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Monkeypox - Frequently Asked Questions (FAQ)

This information is intended for the general public and does not replace medical advice. This outbreak presents differently from previous outbreaks. Therefore, these recommendations may be updated as more information becomes available. We always try to keep the information up to date. However, it is possible that the information may age rapidly despite our care in updating the content of this page. If you discover an error, please let us know. We will check it and correct it as soon as possible.

Where does monkeypox occur?

Monkeypox was, until recently, a disease that was mainly found in forested areas in Central and West Africa, namely in the Democratic Republic of the Congo and Nigeria. However, since May 2022, there has been a major outbreak outside the African continent. Countries in Europe and North America have been particularly affected, including Belgium.

How many cases are there in Belgium?

As of early August 2022, there are more than 20,000 confirmed cases in the world, including about four hundred in Belgium.

See the current epidemiological situation:

- [European Centre for Disease Prevention and Control](#)
- [Sciensano](#)

What are the symptoms?

Often, a flu-like syndrome (fever, muscle aches, headaches, general discomfort) develops 5 to 21 days after infection, followed by skin lesions. These skin lesions can be (red) spots, pimples, blisters or suppurative bumps, which finally heal after the formation of scabs. These skin lesions can occur anywhere on the body and are sometimes painful. They are often found at the site of infection, especially around the anus, on the penis or in the mouth. These skin lesions can also occur without fever.

We also see less classic presentations, such as people who have few or no skin lesions or who have only local symptoms, such as an inflammation of the throat, the anus or the urethra.

How is the diagnosis made?

The doctor makes the diagnosis on the basis of the complaints, which are then confirmed by a sample, such as a swab of the skin lesions, a swab of the throat or the anus, or a saliva sample. The presence of the virus is then established via a PCR test (of the swab).

The samples must be taken in protected circumstances (with protective clothing for the care worker and in a separate room) to avoid infection.

What should I do if I have monkeypox?

To prevent further infection of other people, you should go into isolation at home until all injuries have dried up completely. This means :

- **Stay at home.** Leaving the house is only allowed for essential reasons, such as medical appointments and urgent errands if no one else can take care of it. Do you need to leave the house anyway? Then wear a surgical mouth mask and cover the skin lesions (e.g. by wearing long sleeves and trousers).
- **Stay in your own room.** Wear a surgical mask if you do leave the room or have contact with housemates.
- **Do not share household items** such as clothing, bedding, towels and eating utensils with other members of the household.
- **Avoid physical contact, especially sexual contact,** until the skin lesions have healed (scabs have fallen off). Condoms alone may not give full protection against monkeypox.
- **Avoid contact with animals** (especially rodents such as mice, rats, hamsters, guinea pigs).
- **Notify the people with whom you have had close contact in the last three weeks.** So they can monitor themselves for fever and skin symptoms, and report if any symptoms appear.

Can I be cured of monkeypox?

Usually the disease heals spontaneously after a few weeks without any residual lesions. Sometimes a scar remains. A small minority of patients need to be hospitalised, usually for pain control. Very rarely, serious complications occur, such as severe inflammation or infection of the skin lesions. Fortunately, the diseases are rarely fatal. As of early August 2022, only 4 deaths have been reported: 1 in Brazil, 1 in India and 2 in Spain (out of more than 20,000 confirmed cases).

Is there any treatment?

No specific treatment is currently available. Targeted antiviral drugs are currently only used in scientific research. In case of complaints, the symptoms are treated with supportive treatment such as painkillers, antipyretics, anti-itch medicines, etc.

What preventive measures can I take?

- Avoid contact with people who have the disease (or who are suspected of having the disease based on their symptoms) until they are allowed out of isolation.
- Limit your sexual contacts and discuss monkeypox with your partner. Anonymous sexual contacts make it difficult to notify exposed partners in time.

There is currently no approved medication to protect you from exposure.

Vaccination is currently used as a tool to reduce the further spread of monkeypox. It is offered both immediately after a risk exposure (such as sex with a positive tested patient for monkeypox) and before a risk exposure in certain target groups with multiple sexual contacts (such as sex workers).

Due to limited data on individual protection, the vaccine cannot be seen as the ultimate solution against monkeypox. After vaccination, one can still be susceptible to monkeypox.

General measures remain necessary:

- modification of risk behaviour,
- isolation and
- avoidance of sexual and skin-to-skin contact with infected persons.

How do you get monkeypox?

You can get monkeypox by:

- Direct contact with skin lesions that contain a lot of virus. For example, through prolonged skin-to-skin contact or during sexual contact.
- Contact with body fluids or mucous membranes of an infected person. In infected patients, we often find high concentrations of virus in the saliva and anal, but also sometimes in the semen.
- Spread by saliva droplets is possible, but probably less efficient.
- In theory, transmission via contaminated surfaces or linen (such as bedding or towels) is also possible.

