Primary Care Monkeypox Decision Tree

Patient self presents to Primary Care in person, with rash that could be monkeypox [1]

Isolate immediately and follow IPC Steps

Patient contacts primary care remotely (via online consult or telephone consultation) with a clinical presentation/rash that could be monkeypox [1]

Conduct virtual assessment only (unless clinical emergency)



Check the clinical presentation meets current national case definition [1] (see p2)

Primary care clinician suspects monkeypox diagnosis



Primary care practitioner to refer for clinical assessment and testing via the local infection consultant [2] or sexual health services [3]

Advise the patient **not** to attend any healthcare setting without prior agreement or notification

Local infection consultant/ sexual health service to arrange further clinical assessment, testing and further management of the case

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Primary care actions for all suspected cases:

- Notify UKHSA via email [4]
- Identify potential contacts [5] but no further action required for contacts at this stage

If the patient is found NOT to be a MPX case following swab result, follow usual clinical practice. Staff contact tracing not required.



For **confirmed cases**:

Positive test results are reported to the requesting clinician usually within 24-48hrs of sample receipt. If a patient who attended your primary care setting receives a positive test result, then UKHSA will contact you regarding follow up of identified contacts as per national guidance, including post-exposure vaccination where indicated [5]

Further guidance can be found at the following links:

https://www.gov.uk/guidance/monkeypox

https://www.england.nhs.uk/publication/monkevpox/

Infection Protection Control Guidance

PPF

Any individual presenting with an unexplained rash/symptoms suggesting possible/probable MPX

- A disposable, fluid-resistant apron
- A Fluid Resistant Surgical Mask (Type IIR)1
- A visor/eye protection (if there is a risk of spraying/splashing), and
- Single pair of disposable gloves
- (B) If the individual has respiratory symptoms or extensive lesions / deteriorating condition a higher level of PPE is required.
- A visor/eye protection,
- An FFP3 respirator1 (fit-tested and fit-checked) or equivalent e.g. powered air purifying respirator (PAPR),1 rather than FRSM
- (C) Any probable or confirmed MPX case with respiratory symptoms and/or with severe disease and/or extensive vesicular lesions.
- A disposable, fluid-resistant gown (coveralls may be worn in some settings e.g. ambulance)
- An FFP3 respirator (fit-tested and fit-checked) or equivalent e.g. powered air purifying respirator (PAPR)1
- A full face visor
- Single pair of disposable gloves

Decontamination

If a case or contact attends the setting for treatment the following decontamination should apply

- a combined detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl); or
- a general purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1,000ppm av.cl.

References/Notes:

- [1] https://www.gov.uk/guidance/monkeypox-case-definitions
- [2] The local infection consultant will be either the local ID consultant, microbiologist or virologist. Local A&E departments may also be able to arrange clinical assessment and testing.
- [3] Where the infection is thought to be sexually transmitted, refer to the local sexual health service during weekdays, otherwise refer to the local infection consultant as per [2]

[4	ļ]	

Cheshire & Merseyside	Cumbria & Lancashire	Greater Manchester
PHE.candmhpu@nhs.net	PHE.clhpt@nhs.net	PHE.gmhpt@nhs.net

[5] https://www.gov.uk/government/publications/monkeypoxcontact-tracing

Patients presenting to other community healthcare settings should be advised to go home immediately and self-isolate, and contact local sexual health services or NHS 111 for advice

Additional information

Case definition [1] - Monkeypox: case definitions - GOV.UK (www.gov.uk)

Correct as of 25 July – please consult live link above for latest information

Possible case

- A person with a febrile prodrome (1) compatible with monkeypox infection where there is known prior contact with a confirmed case in the 21 days before symptom onset.
- Or, a person with 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)
- (1) Febrile prodrome consists of fever ≥ 38°C, chills, headache, exhaustion, muscle aches (myalgia), joint pain (arthralgia), backache, and swollen lymph nodes (lymphadenopathy).

Probable case

- A person 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:
 - 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

Confirmed case

A person with a laboratory confirmed monkeypox infection (monkeypox PCR positive).

Further information

Additional monkeypox resources are available on GOV.UK, including guidance on vaccination and contact tracing.

Additional information on Sign & Symptoms

Clinical features and novel presentations of human monkeypox in a central London centre during the 2022 outbreak: descriptive case series https://www.bmj.com/content/378/bmj-2022-072410

National helpline numbers

Clinical Call Line for clinicians asking for advice on possible cases: 0344 225 0602

Non-clinical call line for contacts, cases, general public (Monday – Friday 8am-6pm, Saturday-Sunday 9am-1pm): **0333 242 3672**