

MONKEYPOX v4.1

Background

Monkeypox does not spread easily between people. The virus enters the body through broken skin, the respiratory tract, or the mucous membranes. Person-to-person spread is uncommon but can occur through:

- Contact with clothing or linens used by an infected person
- Direct contact with monkeypox skin lesions or scabs
- Coughing or sneezing of an individual with monkeypox

Clinical Features

The incubation period is between 5 and 21 days. It begins with fever which can be accompanied by headache, muscle ache, backache, swollen lymph nodes, chills and exhaustion. Within 1 – 5 days after the appearance of fever, a rash develops. **Some patients have also presented with an initial diagnosis of tonsillitis and/or proctitis.**

The rash begins on the face (95% cases) and spreads to other parts of the body such as the palms of the hands and soles of the feet, oral mucous membranes, genitalia and conjunctivae.

It evolves sequentially from:

Macules > Papules > Vesicles > Pustules > Crusts



Lymphadenopathy is a distinctive feature of monkeypox compared to other diseases that may appear similar (e.g. chickenpox, measles, smallpox)

An individual is contagious until all the scabs have fallen off and there is intact skin underneath.

Possible Case	Probable Case
<ul style="list-style-type: none"> • A febrile prodrome[†] compatible with monkeypox infection where there is known prior contact with a confirmed case in the 21 days before symptom onset • An illness where the clinician has a suspicion of monkeypox – this could include unexplained genital, ano-genital or oral lesion(s) (for example, ulcers, nodules) or proctitis (for example anorectal pain, bleeding) <p>Febrile prodrome consists of fever $\geq 38^{\circ}\text{C}$, chills, headache, exhaustion, muscle aches (myalgia), joint pain (arthralgia), backache, and swollen lymph nodes (lymphadenopathy).</p>	<p>A probable case is defined as anyone with an unexplained rash or lesion(s) on any part of their body (including genital/perianal, oral), or proctitis (for example anorectal pain, bleeding) and who:</p> <ul style="list-style-type: none"> • has an epidemiological link to a confirmed, probable or highly probable* case of monkeypox in the 21 days before symptom onset • Or, identifies as a gay, bisexual or other man who has sex with men (GBMSM) • Or, has had one or more new sexual partners in the 21 days before symptom onset • Or, reports a travel history to West or Central Africa in the 21 days before symptom onset <p>* A highly probable case is defined as a person with an orthopox virus positive result since 15 March 2022 and where monkeypox remains the most likely diagnosis.</p>

Management

- ALL staff should use full PPE (FFP3, gown, gloves, eye protection) when assessing any patient with suspected Monkeypox and use formal donning/doffing procedures on entering and leaving the examination room
- Monkeypox is a self-limiting virus with symptoms that can last 2-4 weeks
- Treatment is mainly supportive with advice given to patients to stay well hydrated, take paracetamol for pain unless contraindicated, and to self-isolate for 21 days
- Complications of monkeypox may require admission and include:
 - Secondary infection (e.g. cellulitis)
 - Bronchopneumonia
 - Encephalitis
 - Corneal infection and loss of vision

- Differential diagnoses should also be considered:
 - Chickenpox;
 - Measles;
 - Bacterial skin infection;
 - Scabies
 - Syphilis
 - Adverse drug reactions
 - Tonsillitis
 - Proctitis
- Vaccination eligibility guidance and recommendations is available from:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1093527/monkeypox-contact-tracing-classification-and-vaccination-matrix-version-11.1-25-July-2022.pdf

- <https://www.gov.uk/government/publications/monkeypox-vaccination>

MONKEYPOX SCREENING QUESTIONNAIRE

The below triage questions are to be completed at the front door before entering the ED department:

Monkeypox ED Triage Questions Front Door V2.

Q1	Do you have fever with any of the following: <ul style="list-style-type: none"> • New rash or blisters • New swelling in neck groin or armpit area • Headache, joint pain, muscle pain, chills exhaustion 	
Q2	Do you fall into any of the following categories?	
a	Have to travelled to West Africa in the past 21 days?	
b	Contact with someone testing positive for Monkeypox in the past 21 days?	
c	Currently self-isolating due to being a recent contact of someone with Monkeypox	

The below triage questions are to be completed in a safe, confidential place (i.e. triage):

Monkeypox ED Triage Questions V2.

