



Protect yourself against mpox (monkeypox)



The World Health Organization (WHO) has recommended that 'monkeypox' should now be referred to as 'mpox'.

What is mpox?

Mpox is a rare viral infection that usually causes a high temperature (fever) and a body rash that lasts a few weeks.

The risk of catching mpox in Scotland is low.

How is mpox spread?

Mpox does not spread very easily between people, however you can get mpox through close personal contact with someone who has the infection by:

- touching blisters or scabs, or through any other skin contact (including during sex)
- touching clothes, bedding, towels or personal items of a person who has an mpox rash, blisters or scabs
- coughs or sneezes

For more information on mpox visit
www.nhsinform.scot/mpox

What are the symptoms of mpox?

Symptoms of mpox usually appear within 5 to 21 days of being infected. Most people get better by themselves over 2 to 4 weeks, but severe illness may occur.

The first symptoms that may be experienced include:

- high temperature (fever)
- headache
- flu-like symptoms, including muscle and back aches, shivering and tiredness
- swollen glands (in the neck, armpits or groin)
- a blistering rash that usually starts 1 to 5 days after the other symptoms. It may start on the face or in the genital area and may spread to other parts of the body

The skin lesions (pox) go through four phases. They start as flat spots that turn into raised spots, then to blisters and finally heal by scabbing or crusting over. People can pass on mpox until the last phase, including from any scabs.

Mpox rash can sometimes be confused with other diseases that can look similar, like chickenpox.



The vaccine

As mpox is caused by a virus similar to the one that causes smallpox, vaccines designed for smallpox will help prevent or reduce the severity of mpox.

The vaccine used in Scotland contains a virus that has been modified so that it cannot grow in the human body. This Modified Vaccinia Ankara (MVA) vaccine was developed as a much safer form of the smallpox vaccine. MVA vaccines do not contain smallpox virus and cannot spread or cause smallpox.

The vaccine helps the immune system (the body's natural defence system) produce its own protection in the form of antibodies against the smallpox virus.

The UK Health Security Agency (UKHSA) and the Joint Committee on Vaccination and Immunisation (JCVI) recommends the use of MVA vaccines as part of the response to mpox and to help prevent it.

The MVA (Imvanex) vaccine has been authorised for immunisation against mpox as well as smallpox by the Medicines and Healthcare products Regulatory Agency (MHRA). As no UK branded vaccine is available, you may be offered the US labeled equivalent of the MVA (Imvanex) vaccine, which is called Jynneos. This is the same vaccine as Imvanex and is also approved for mpox. This should not make any difference to you as your healthcare professional is recommending the vaccine in line with national advice.

Is the vaccine safe?

MVA vaccines meet the required standards of safety and effectiveness. Once a vaccine is in use, its safety continues to be monitored.

Who is offered the vaccine?

The vaccine is recommended only for people who are at a higher risk of developing mpox.

- **Pre-exposure:** this includes those at highest risk but who have not yet had significant contact with someone with confirmed mpox. This includes gay, bisexual and other men who have sex with men who are at higher risk including those who have multiple partners, participate in group sex or attend sex on premises venues. This also includes some healthcare workers in high risk settings where they may care for a patient with mpox.
- A full course of two doses of vaccine given at least 28 days apart is recommended for those at risk of mpox exposure.
- **Post-exposure:** this includes those who have had significant contact, including sexual contact and healthcare workers in high risk settings, with someone with confirmed mpox.
- The vaccine is most effective when given within 4 days from the date of exposure to prevent the onset of the disease. However, it can be given up to 14 days after exposure for those at high risk of ongoing exposure and those at risk of more severe disease. This may reduce the symptoms of disease but may not prevent it. You will be offered one dose of the vaccine. You will be advised if you need any further doses.

How can I get the vaccine?

If you are eligible, you can get the vaccine at some specialist sexual health clinics. To find your nearest sexual health clinic and to arrange an appointment visit

www.nhsinform.scot/mvavaccine

How is the vaccine given?

Most vaccines are given by injection into the muscle of the upper arm (intramuscular) or the tissue just above it (subcutaneous). Some vaccines can also be injected into the upper layer of the skin – this is known as intradermal vaccination. This is how the MVA vaccine to protect against mpox may be given.

