MPX DOCUMENT

Umbrella adapted guidance on Monkeypox virus (MPV) 19/05/22

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Umbrella adapted guidance on Monkeypox virus (MPV) 19/05/22

On Monday 16/05/2022 BASHH and UKHSA sent out press releases, flagging possible community transmission of monkeypox virus (MPV) among men who have sex with men (MSM) along with interim advice for them to contact sexual health services.

Initial symptoms of monkeypox can include fever, headache, muscle aches, backache, swollen lymph nodes, chills and exhaustion. A rash can develop, often beginning on the face, then spreading to other parts of the body including the genitals.

It is usually a mild self-limiting illness, spread by very close contact with someone with monkeypox and most people recover within a few weeks

In the cases that have presented to sexual health so far, the rash has generally been present without fever or other classical symptoms of monkeypox.

There is a potential symptom overlap in this population with some very common STIs, including herpes and syphilis, dermatological presentations, and MPV. MPV is rare.

MSM, as well as other populations with possible STIs, need to continue to be able to access appropriate STI care for these other sometimes urgent and serious conditions.

Online Services are suitable options for STI testing in people with no symptoms.

Monkeypox

The symptoms of classic 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.

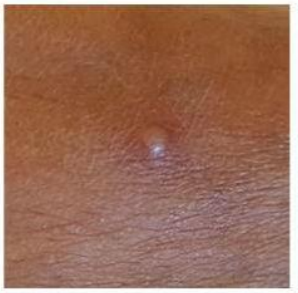
Monkeypox does not spread easily between people. Spread of monkeypox may occur when a person comes into close contact with an animal (rodents are believed to be the primary animal reservoir for transmission to humans but monkeypox is not found in UK rodents at present), human, or materials contaminated 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.

Case definition for a probable case is:

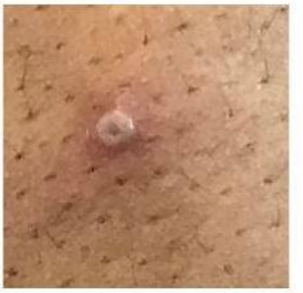
A person with a monkeypox compatible vesicular-pustular rash **and either**:

- 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

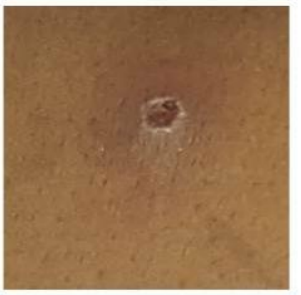
Examples of Monkeypox lesions

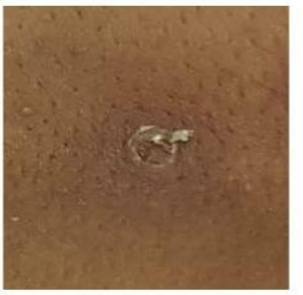

a) early vesicle, 3mm diameter


b) small pustule, 2mm diameter


c) umbilicated pustule, 3-4mm diameter


d) ulcerated lesion, 5mm diameter


e) crusting of a mature lesion


f) partially removed scab

Plan for Umbrella Clinics :

Call centre / Reception

Patients contacting reception by phone with symptoms of rash or genital lesions will be booked in for **telephone** assessment on the same day.

Clinicians doing telephone clinic should assess any patients complaining of a rash for monkeypox risk factors (see case definition above).

If the patient has a rash that sounds consistent with possible monkeypox AND epidemiological link OR appropriate travel history OR is gay, bisexual or MSM, they should be booked for a F2F appointment at Whittall Street Clinic – please make note against appointment **'Monkey pox triage completed – please isolate on arrival'**

The patient should be advised to travel to clinic in their own transport where possible, and wear a face mask plus clothing such that any rash is covered. Also advise that when they arrive at the clinic

they will be asked to wait in a separate room until they are assessed and if they need an examination staff will need to wear PPE.

If after the telephone consultation the clinician feels that there is no concern about possible monkey pox, these patients can be booked into any Umbrella clinic slot as appropriate to their clinical presentation. In these cases please make a note against the appointment **'Monkey pox triage has been completed. Isolation is NOT required'**

If after the telephone consultation the clinician feels that there is a concern about monkeypox, but the patient doesn't require a sexual health consultation – eg contact with monkeypox, but no sexual contact and non-genital rash, these patients need to be discussed with the ID on-call who can be contacted via BHH switchboard (0121 424 2000), and will advise where the patient should be directed or further assessment.

