

# Monkeypox – Infection Prevention & Control Standard Operating Procedure

## 1. Introduction

Monkeypox is a rare disease that is caused by infection with Monkeypox virus.

## 2. Background

*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%.

## 3. Mode of transmission

*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.

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## 4. Symptoms of Monkeypox

The illness begins with:

- fever
- headache
- muscle aches
- backache
- swollen lymph nodes
- chills
- exhaustion

Within 1 to 5 days after the appearance of fever, a rash develops, often beginning on the face 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.

## **5. Incubation period**

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.

## **6. Suspected case definition:**

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).

### **6.1 Confirmed case definition:**

- A person with a microbiological PCR positive result with *Monkeypox* infection.

## **7.0 Infection Prevention & Control Measures:**

### **7.1 Hand hygiene**

Hand hygiene should be undertaken with alcohol gel or soap and water. If in contact with body or bodily fluids of suspected *Monkeypox* case, we advise to wash hands with soap and water.

### **7.2 Personal protective equipment**

The following PPE should be worn when caring for suspected or confirmed cases of *Monkeypox*:

- Gloves,
- Long sleeve fluid repellent gown

- Face Filtering particle mask (FFP3 Mask)
- Visor

Ensure correct donning and doffing of PPE to minimize cross transmission.

### **7.3 Isolation of suspected Monkeypox case**

Suspected cases should follow the Suspect Monkeypox Patient Pathway flow chart on page 6.

### **7.4 Specimen collection**

Clinical diagnosis of Monkeypox can be difficult, and it is often confused with other infections such as chickenpox. A definite diagnosis of Monkeypox requires assessment by a health professional and specific testing in a specialist laboratory.

In the UK, the [Rare and Imported Pathogens Laboratory \(RIPL\)](#) at the UK Health Security Agency (UKHSA) Porton Down is the designated diagnostic laboratory.

Suspected cases should be discussed with the ELFT Infection Prevention & Control team ([elft.infectioncontrol@nhs.net](mailto:elft.infectioncontrol@nhs.net)) & the [Imported Fever Service](#) prior to submitting samples for laboratory testing.

PCR testing is required to microbiological confirm Monkeypox infection.

Samples from suspect cases should be shipped as Category B diagnostic samples, whilst those from confirmed cases should be shipped as Category A. Further information on diagnostic testing can be found here: <https://www.gov.uk/guidance/monkeypox-diagnostic-testing>

## **8. Laundry/ Linen management**

Contaminated clothing and linens should be collected and bagged before the room is cleaned. These clothing or linen items should not be shaken or handled in a manner that may disperse infectious particles. Items of potentially infected clothing or linen should be placed in a water soluble (alginate) bag, sealed or tied and placed inside an impermeable bag for transport to the laundry facility. If there are issues with Laundry/ linen please report on Estates & Facilities helpdesk.

Patient clothing should be laundry last, using washing machine on ward, at 60 degree temperature. An empty cycle should then be run to remove any superficial level contamination.

## **9. Cleaning of the environment**

The environment can be cleaned and disinfected as per standard terminal cleaning of an isolation room. The Monkeypox virus will be destroyed through the use of chlorine (sodium hypochlorite 1000ppm). Pay particular attention to frequently touched surfaces such as

tables, door handles, toilet flush handles and taps, nursing stations etc. If there are issues with Laundry/ linen please report on Estates & Facilities helpdesk.

## **10. Clinical waste**

Any waste generated from a suspected/confirmed Monkeypox patient should be dealt with as Hazardous waste. Waste should be discarded in orange coloured bags/ bio-bins.

## **11. Cutlery**

Plastic cutlery can be used in suspected cases. Please ensure risk assessment for health & safety ligature is conducted before using disposable cutlery.

## **12. Sharps management**

Any sharps device used on a suspected/ confirmed case can be disposed of in Yellow sharps bin as usual sharp disposal. No further arrangements are required.

## **13. Transfers**

Should a suspected/confirmed case be required to transfer to a high level infectious disease unit. The transferring staff should wear appropriate PPE as per this SOP. The mode of transportation should be ambulance. Public transport & Taxis must not be used. This is because special arrangements are required to clean and decontaminate the vehicle.

## **14. Discharges**

Suspected/confirmed Monkeypox cases can be discharged to home environment if clinical well. A risk assessment should be conducted for vulnerably household members (pregnant, immunocompromised and children under 12 years of age). Please contact the IPCT ([elft.infectioncontrol@nhs.net](mailto:elft.infectioncontrol@nhs.net)) for further support.

## **15. Contact tracing**

Contact tracing will be required should there be a confirmed case. A joint risk assessment and follow-up of contacts of confirmed monkeypox cases will be conducted. The risk assessment and categorization of contacts is to ensure appropriate isolation advice and vaccination is followed. This will take place by ELFT IPCT and support from UKSHA. Further information can be found here:

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

## 13. Notification of Monkeypox

### 13.1 Notifiable Disease

Monkeypox is a notifiable disease. The medical doctor of suspected/confirmed case should complete the online notification form at this link:

<https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>

### 13.2 Datix Incident Report

A datix incident report should also be reported of the suspected / confirmed Monkeypox case.

<b>Local Health Protection Teams</b>	
<b>East of England –Health Protection Team contact details</b>	<b>UK Health Security Agency Suite 1 First Floor Nexus Harlow Innovation Park London Road Harlow Essex CM17 9LX</b>  Email <a href="mailto:eastofenglandhpt@phe.gov.uk">eastofenglandhpt@phe.gov.uk</a>  Telephone 0300 303 8537  Out of hours for health professionals only 01603 481 221  Email for PII <a href="mailto:phe.eoehpt@nhs.net">phe.eoehpt@nhs.net</a>
<b>North East North Central – Health Protection Team contact details</b>	<b>North East and North Central London HPT</b>  <b>UKHSA North East and North Central London HPT 3rd Floor, Nobel House 17 Smith Square London SW1P 3JR</b>  Email <a href="mailto:necl.team@phe.gov.uk">necl.team@phe.gov.uk</a>  Telephone 020 3837 7084 (option 0, then option 2)  Urgent out of hours advice for health professionals only 0151 434 4319 or 020 3837 7084  Email for PII <a href="mailto:phe.nenclhpt@nhs.net">phe.nenclhpt@nhs.net</a>

## Suspected Monkeypox Patient Pathway

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:

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