What is intradermal vaccination?

Intradermal vaccination is a slightly different way of giving the MVA vaccine. You will be given a much smaller dose (about one-fifth of the amount given by other methods), using a smaller needle and syringe.

The injection may take a few seconds longer and should produce a small blister that disappears within a minute. This method is commonly used for skin testing and vaccination against tuberculosis (TB).

It's expected to be just as effective as the other ways of giving the MVA vaccine.

Why do we use intradermal vaccination?

When vaccines are injected into the skin, rather than the muscle or tissue just above the muscle, the important proteins in the vaccine are more accessible to the cells of your immune system.

This means that your body can make a good response to the vaccine, even with a much smaller dose.

This technique has been commonly used during outbreaks of other infections, such as yellow fever.

How do we know this method is as effective as the usual injection?

A study comparing different methods of injecting the vaccine (using different amounts of vaccine) has shown the intradermal injection gives a similar level of protection as the usual method. The JCVI has carefully considered this evidence, and advises that the intradermal vaccination is as safe and effective as other methods.

Can everyone have the vaccine this way?

Most people can get the intradermal vaccination. However, you will not be offered intradermal vaccination if you:

- are a child
- have a weakened immune system
- have keloid scars

Most people living with HIV with undetectable viral load on ART can have the vaccine this way. You also need to have a CD4 count above 200.



Are there any reasons I cannot have the vaccine?

You should not have the vaccine if you have previously had a sudden life-threatening allergic reaction to a previous dose of an MVA vaccine or any ingredient of the vaccine including those present in very small amounts, such as chicken protein, benzonase, gentamicin or ciprofloxacin.

It is also important to tell the vaccinator if you:

- have a high temperature
- have atopic dermatitis (atopic eczema)
- are living with HIV or any other condition or treatment leading to a weakened immune system
- are pregnant, planning to have a baby or breastfeeding.

You can also let them know if you have a minor infection such as a cold, if you are taking or have recently taken any other medicines or if you have recently received any other vaccine.

You can be given this vaccine even if you have received a smallpox vaccination in the past. However, you may be at increased risk of side effects so speak to the person giving you your vaccine.

Fainting after vaccination is quite common, so you should wait for 15 minutes after the vaccination before you drive. If you do faint, stay flat on your back with your legs raised. If this does not make you feel better, then call for help.

For more information on the vaccine used and links to the patient information leaflet visit **www.nhsinform.scot/mvavaccine**

Are there any side effects?

Like all medicines, the vaccine can cause side effects, although not everybody gets them. The common side effects are:

- a headache
- aching muscles
- nausea
- tiredness
- chills
- fever
- joint pain, pain in the extremities
- loss of appetite
- pain, redness, swelling, hardness, itching, discolouration, a lump or bruising at the injection site

Around 1 in 3 people who get the intradermal vaccination may develop a small dark mark at the injection site for some time.

Around 1 in 10 people may have chills and fever, but these should not last more than a few days. If you experience any of the side effects listed above, you should rest and take the correct dose of paracetamol to help relieve the symptoms.

Do not take medicines containing aspirin if you are under the age of 16.

If you have atopic dermatitis (atopic eczema), you may experience more intense local skin reactions such as redness, swelling and itching, and other general symptoms such as headache, muscle pain, feeling sick or tired. You may also experience a flare-up or worsening of your skin condition.

This information is only a guide. If you are concerned about any side effects speak to your health professional or call **NHS 24** free on **111**.

Phone **999** immediately if you've had the vaccine and:

- you have difficulty breathing
- you have prolonged fainting, confusion or unconsciousness
- your face, neck and/or tongue are swelling

These symptoms may be a sign of a serious allergic reaction and typically happen within 15 minutes of vaccination.

Reporting side effects

You can report suspected side effects of vaccines and medicines through the Yellow Card Scheme at **www.mhra.gov.uk/yellowcard**, by using the Yellow Card app, or by calling **0800 731 6789** (9am to 5pm, Monday to Friday).



Scan here to go to the online Yellow Card Scheme.





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p hs.otherformats@p hs.scot

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