UK Health Security Agency

Department of Health & Social Care

**To:**
**All Regional NHS teams**
**All EPRR teams**
**All NHS Trusts Chief Executives, Medical Directors, Nursing Directors and Directors of Infection Prevention and Control**
**All CCG Chief Executives, Medical Directors, Nursing Directors and**
**All Primary Care Providers**
**All independent hospitals and treatment centres**
**All Sexual Health Provider services commissioned by Local Authorities**

**CEM/CMO/2022/008**

**Immediate Actions in Response to Cases of Monkeypox Virus in UK with no known travel history**

**Immediate Actions for the NHS:**

1. Providers to ensure that they have appropriate PPE for the assessment and treatment of patients presenting with possible monkeypox virus.
2. Services should consider a differential diagnosis of monkeypox virus in any patient who meets the case definitions below.
3. Inform local IPC teams and infectious disease/microbiology/virology consultants if a diagnosis of monkeypox virus is being considered so that appropriate testing and infection control measures can be implemented**.**

UKHSA has been notified of seven confirmed cases of monkeypox virus, five in London, one in the South East, and one in the North East. The first case was identified in a returned traveller from West Africa. Two London cases are a recognised cluster without any identified travel links. The further four cases (two London, one South East and one North East) are in individuals who identify as gay, bisexual or other men who have sex with men (MSM). Two of these cases are known to be linked. Further investigations are ongoing. Cases are receiving clinical management at appropriate settings and contact tracing is underway.

Monkeypox is a zoonotic orthopoxvirus with similar symptoms and presentation to smallpox – albeit with lower mortality. It primarily occurs in Central and West Africa although there have been exported cases linked to travel in recent years. The cases identified are from the West Africa clade which has a reported mortality of approximately 1%.

The symptoms of monkeypox begin 5-21 days (average 6-16 days) after exposure with initial clinical presentation of fever, malaise, lymphadenopathy and headache. Within 1 to 5 days after the appearance of fever, a rash develops, often beginning on the face or genital area then spreading to other parts of the body. The rash changes and goes through different stages before finally forming a scab which later falls off. Treatment for monkeypox is mainly supportive. The illness is usually mild and most of those infected will recover within a few weeks without treatment.

Monkeypox does not spread easily between people. Spread of monkeypox may occur when a person comes into close contact with an animal (rodents are believed to be the primary animal reservoir for transmission to humans but monkeypox is not found in UK rodents at present), human, or materials contaminated with the virus. The virus enters the body through broken skin (even if not visible), the respiratory tract, or the mucous membranes (eyes, nose, or mouth). Person-to-person spread may occur through: direct contact with monkeypox skin lesions or scabs; contact with clothing or linens (such as bedding or towels) used by an infected person; or through respiratory transmission, such as coughing or sneezing of an individual with a monkeypox rash

UK Health Security Agency

Department of Health & Social Care

The smallpox vaccine (Imvanex) is the recommended vaccine for post-exposure prophylaxis against monkeypox in the UK. The vaccine is most effective if given within four days of exposure but it can be given up to 14 days post-exposure if required.

**Case Definitions:**

**Confirmed case**

A person with a laboratory confirmed monkeypox infection (monkeypox PCR positive) since 15th March 2022

**Probable case**

A person with an unexplained rash on any part of their body plus one or more classical symptom(s) of monkeypox infection† since 15th March 2022 and either:

- Has an epidemiological link to a confirmed or probable case of monkeypox in the 21 days before symptom onset
  **OR**
- Reported a travel history to West or Central Africa in the 21 days before symptom onset
  **OR**
- Is a gay, bisexual or other man who has sex with men (GBMSM)

† Acute illness with fever (>38.5ºc), intense headaches, myalgia, arthralgia, back pain, lymphadenopathy.

Such cases should be discussed with local infection consultant (microbiology, virology or infectious diseases). The relevant local infection prevention and control team should be informed of any suspect cases admitted. Where there is no local infection consultant available, the UKHSA Imported Fever Service may be contacted directly – enquiries process and contact information is available via https://www.gov.uk/guidance/imported-fever-service-ifs.

Resources on monkeypox are available at Monkeypox - GOV.UK (www.gov.uk), including epidemiology, clinical features, diagnostic testing and infection prevention and control.

Dr Susan Hopkins
Chief Medical Advisor, UKHSA

Dr Thomas Waite
Deputy Chief Medical Officer for England