# Monkeypox contact tracing guidance: classification of contacts and advice for vaccination and follow-up

## What this guidance is for

This guidance provides principles for risk assessment and follow-up of contacts of symptomatic monkeypox cases. A monkeypox case is defined as a case that meets the confirmed or highly probable case definition as per the UKHSA case definitions. The infectious period is taken to be from the onset of prodromal symptoms until the complete resolution of symptoms.

Public health professionals should take into account the extent of lesions at the time of exposure, as the risk will be higher if there are widespread uncovered lesions on uncovered areas (for example, hands or face) or if the case was displaying respiratory symptoms at the time of contact compared with a small number of localised genital lesions.

Further information on monkeypox is available online.

Specific advice on vaccination with MVA-BN reinforcing dose (booster) recommendations based on prior smallpox vaccine history is available in Table 2 in the Recommendations for the use of pre and post exposure vaccination during a monkeypox incident.

| Exposure risk | Description | Example scenarios | Public health advice | Recommendation for PEP | Information sheets |
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| High (category 3*)*<br><br>Unprotected direct contact or high-risk environmental contact | Direct exposure of broken skin or mucous membranes to monkeypox case, their body fluids or potentially infectious material (including clothing or bedding) without wearing appropriate PPE[1,2]<br><br>Penetrating sharps injury (including to cleaning or laboratory staff) | Sexual or intimate contact with or without a condom<br><br>Higher risk household contacts who have had close skin to skin contact, for example frequent touching or cuddling, or who have shared bedding, clothing or towels with the case<br><br>Body fluid in contact with eyes, nose, or mouth<br><br>Penetrating sharps injury from used needle<br><br>Person in room during aerosol-generating procedure without appropriate respiratory PPE[1,2]<br><br>Changing a patient's bedding without appropriate PPE[1,2] | Passive monitoring<br><br>Provide information sheet<br><br>Avoid sexual or intimate contact and other activities involving skin to skin contact for 21 days from last exposure<br><br>Avoid contact with immunosuppressed people[3], pregnant women, and children aged under 5 years where possible for 21 days from last exposure<br><br>Consider exclusion from work following a risk assessment for 21 days if work involves skin to skin contact with immunosuppressed people[3], pregnant women or children aged under 5 years (not limited to healthcare workers)<br><br>Contacts who are children do not require exclusion from school<br><br>International travel is not advisable | Offer PEP with MVA-BN vaccine (Imvanex®), ideally within 4 days from last exposure<br><br>PEP can be offered between 5-14 days since last exposure if high risk of ongoing exposure or if contacts are immunosuppressed, pregnant women or children (school year 6 and under).[4] Refer to the Green Book for further information | See information sheet for category 3 contacts |
| Medium (category 2) | Intact skin-only contact with a monkeypox case, their body fluids or potentially infectious material or contaminated fomite | Clinical examination of patient before diagnosis without appropriate PPE[1,2] | Passive monitoring<br><br>Provide information sheet | Offer PEP with MVA-BN vaccine (Imvanex®), ideally within 4 days from last exposure | See information sheet for category 2 contacts |

| Exposure risk | Description | Example scenarios | Public health advice | Recommendation for PEP | Information sheets |
|---|---|---|---|---|---|
| Unprotected exposure to infectious materials including droplet or airborne potential route | or<br><br>Passengers seated directly next to monkeypox case on plane<br><br>or<br><br>No direct contact but within one metre for at least 15 minutes with a monkeypox case without wearing appropriate PPE[1,2] | Entering patient's room without wearing appropriate PPE[1,2] and within one metre for at least 15 minutes with the case<br><br>Lower risk household contact: Individuals who live in the same household but do not meet the criteria of category 3<br><br>Sharing a car with case, or sitting next to case on plane<br><br>Subsequent patients in consulting room after a monkeypox case was seen and prior to room cleaning<br><br>Spillage or leakage of laboratory specimen onto intact skin | Avoid sexual or intimate contact and other activities involving skin to skin contact for 21 days from last exposure<br><br>International travel is not advisable | PEP can be offered between 5 to 14 days since last exposure if high risk of ongoing exposure or if contacts are immunosuppressed, pregnant women or children (school year 6 and under).[4] Refer to the Green Book for further information | |
| Low (category 1)<br><br>Protected physical or droplet exposure<br><br>No physical contact, unlikely droplet exposure | Contact with monkeypox case or environment contaminated with monkeypox while wearing appropriate PPE[1,2] (with no known breaches)<br><br>or<br><br>Healthcare worker (HCW) involved in care of monkeypox case not wearing appropriate PPE[1,2] without direct contact and maintained a distance between one and 3 metres and no direct contact with contaminated objects<br><br>Community contact between one and 3 metres of a monkeypox case<br><br>or<br><br>Passengers seated within 3 rows from monkeypox case on plane | Healthcare staff wearing appropriate PPE[1,2]<br><br>Healthcare staff entering patient room without PPE[1,2] and<br>a. without direct contact with patient or their body fluids and<br>b. maintaining a distance of more than one metre from patient<br><br>Person undertaking decontamination of rooms where a monkeypox case has stayed, while wearing appropriate PPE[1,2]<br><br>Passengers who have been seated within 3 rows, but not directly next to, a case on plane | None | PEP not required | Not applicable |

1. For clinical care of a confirmed or highly probable case of monkeypox, appropriate PPE is a fit tested FFP3 respirator, eye protection, long sleeved, fluid repellent disposable gown, and gloves per the National infection prevention and control manual for England (page 57).
2. For assessment of a probable or possible case of monkeypox, appropriate PPE is a fluid resistant surgical mask (FRSM), gloves and apron. This is on the assumption that healthcare worker exposure during assessment will be shorter and more distant than for, for example, providing nursing care. If the patient has respiratory symptoms, including cough, then eye protection and an FFP3 respirator should be worn. Eye protection is also required if there is a risk of splash injury to the face and eyes (for example, if taking diagnostic samples such as throat swabs). The use of long-sleeved single use disposable gowns may be considered where extensive manual handling or unavoidable skin-to-skin contact is anticipated.
3. Severely immunosuppressed patients, as per the Green Book definition and includes those with: solid organ cancer, haematological disease and/or stem cell transplant, Child's-Pugh class B or C liver cirrhosis, stage 4 or 5 chronic kidney disease, immune mediated inflammatory disorders (including neurological and rheumatological conditions) treated with B-cell depleting therapy within 12 months, uncontrolled HIV, solid organ transplant recipients.
4. Post exposure vaccine may be extended up to 14 days for those at high risk of ongoing exposure, for example gay, bisexual or other men who have sex with men (GBMSM) in 2022 outbreak, and some HCWs where the dose will act as their first pre-exposure dose, as well as those at risk of more severe disease such as children (school year 6 (aged 10 to 11) and under), pregnant women and immunosuppressed individuals. Refer to the recommendations for the use of pre and post exposure vaccination for further information.