NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

MPOX UPDATE FOR HEALTHCARE WORKERS

Centre for Emerging Zoonotic and Parasitic Diseases and Outbreak Response Unit, Division of Public Health Surveillance and Response

29 October 2026

Update for clinicians – mpox cases in South Africa

Healthcare workers must consider mpox in a person with an unexplained acute vesicular/pustular skin rash or oral ulcers associated with fever, headache, myalgia, back pain, lymphadenopathy and fatigue.

Twenty-six mpox cases have been recorded in the country from 1 January to 29 October 2026, with four active cases reported currently. The geographic distribution of all twenty-six cases to date is: KwaZulu-Natal (n=1), Free State (n=2) Eastern Cape (n=2), Gauteng (n=3; one case travelled to Belgium), Western Cape (n=18; the first two cases reported in the Western Cape were imported (one German and one Norwegian national, both visiting South Africa at the time of identification)). Most (25/26) cases were men, with ages ranging from 23 to 50 years. None of the cases received tecovirimat, while seven were hospitalized.

Transmission

- Mpox virus is transmitted through close physical contact with an infected person, including contact with lesions, scabs, body fluids or respiratory secretions during prolonged close contact.
- Transmission can also occur through contact with infected animals (in countries where the natural reservoir is found, but not in South Africa) as well as contaminated materials such as clothing, bedding or towels, however the latter route of transmission has not been documented.
- Mpox scabs are considered to be infectious, thus a case is infectious until all lesions have healed, all scabs have fallen off and a new layer of skin has developed.
- High-risk groups: persons with multiple sex partners, including men who have sex with men and sex workers, close household contacts and healthcare workers.

Investigations

- Recommended specimen: Swabs of lesion(s), lesion roof(s), and/or lesion crust(s). Any other specimen type should be discussed with the laboratory before submission, and may be considered on a case-by-case basis.
- Recommended collection materials: dacron or polyester flocked swabs must be submitted dry (in capped tube) or in viral transport media.
- **NOTE**: do not use swabs in gel-based transport media to collect material for testing: gel transport media are formulated for bacterial preservation, not viral diagnostics. The composition of the gel can inhibit polymerase chain reaction (PCR) amplification, leading to false-negative or inconclusive results.

Management

- The management of mpox is mainly supportive. Mild cases may be treated symptomatically including pain, fever, hydration and lesion management.
- Severe cases require admission, supportive care and possibly tecovirimat if indicated (investigational use requiring SAHPRA approval) as there is no proven effective antiviral treatment. Tecovirimat is accessed via the South African Health Products Regulatory Authority's Section 21 approval process

Prevention

- Confirmed mpox cases should self-isolate in order to limit onward spread. Good hygiene and disinfection of surrounds are recommended.
- Transmission-based infection, prevention and control measures must be appropriately implemented when suspected or confirmed cases are hospitalized.
- Mpox vaccination is available particularly for individuals at high risk of exposure and for contacts of confirmed cases (without symptoms yet).
- Good hand hygiene remains essential in limiting spread of many infectious diseases.

Additional resources

NICD website: https://www.nicd.ac.za/diseases-a-z-index/mpox-2/

NICD Clinical Advice Hotline (health workers only): 0800 212 552