

Frequently Asked Questions on Mpox

Last updated: March 12, 2026

What is Mpox (clade llb)?	Mpox is a virus that spreads from person to person through direct close contact (skin-to-skin) and or with infected lesions, skin blisters, body fluids. The type of Mpox transmission that infected gbMSM in 2022-2023 is clade llb. More on Mpox subclades.
Mpox Symptoms	Symptoms start 5 days to 21 days after exposure. The symptoms of Mpox include rash, oral/rectal/genital lesions, painful urination, fever, swollen lymph nodes, chills, headache, sweating, sore throat, exhaustion, back pain/back ache, runny nose, diarrhea, and nausea. The rash with blister can appear within one to three days before or after symptoms. The rash begin as flat red spot usually start on the face and spread to body, including inner parts of the mouth, tongue, genitals or peri-anal region, palms of hands, soles of the feet. The rash will turn to blister and form a crust.
Confirmed Mpox cases (2025)	• 145 cases of Mpox, have been reported (Jan.1 to Sept. 2025). • Of the cases, majority are unvaccinated or received one dose of Imvamune® vaccine. • In 2024, there were 282 cases. 2023 there were 33 cases. In 2022, there were over 500 cases of Mpox infections. • The most recent cases in 2025 are in gbMSM.
Virus spread	• The virus is spread mostly between people who have had close/intimate or sexual contact with a person who has the virus. • gbMSM are most affected • There is no treatment approved specifically for Mpox virus infections, except a few antivirals to treat severe Mpox cases. • More information is available at, How to Prevent the Spread of Mpox
Risk factors	• The most common risk factors for gbMSM, new/multiple sexual contacts, anonymous sex, and or met contact online.
Mpox vaccine effectiveness and safety	• The vaccine being used against Mpox, is called Imvamune®. Imvamune is also called MVA-Bn, Jynneos®, Imvanex® and it is 82% effective in preventing Mpox. More here.

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	• The vaccine is safe, and a non-replicating vaccine. It is for people 18 years, and older and delivered by injection into the arm. • Imvamune® is safe for people living with HIV (PLHIV). More below on PLHIV and Mpox. • People who have been vaccinated have less severe symptoms. • gbMSM who have not been vaccinated are recommended to get their first vaccine dose as soon as possible and receive the second dose in 28 days as per vaccine guidelines. • The vaccine is free, and OHIP is not required. • Inquire about the Mpox vaccine where you access sexual health care. • Full vaccine eligibility requirements can be found on the City of Toronto website. The vaccine is available through local public health units across Ontario.
If you have been exposed to Mpox	• The vaccine can be given within 14 days of being exposed to Mpox (post-exposure vaccination) • Contact your healthcare provider. • More information post exposure is available at, How to Prevent the Spread of Mpox
Mpox and People living with HIV (PLHIV)	• It is important for people living with HIV (PLHIV) to have two vaccinations and speak to their healthcare provider. • PLHIV should avoid skin-to-skin contact or other close intimate contact (including sex) with other people who may have Mpox symptoms or suspicious rash for Mpox and avoid contact with contaminated surfaces or items (towels, linens) used by a person with Mpox. • PLHIV should perform frequent hand washing/hygiene after touching rash surfaces, items, or materials that may have contact with rash contents. • In the event of an active Mpox outbreaks when rates of community transmission are elevated, “it is recommended that all people (including PLHIV) be counseled about the value of temporarily reducing their number of sexual partners.” • “Limiting visits to group sex venues or other prolonged skin-to-skin contact is possible. More information about Mpox and people living with HIV is here.

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gbMSM community concerns	• gbMSM communities have been very resilient and proactive in a health promotion initiative to share the Mpox information to their communities, and networks across cities, provinces, and countries globally, to take care of their health and look out for one another.
Biologics and Mpox vaccine	• Biologics are vaccines, blood components, cells, tissue, and gene therapy, stem cell therapy, etc. Biologics can trigger an immune response when injected and can suppress the immune system. • For person on biologics treatment, Imvamune® is a non-replicating vaccine. Imvamune® is safe and designed for use in immuno-compromised individuals. • Individuals taking immunosuppressive medication may experience a somewhat reduced immune response, they are not contraindicated to receive Imvamune® • For those individuals on biologics, Mpox vaccination should be administered at the time when maximum immune response can be anticipated. (Persons on biologics must discuss with their health care provider and or health care team, when it is best to receive the Mpox vaccine.) • If your health care team is not sure, please speak to an infectious disease specialist.
Subtypes (clades) of mpox virus	• There are 2 known subtypes (clades) of mpox: clade I and clade II. • Clade I is divided into 2 subclades: clade Ia and Ib. • Clade II is divided in 2 subclades: clade IIa and IIb. • In total there are four Mpox subclades Ia, IIa, Ib, IIb. • Clades Ia, IIa, Ib, and IIb can spread through household nonsexual contact and subclades Ib and IIb can also be transmitted through direct close contact including sexual contact. • Clade Ia infects persons below 15 years of age and is the most fatal of the subclades. • Clade IIa is less severe than Ia and infects persons above 15 years of age. • Clade Ib is less severe than IIa, and infects persons above 15 years of age • Clade IIb is the clade that infected gbMSM globally and has the lowest fatality of the four subclades.

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Reports of clade lb, and combined clade lb and llb	- On March 10, 2026, Toronto Public Health reported two travel-related cases of mpox clade lb. - On Oct.24, 2025 there were new cases of clade lb reported in gay men in Europe who had not travelled - On Dec. 9, 2025, the UKHSA identified a new recombinant Mpox strain (clade lb and clade llb) from an individual who traveled outside UK. More here - The European CDC has reported cases of clade lb Mpox in four countries. Spain reported its first case on 10 October 2025, followed by the Netherlands on 17 October 2025. - Cases have since been identified in Italy (2) and Portugal (1) - These cases have occurred among men, some of whom identify as MSM, and none reported recent travel to Mpox-endemic areas. This suggests that ongoing transmission may be occurring within sexual networks among MSM in European countries. - In the US, since November 2024, there has been 10 reported cases of clade 1 Mpox. Three cases of clade lb in gbMSM was attributed to community transmission. - In Canada PHAC is monitoring the risk, it is current low. More here.
Risk assessment of clade lb in Canada	The risk assessment from PHAC of clade lb: “due to the high risk of transmission associated with prolonged or intimate contact, spread may occur rapidly through dense sexual networks, e.g., gbMSM sexual networks.”
Recommendations from experts on Mpox	- Mpox is not going to go away, hence it is worth it to get vaccinated because the risk will never be zero. - Effective strategies for dealing with clade I mpox are the same for clade II – get vaccinated. - Eligible people to get vaccinated with two-dose schedule of Imvamune® to ensure optimal protection and seek care if any signs and symptoms. - Two doses of Imvamune® continues to demonstrate excellent effectiveness against Mpox infection and is well-tolerated.

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In October 2024, the GMSH received recognition from Dr. Therese Tam, Chief Public Health Officer, for its role in mobilizing the community, healthcare professionals, and the government during the Mpox pandemic. In *the Full report: Realizing the Future of Vaccination for Public Health*, the GMSH was recognized for community engagement, community support, knowledge mobilization, collaborative campaign, and partnership with the Ontario Ministry of Health, infectious disease experts, and front-line community agencies across the province to contribute to the success of the Mpox vaccine campaign. Read the report [here](#).

Information on Mpox vaccine clinics is available at www.GMSH.ca/mpox

To find your Public Health Unit: Ontario Public Health Unit Locator. Ministry of Health.
<https://www.phdapps.health.gov.on.ca/PHULocator/>

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