the stigma?**

The occurrence of this disease brings back bad memories (the HIV epidemic, the havoc it wreaked and is still wreaking, and all the problems related to treatment and the delays that were experienced). There is also the name of this disease, which we have already seen is not very appropriate. There's the fact that this disease currently affects mostly multi-partner MSM, and that catching it means having to ask yourself a lot of questions and make a lot of decisions (do I tell my mother, my roommates, my boss, my ex with whom I went for a drink+++ , my great-aunt to whom I brought home-made biscuits and with whom I watched the latest season

of Stranger Things). Finally, there is the fact that some MSM have had one, several or many bad experiences related to other people's perception of their sexual orientation or identity, in life in general or with the health care community in particular. Words, a look, a quick comment or taunts, bullying and beatings.

We can't change history, nor can we change society (as fast as we would like to). But in any case, **the health authorities are doing their utmost to provide a respectful, appropriate and effective response to people who are positive for monkeypox. As they are required to do in the context of any epidemic and with any person.**

**The information you provide is subject to medical confidentiality: it is confidential.** We do not share it with your family doctor. We only ask for and keep information that is strictly necessary to ensure your safe care. It is up to you to decide who you tell (it is always good to have a trusted friend with which to complain and cry (and laugh) and who can support you).

### ➤ What about vaccination?

As with any epidemic, the solution does not lie in a single product or an isolated measure. It is the implementation of a series of measures that makes it possible to avoid catching the disease, to avoid transmitting it, and to limit the number of contaminations.

Vaccination against monkeypox is one measure among others: it protects you to some extent, **but not 100%, and you must continue to be careful.**

### Vaccination procedure for monkeypox

1. You may register for vaccination via a sexual counselling centre (e.g. Checkpoint, GSG, HIV counselling).
2. As soon as the vaccine is available in Geneva, you will receive an SMS with the date, time and place of your first appointment (the delivery date is unknown at the moment, there will be a delay between the time of your registration and the time you receive the vaccination appointment).
3. On the day of your appointment, you go to the place mentioned in the text message with a proof of identity (identity card, passport, driving licence, etc.).
4. You read and sign the different documents (the law requires you to be informed).
5. The medical and nursing staff check that you have no contraindications to vaccination. You will be asked if you have ever been infected with monkeypox, been vaccinated against human smallpox, or if you have ever received a dose of monkeypox vaccine, as the vaccination schedule will be different (the vaccination schedule is the recipe for the product to work as intended).
6. You receive your first injection (in the arm of your choice).
7. You stay for 15 minutes for monitoring and safety: people sometimes faint after a medical procedure, including vaccination (it happens, but it is still quite rare). Tell the staff present if you feel dizzy or have other symptoms.
8. You will receive a second SMS to inform you of your second appointment as soon as possible.

9. You come back for your second vaccination, which is done at least 28 days after the first one, according to the vaccination schedule.

So there you have it, you now know less than the experts, but much more than people who have not read this fact sheet.

**And if you have any other questions**, don't stay alone in your corner and worry (or, worse, play the apprentice in epidemiology): call 022 546 55 27, Monday to Friday from 9 am to 5 pm; people trained on monkeypox will answer you, and it's anonymous.

➤ See also: [www.ge.ch/en/monkeypox](http://www.ge.ch/en/monkeypox)

**Do you have questions about monkeypox?**

**Would you like to talk confidentially and anonymously with trained personnel about monkeypox?**

**Do you have questions or doubts at any time, before or after your vaccination?**

**Call 022 546 55 27 (Mon-Fri 9am-5pm)**