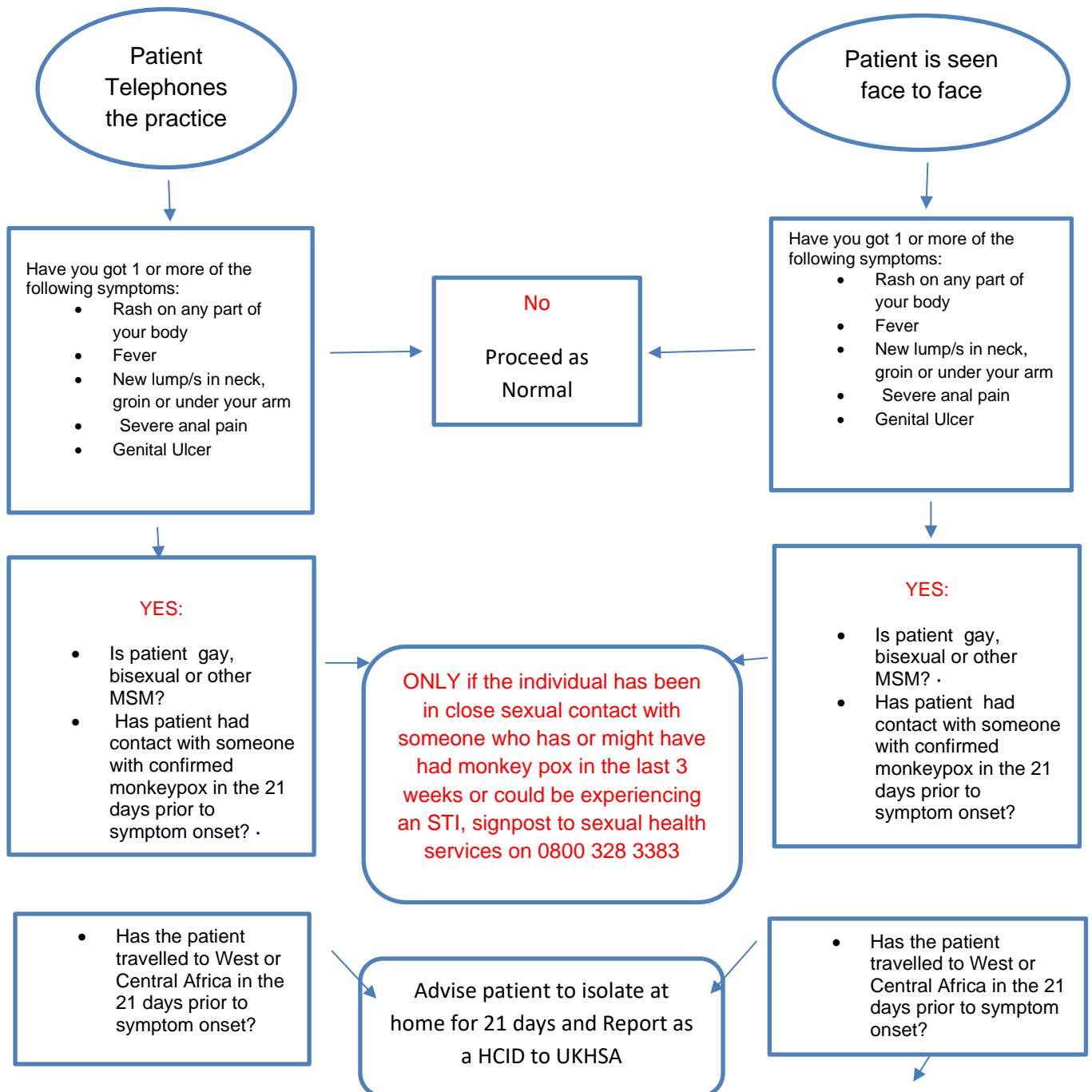
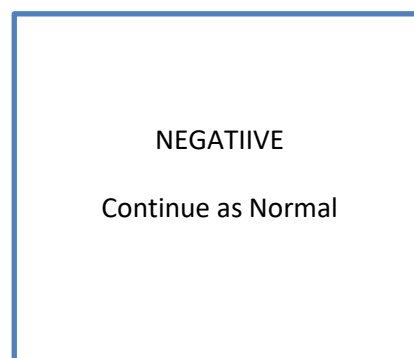
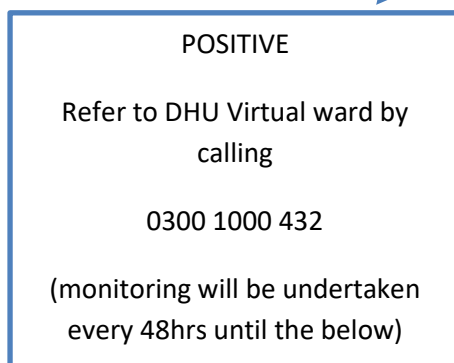
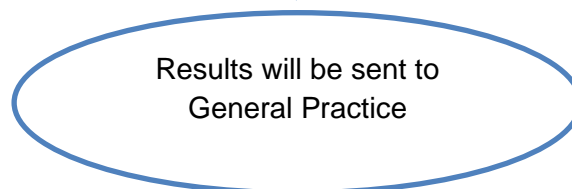
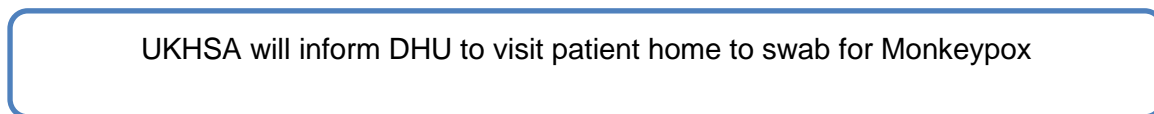


Monkeypox swabbing Pathway
General Practice



Criteria to support General Practice

- a febrile prodrome compatible with monkeypox infection where there is known prior contact with a confirmed case in the 21 days before symptom onset
- 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), proctitis (for example anorectal pain, bleeding)
- Febrile prodrome consists of fever $\geq 38^{\circ}\text{C}$, chills, headache, exhaustion, muscle aches (myalgia), joint pain (arthralgia), backache, and swollen lymph nodes (lymphadenopathy). Probable case
- A probable case is defined as anyone with an unexplained rash or lesion(s) on any part of their body (including genital/perianal, oral), or proctitis (for example anorectal pain, bleeding)



Group C Virtual Ward: De-isolation Criteria
Stage 1: Ending self-isolation
✓ No new lesions for 48 hours
✓ No oral mucous membrane lesions present
✓ All lesions crusted over
✓ Exposed skin lesions (face, arms, hands): all scabs have dropped off and fresh new skin has formed beneath
✓ Non-exposed skin with scabbed lesions can remain covered when patient is outside their home or when in contact with strangers
✓ Avoid contact with immunosuppressed/pregnant/≤12 year olds, even if it means exclusion from work.
Stage 2: Full de-isolation
✓ All lesions have crusted over, the scabs have dropped off and intact skin remains beneath

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