In the current outbreak in Europe, for the time being, mainly men who have sex with men (MSM) are infected. Sexual contacts appear to pose the greatest risk of infection. Persons who have several sexual partners should be particularly vigilant.

What is my risk of infection after contact with someone with monkeypox?

The risk depends on the type of contact with the infected person and is divided into very high risk, high risk and low risk. In practice, we mainly see infection after a very high risk contact.

Very high risk contact

- A sexual contact.
- Prolonged skin-to-skin contact while the infected person had a rash.

High-risk contact

- Living in the same household or similar environment as the infected person.
- Sharing clothing, bedding or kitchen utensils while the infected person had a rash.
- Caring for an infected person while that person had symptoms.
- Contact with an infected person in the course of (para)medical care, without proper personal protective equipment (PPE).
- A sharp injury or exposure without personal protective equipment to body fluids of an infected person, or to aerosols generated during a (medical) procedure.
- Exposure to a contaminated sample during lab procedures, without PPE.
- Sitting one or two seats away from a symptomatically infected person for three hours or more, in an aeroplane, bus or train.

What should I do in case of close contact with an infected person?

If you came into contact with someone infected with monkeypox you should take a number of measures depending on the risk. **This also applies if you have been vaccinated.** After all, there is insufficient certainty about the degree of protection after vaccination.

In case of a high or very high risk contact (see above)

- Monitor possible symptoms in yourself for 21 days. If symptoms occur, contact a centre that tests for monkeypox by telephone.
- Avoid sexual contacts and close contacts.
- Avoid contact with children, pregnant women and immunocompromised persons.
- Avoid contact with mammals.

In case of a very high risk contact

- Wear a surgical mask for all contacts with other people.
- If you come into contact with young children (e.g. in day care), pregnant women or persons with immune disorders, stay in quarantine for 21 days.

What should I do if I think I have monkeypox?

To prevent further contamination of other people, you should go into isolation at home until all lesions have dried up completely or until contamination has been ruled out.

Contact the ITM outpatient clinic on 03 247 66 66 from 9am to 5pm if you:

- develop unexplained skin lesions with blisters or skin lesions around the anus and you're either:
 - a man who has had intimate contact with one or more other men in the last few weeks;
 - have been to West or Central Africa.
- You have had close contact with someone with monkeypox in the last three weeks and you either:
 - develop a fever;
 - develop skin lesions.
- Have symptoms of inflammation of the throat, anus or urethra.

If you live outside Antwerp, you can contact the emergency department of a hospital with a local infectious disease specialist ([travel clinics/yellow fever vaccination centres](#)).

Always contact the health care providers before a visit. This allows the healthcare workers to prepare themselves. You can always contact your doctor by phone if you are in doubt, but before going for a consultation, let your doctor know that you suspect to be infected with the monkeypox virus.

Does a vaccine exist?

There is no vaccine specifically for monkeypox. As the monkeypox virus is closely related to smallpox the virus, the smallpox vaccine is also thought to offer good protection against monkeypox. However, data on the exact level of efficacy is still limited. The vaccine does not replace general precautions, so after vaccination, stay vigilant and limit your sexual contacts.

In Belgium, there are two vaccines available, Imvanex® and Jynneos®, respectively approved by the EMA (European Medicines Agency) and the FDA (Food and Drug Administration, USA) for the indication of monkeypox.

Other vaccines, such as those against chickenpox (varicella) or shingles, do not protect against monkeypox.

Who is currently eligible for vaccination?

The vaccination campaign aims to have the greatest possible impact on the further spread of monkeypox with a limited number of vaccines. For the time being, this means that **not everyone** who wants to be vaccinated can do so.

In a first phase, we will invite people for vaccination ourselves on the basis of the conditions below. Those who have received an invitation or have a referral from their own HIV specialist can contact us to make an appointment. **For preventive vaccination, you cannot make an appointment yet, but have to wait for an invitation.** ITM is doing its best to deploy the current stock of vaccines as quickly and efficiently as possible.

The vaccination strategy may change depending on the number of vaccines available, the evolution of the outbreak and the knowledge about the disease. As of November 2022, more vaccines should be available in Belgium.

BEFORE EXPOSTURE: PREVENTIVE VACCINATION

The following risk groups may currently receive a vaccine **before the risk of exposure**:

- Male and transgender sex workers.
- Men who have sex with men (MSM), who:
 - Are HIV positive or are taking PrEP and had at least two STIs the past 12 months (lab confirmation between 1/8/21 and 31/7/22).
- Persons with severe immune disorders and a high risk of infection. Immune disorders include uncontrolled HIV infection, immunosuppressed by medication (such as after a transplantation), malignant blood diseases, congenital immune disorders, etc.
- Laboratory staff handling the virus cultures.

