

**Monkeypox Virus – Queen Elizabeth Hospital
Emergency Department**

MPX DOCUMENT

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Distribution: <ul style="list-style-type: none"> Recommended Reading for: Information for: 	Clinicians, all non-medical Prescribers, Pharmacists and nurses Wards Managers, Senior Nurses, ADNs, Divisional Directors

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1. Patient identified suspected monkeypox by triage nurse:

A person with an unexplained rash on any part of their body plus one or more classical symptom or symptoms of monkeypox infection* since 15 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 (>38.5°C), intense headaches, myalgia, arthralgia, back pain, lymphadenopathy.

[Monkeypox: case definitions - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/monkeypox-case-definitions)

2. Patient to be placed in side room in ED, pregnant staff should NOT care for patients suspected to have monkeypox. Staff PPE: Long sleeve full length gown (disposable only), FFP3 respirator or Hood, full face visor & single pair of disposable gloves

Donning & Doffing Guidance: [Putting on PPE \(uhb.nhs.uk\)](https://www.uhb.nhs.uk/clinical-protocols-and-guidance/monkeypox) [Taking off PPE \(uhb.nhs.uk\)](https://www.uhb.nhs.uk/clinical-protocols-and-guidance/monkeypox) as per COVID-19

3. On-call infectious diseases team are available to support the use of the clinical criteria following clinical assessment.

4. Testing: take two samples from lesions in viral transport medium. One to go for monkeypox PCR and the other for HSV/VZV PCR (plus syphilis PCR if genital lesion)

- Samples to be put into micro form bag, then blue outer bag
- Both blue outer bag and request form to clearly state suspected monkeypox
- Duty Virologist to be informed via BHH switchboard for unwell patients requiring admission
- Other relevant laboratory investigations such as routine bloods and cultures can be sent via usual processes
- Ensure screening for HIV and syphilis is undertaken

5. If patient requires admission, which can be discussed with the ID consultant on-call, the QE site lead should be contacted to identify a negative pressure/HBN4 room for isolation (AMU SR3 will be utilised in the first instance). Patient to wear surgical mask during transfer. Staff to don fresh PPE as above, which must be doffed following handover at the destination ward. Porters should also wear appropriate PPE for transfer.

6. Cleaning of ED room - Amber clean - domestics to wear PPE as described above.

Waste management WIVA bin and yellow bags as per VHF procedure - safe storage to be confirmed
Linen into red alginate bag and then white bag