



Mpox Travel Trade FAQ for Southern Africa

1. What is Mpox and should travellers be concerned?

Mpox (formerly known as Monkeypox) is a viral infection that has been known since the mid-20th century. It's important to understand that Mpox is not a single entity, but rather consists of four distinct scenarios that are often conflated in public discourse:

- Clade 1a: This is the Congo Basin virus, endemic to that area since the 1950s. It primarily spreads from animals (rodents and small mammals) to humans in rural forest settings.
- Clade 2a: This variant is found in West Africa and behaves similarly to Clade 1a, with animal-to-human transmission being the primary route.
- Clade 2b: This is a mutated version that emerged in 2022, showing increased human-to-human transmission. It has spread globally and is now considered endemic in 118 countries worldwide.
- Clade 1b: This is the newest concern as of August 2024. There are worries that it might spread more easily between humans and potentially cause more severe illness, though this is not yet confirmed.

For travellers, especially those visiting Southern Africa, the risk remains low. Most cases in Southern Africa are Clade 2b, which is also present in many traveller source countries. Typical tourist activities do not put travellers at high risk for contracting Mpox.

2. What has the World Health Organisation's (WHO) response been to Mpox?

The WHO has been actively monitoring and responding to the Mpox situation:

- In July 2022, the WHO declared Mpox (specifically Clade 2b) a Public Health Emergency of International Concern (PHEIC) due to its rapid global spread. This status was removed in May 2023 as case numbers declined.
- In August 2024, the WHO again declared a PHEIC, this time primarily due to concerns about Clade 1b. This declaration is aimed at directing resources to prevent the potential spread of this variant.

- The PHEIC status is designed to:
 - Focus global attention on the health issue
 - Accelerate international coordination and resource allocation
 - Unlock regulations allowing for more rapid use of drugs and vaccines
 - Prevent unhelpful cessation of travel and trade

It's crucial to understand that a PHEIC declaration does not automatically imply travel restrictions. Instead, it's a call for coordinated international response to a potential health threat.

The WHO emphasises that the PHEIC is about global preparedness and response, not individual travel risk. For most travellers, especially those engaging in typical tourist activities in Southern Africa, the risk remains low.

3. Is it safe to travel to Southern African countries?

Yes, it is safe to travel to Southern African countries. In fact, the risk of Mpox in all Southern African countries (South Africa, Namibia, Zimbabwe, Zambia, Botswana, Mozambique, Malawi, Angola, the Indian Ocean islands, Madagascar, Mauritius) is lower than the risk in major source markets for travel to Southern Africa. This is because there is no evidence of anything other than Clade 2b in these countries, and there are many more cases of Clade 2b in source countries.

4. Are there travel restrictions due to Mpox?

As of August 2024, only the Canadian government has issued a travel advisory, citing a level 2 concern, which means travellers are advised to take realistic precautions. There are no widespread travel restrictions related to Mpox for Southern African countries.

5. How is Mpox transmitted?

Mpox is primarily transmitted through close, prolonged physical contact, especially with an infected person's skin lesions. It is not easily transmitted through casual contact or typical tourist activities.

There are three primary ways to legitimately increase the risk of contracting Mpox:

- Engaging in sexual activity with infected individuals in any of the 118 countries worldwide with reported cases.
- Travelling with young children and living in villages in rural areas in forests, especially those with confirmed cases, and caring for the sick in people's homes.
- Doing volunteer healthcare work in central Africa to specifically treat Mpox cases.

6. Are safari and wildlife activities safe?

Yes, safari and wildlife viewing activities are safe. There is no increased risk of Mpox transmission from being in forests or around wildlife.

7. What precautions should travellers take?

Travellers should practice general hygiene measures such as frequent hand washing. Avoid close physical contact with people who appear ill or have visible skin lesions. These are good practices for preventing various infections, not just Mpox.

8. What if you develop symptoms?

Initial symptoms of Mpox include fever, headache, muscle aches, and fatigue. If you develop these symptoms, they should seek medical attention at a reputable healthcare facility for evaluation.

9. Is there a vaccine available for travellers?

Yes, there is a vaccine available (known as MVA-BN, IMVANEX, JYNNEOS, or IMVAMUNE depending on the country). However, routine vaccination is not currently recommended for travellers. Consult a healthcare provider for personalised advice.

10. How are Southern African countries managing Mpox?

Southern African countries are implementing surveillance, contact tracing, and treatment protocols. For example, South Africa has specific treatments available for severe cases and is managing mild cases with supportive care.

11. Should travellers cancel or postpone their trips to Southern Africa due to Mpox?

There is no need to cancel or postpone trips to Southern Africa due to Mpox. The risk to travellers is low, and tourism plays a vital role in supporting local economies and conservation efforts.