Walk in patients

Patients who walk in will be screened at reception for symptoms of MPV. If they answer yes to any suspicious symptoms (see flow chat for Umbrella Monkeypox triage), they should be immediately directed to the agreed clinic room to wait for assessment and discussed with the supervising senior nurse or doctor. **If the designated assessment room is already in use they can be asked to wait in another area but must be seated >1m from other people and wear a standard mask.**

Booked patients

All patients will be screened at reception for symptoms of Monkeypox (see flow chart for Umbrella Monkeypox triage). If patient has already had a telephone consultation it should be recorded on the appointment note either that they require isolation on arrival at the clinic, or they do not need isolation.

General PPE advice for ALL patients:

1. All staff to wear fresh gloves for every patient contact
2. All staff and all patients to wear a standard surgical mask at all times
3. All staff to wear a plastic apron for each patient contact.

Advice and PPE when examining MSM patients with rash/ulcers/other skin lesions in the clinic or other possible monkeypox patient:

1. Patient to be managed in an isolation room from point of arrival to clinic until discharge.
2. Senior clinician to review patient
3. Minimise number of staff in direct contact with patient

4. Avoid any contact within 1 meter if staff member pregnant or clinically vulnerable (as per COVID assessments)
5. **All staff in contact with patient, if at a distance of less than 1 metre from the patient, should wear fit tested FFP3 masks, eye protection (visor), single use gloves and single use gown – this should be available in clinic**
6. Visualise lesions at an appropriate distance (if possible >1m) where possible
7. Avoid unnecessary direct contact

If the rash fits with a clinical diagnosis of herpes or syphilis or other STI/skin condition – manage as per usual protocol.

If there is suspicion of or significant uncertainty that includes a probability of MPV lesion(s):

Do not send patient out of the room to provide a urine sample, either use urinal if available or take urethral NAAT instead of urine NAAT.

Take standard tests as appropriate for HSV/syphilis from lesions. Request test in normal way via excelicare but hand write on the form 'Patient also being tested for Monkeypox' so that the lab area aware when they receive these samples.

Charcoal swab from lesion may also be advised.

Additional samples will need to be taken for Monkeypox testing.

Viral swab from the lesion. Take using standard HSV swab and transport media. Mark with site and state 'lesion' eg Penile lesion or anal lesion. **Send sample in blue microbiology form**. Write 'Monkeypox Virus testing' in clinical information and test request section. (If lesions are all dry and crusted, a lesion crust can be sent in a universal container for testing)

Monkeypox virus samples are sent away for testing and should be identified with patient name and date of birth not just GU/SH number. Please let the patients know this, but reassure that standard STI samples will be identified with GU/SH number alone. Patient should be made aware that this is because if monkeypox is identified the health protection team will need to carry out a contact tracing exercise.

If there is a strong suspicion of monkey pox ie contact with confirmed case, then we can contact the duty virologist (via BHH switchboard 0121 2000 or bleep 2821) so they can expedite the testing process.

If the patient is unwell they will need discussion with ID consultant on-call (contact via BHH switchboard 0121 424 2000) with regard next steps and possible admission.

Details of ALL patients who have had a Monkeypox test taken must be emailed to the health advisors SHSHealthAdvisors@uhb.nhs.uk so that we can track and manage results.

Please remember to document in the clinical notes MPV risks including any known MPV contacts, any travel history including in Europe if sexual contact has occurred abroad, travel history of the patients sexual partners if known.

If the patient is well enough to go home, ensure all lesions are covered and patient wears mask to travel home (ideally using own transport). They should be advised to stay at home **and self isolate until the result of the monkeypox test is known.** This is likely to be 3-4 days as testing can currently only be carried out in one national laboratory. They should stay in, self-isolate including from household, no sex, avoid pets and not share bedding, towels or anything that could risk fomite transmission eg crockery.

When patient leaves the room this will need to be cleaned by staff in appropriate PPE using usual clinic protocol (Clinell wipes)

This is an evolving situation and guidance is likely to change and be updated over the coming days.

For the latest information released by UKHSA please check the government website

https://www.gov.uk/government/news/monkeypox-cases-confirmed-in-england-latest-updates