POST-EXPOSURE VACCINATION

In addition, the following persons may receive a vaccine **within 4 days of after having been exposed** to monkeypox:

- Persons with a very high risk contact.
- Persons with a high risk contact and increased risk of serious infection.

Only in certain cases will we consider vaccination between 4 and 14 days after exposure, namely if the person is also at increased risk of a serious course of the disease, as assessed by the doctor at the vaccination centre.

If you would qualify for a vaccine after a high or very high risk contact, please contact ITM on 03 247 66 66.

Who is currently not eligible for vaccination?

- People under 18 years of age, unless in exceptional cases.
- People with symptoms of monkeypox or other serious illness or acute infection with fever.
- People who were vaccinated against smallpox as children, unless they are immunocompromised.
- People who have already experienced monkeypox.
- People exposed more than 14 days ago.
- People who are allergic to the vaccine or any of its ingredients.

Where can I get a vaccine?

People who think they may be eligible for vaccination should contact the HIV reference centre in their region, or the centre where they are being followed up:

- Antwerp: Institute of Tropical Medicine, 03 247 66 66
- Brussels: CHU Sint Pieter, 02 535 31 77
- Hainaut: CHU Charleroi, 071 92 22 58, 071 92 23 07
- Limburg: Jessa Ziekenhuis, 011 33 81 11, 011 33 76 50
- Liège: CHU Liège, 04 270 31 90
- Namur: CHU Mont-Godinne: 081 42 28 61 (weekdays); 081 42 31 01 (weekends)
- East Flanders: UZ Gent, 09 332 21 11, 09 332 23 50
- West-Flanders:

Bruges: AZ Sint Jan, 050 45 23 12

Ostend, 050 45 23 20

- Flemish Brabant: UZ Leuven, 016 34 47 75, 016 33 22 11

How can I get vaccinated at ITM?

In the first phase, we will invite individuals for vaccination based on the above conditions. Those who have received an invitation or have a referral from their own HIV specialist can contact us to make an appointment. **For preventive vaccination, it is not yet possible to make an appointment, but you will have to wait for an invitation.** ITM is doing its best to deploy the current stock of vaccines as quickly and efficiently as possible.

If you would qualify for a vaccine after a high or very high risk contact, please contact ITM at 03 247 66 66.

In a second phase, people who did not receive an invitation but are still eligible will also be able to make an appointment. However, this is not yet possible. As soon as this option becomes available, you will be able to read about the practical organisation here.

Am I protected if I have been vaccinated?

There is no vaccine specifically for monkeypox. As the monkeypox virus is closely related to the smallpox virus, the smallpox vaccine probably also offers good protection against monkeypox. Routine vaccination against smallpox was discontinued in Belgium in the 1970s. It is possible that vaccination in childhood still offers some protection against monkeypox. However, the protection provided by the vaccine diminishes with age. So, it is possible to get infected anyway. Preventive measures remain applicable.

We suspect that the monkeypox infection only takes place once in a lifetime and that it results in a basic immunity for a certain period of time. However, we are not sure at this moment and the hypothesis that there can be no reinfections needs to be proven by further research.

Little is also known about the degree of protection of the current generation of vaccines against monkeypox. Although we expect that the use of vaccines will help prevent the spread of monkeypox, the magnitude of this effect remains uncertain. So there is no guarantee that you will not be infected again.

After a monkeypox infection or after vaccination (either preventively or after exposure), the general preventive measures continue to apply.

Am I protected if I have had monkeypox?

Our understanding of how long immunity lasts after a monkeypox infection is currently limited. Even if you have had monkeypox in the past, you should do everything you can to avoid being exposed again.

After a monkeypox infection, the general preventive measures continue to apply.

How should swabs be sent to a lab where a PCR test can be done?

Clinical samples for PCR monkeypox virus can be sent to ITM.

The monkeypox virus is a BSL-3 pathogen. In July 2022, the relevant authorities decided that samples can be transported under UN3373. More detailed shipping instructions can be found in [the lab guide](#).

The shipment of a sample for PCR monkeypox virus must be announced by phone to our clinical biologist (ITM) on the number 03 345 56 52.

Where can I find more information about monkeypox?

- [Extensive medical information from the CDC US Centers for Disease Control](#) - CDC (EN)
- [Factsheet](#) - WHO (EN)
- [Medical information for the general public](#) - RIVM (EN)
- [Information on the evolution of the monkeypox epidemic in Europe \(number of cases per country\)](#) - ECDC (EN)