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NUNAVIK PUBLIC-HEALTH NEWSLETTER

MPOX Alert
Circulation of Clade I Mpox in Québec

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TRANSLATION

Context

In Québec, an outbreak of clade IIb mpox occurred between May 12, 2022, and February 14, 2023, with 526 cases. Since then, sporadic cases have been reported, with 59 cases in 2024 and 31 cases in 2025. All the cases reported in 2024 and 2025 were classified as clade II. Since the declaration of the first case of clade Ib mpox in Québec on June 9, 2026, this clade has progressively replaced clade IIb.

The mpox virus (monkeypox) is classified under two clades—clades I and II—which in turn are subdivided into subclades Ia, Ib, IIa and IIb. **Clade I** is characterized by **greater virulence**, **higher mortality** and **greater human-to-human transmission** than clade II.

As of October 27, more than 10 cases of clade I mpox have been reported in the province of Québec, occurring in four administrative health regions. Analysis of **recent cases** indicates **more diversified profiles** than the previous outbreak: men having sexual relations with other men (**MSM**), **women, homeless persons** and persons who **share materials for drug inhalation** (e.g., crack pipes).

Clinical Signs and Transmission

Mpox usually manifests as a **systemic prodrome** of fever, headache, fatigue, chills, aches and adenopathy, **followed 1 to 3 days later** by the appearance of **skin rash** (cycle of macules, papules, vesicles, pustules and scabs) that starts on the face or where there was contact with a lesion and then spreads to the rest of the body, including the hands, feet and genitals.

The incubation period lasts from 5 to 7 days and can extend to 21 days. The disease lasts for 2 to 4 weeks.

The period of contagiousness starts at the onset of symptoms (including the systemic symptoms) and lasts until the skin lesions are entirely scabbed over and fall off and healthy skin appears. The virus spreads primarily through direct contact with the lesions or bodily fluids of an infected individual, as well as through indirect contact with contaminated soft surfaces or objects. Transmission is also possible through prolonged face-to-face interactions. Consult the page Mpox – Information pour les professionnelles et professionnels de la santé | Gouvernement du Québec to learn more.

Recommendations

1. **Evaluate and ensure care for individuals with one or more skin lesions or mucosa suggestive of mpox.**

    - Consider an mpox diagnosis in individuals with compatible symptoms, even if they have received one or two doses of the mpox vaccine, as the vaccine does not provide 100% protection.
        - Consider other common etiologies, such as herpes simplex, syphilis, varicella-zoster virus or venereal lymphogranuloma.
        - For clinical support, contact the microbiologist-infectiologist on duty at the MUHC at 514 934-1934.

- Investigate individuals meeting the definition of suspected case of mpox by obtaining appropriate specimens to confirm the diagnosis.
  - Refer to the Guide des services du Laboratoire de santé publique du Québec for the particularities related to the specimens and tests required to search for this pathological agent. Contact your laboratory for the safe shipping methods for specimens.
  - If specimens are taken, notify the microbiologist-infectiologist on duty at the MUHC to ensure priority processing.

- Identify and assume care for symptomatic individuals, cases and contacts by referring to the recommendations on the MSSS' Web page Mpox (variole simienne).

2. **Establish appropriate precautions during clinical evaluation of patients with one or more skin lesions or mucosa suggestive of mpox.**

- When individuals with symptoms suggestive of mpox consult at a clinic, they should be asked to cover their lesions with clothing or a bandage, wash their hands and wear a medical-quality mask.
- Refer to the recommendations of the *Comité sur les infections nosocomiales du Québec* (*CINQ*) of the *Institut national de santé publique du Québec* (*INSPQ*) concerning the measures for the prevention and control of infections for care settings.
- Note that the measures for control and prevention of mpox, including the recommendations and eligibilities for vaccination, are the same for clades I and II.

3. **Report any infection meeting the definition of suspected case to the Department of Public Health according to the methods indicated in the box below.**

All cases of mpox must be reported to the DPH according to the following methods:

- AS-770 form to be filled out and sent by:
  - E-mail to mado-declarations.rr17@ssss.gouv.qc.ca **OR**
  - Fax to 1-866-867-8026.

- During evenings, weekends and statutory holidays, reports can also be made by telephone to the physician on duty for infectious diseases of the DPH at 1-855-964-2244 or 1-819-299-2990.

These coordinates are reserved for health professionals and must not be given to the public.

TRANSLATION