Q1	Do you have fever with any of the following: <ul style="list-style-type: none"> • New rash or blisters • New swelling in neck groin or armpit area • Headache, joint pain, muscle pain, chills exhaustion 	
Q2	Do you fall into any of the following categories?	
a	Have to travelled to West Africa in the past 21 days?	
b	Are you a man who has sex with other men?	
c	Contact with someone testing positive for Monkeypox in the past 21 days?	
d	Currently self-isolating due to being a recent contact of someone with Monkeypox	

NB:

These questions are to be administered in a safe and confidential place.

Only if a patient is yes to question 1 and a yes to question 2 (a, b, c, d) they are to be isolated as per the Monkeypox triage and immediate actions- available on the Monkeypox intranet page.

1. Reception to register the patient, ask them to wait outside if they have answered yes to any of the screening questions, and alert the Triage Nurse

2. Triage nurse to take the following actions:

Answers Yes to Both Questions	→	Direct Patient to M/P Assessment Area
Answers No to Both Questions	→	Keep in Main Waiting Room
No Q1 Yes to Q2	→	Direct Patient to M/P Assessment Area
Yes Q1 No Q2	→	Triage Nurse to review outside and use clinical judgement to decide whether or not M/P Assessment Area should be used

MonkeyPox (M/P) Assessment Area:

- Ebola Room at WRH, accessed via old "MAU" entrance
- Cubicle 3 at AH
- Childrens' Room at KMIU

3. Triage nurse to inform Nurse in Charge about anyone directed to the M/P Assessment Area
4. Nurse in charge to allocate a Nurse to don FFP3, gloves, apron, eye protection and escort the patient to the relevant M/P Assessment Area. Initial observations should be performed. Strict donning / doffing guidelines must be followed at this point in time.
5. Emergency Physician in Charge (EPIC) to be notified and to allocate clinician to assess the patient. A Senior Medical Clinician review is required for ALL suspected Monkeypox cases.

Pregnant members of staff must NOT be allocated to these patients

6. Clinician should don PPE and Assessment should include standard history, sexual history, recent contacts and travel, and examination should aim to assess the rash (a Monkeypox Risk Assessment Form should be completed, available from: <http://whitsweb/KeyDocs/KeyDocs/DownloadFile/3204>)
The assessment should look to identify any significant features of concern: signs of chest infection, corneal lesions if presenting with acute red eye, associated skin infection etc..

7. If monkeypox is suspected, the following steps should be taken:

- Senior Medical Clinician to notify Duty Microbiologist for advice on testing – local case discussion with Microbiologist who will seek further advice from Imported Fever Services if required.
- Contact Infection Prevention Control on ext 44008 / via Switchboard Out of hours
- Contact Emergency Planning Office on ext 30063 (in hours)
- Inform local Health Protection Team:
 - In Hours 0344 225 3560
 - Out of Hours 01384 679 031

8. The following swabs should be taken:

- Two viral swabs from open sores or from the surface of a vesicle (green viral transport media swabs can be used)
- Take a throat swab of patient if a high risk contact of a confirmed case, who has systemic symptoms but no rash or lesions for sampling. Consider routine bloods (FBC, U&E, CK etc..) if patients are systemically unwell but take appropriate precautions to dispose of sharps in the M/P Assessment Area
- Requests should be made for HSV, VZ and syphilis and a handwritten note on the request form to test for monkeypox
- The microbiology team should already be aware of a suspected case and the above samples should be taken directly to the lab by a Porter within standard red bags with the appropriate request forms

9. If the patient is well and doesn't need admission, check contact details and advise them of the need to self-isolate for 21 days. There is no clear timeframe at present for Monkeypox testing and validation of results at Porton Down.

10. Treat all linen as being infectious and do not send for reprocessing. It must be placed in a yellow waste bag.

11. If a patient needs admission, refer as per normal pathways but alert site team to coordinate appropriate route for admission to the appropriate negative pressure room at WRH.

In the event that the M/P Assessment Area is occupied, patients will need to wait outside until it is safe to bring them into that area.

The Emergency Department is not operating a screening service and are waiting for arrangements to be made for a community hub to be opened for testing. Once such a facility is opened, patients will be redirected away to that area unless they need immediate Resuscitation.

Other assessment units and ambulatory areas will have to develop their own screening tools and protocols for managing possible cases.