

Monkeypox Pathway for General Practice

Monkeypox has now been classified as a global pandemic. There are approximately

Telephone Triage

- Patient contacts the practice with displaying possible Monkeypox symptoms. The epidemiology consists of:
 - Any contact with a confirmed or probable case of Monkeypox in the 21 days before symptom onset?
 - Any travel history to West or Central Africa in the 21 days before symptom onset? (if yes to this section report as a HCID)
 - Is a gay, bisexual or other man who has sex with men?
- Advise to remain at home and isolate for 21 days

ONLY if the individual has been in close sexual contact with someone who has or might have had monkey pox in the last 3 weeks or could be experiencing an STI, signpost to sexual health services on 0800 328 3383

For patients who have travelled to west Africa or Central Africa with symptoms will be required to be reported as a HCID to UKHSA 03442 254 524

For General practice the consideration needs to be given to the criteria below:

- 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)

Practices are required to obtain a clinical history to identify if the presentation is suggestive of Monkeypox:

- Patient identifiers
- Full travel history including
- Dates and locations of travel
- Activities/exposures
- Vaccination/prophylaxis

- Clinical details and past history
- Discuss patient presentation with Virology who will advise on next steps –
Monday – Friday 8.45-5.15 Tel 01332 788218

Out of hours Tel 0114 271 1900 and ask for the virologist consultant on call.

and

- Contact UKHSA on Local Health Protection Team – 03442 254 524
- UKHSA will inform DHU who will visit the patient home to complete swabbing

Face to Face

Isolate the patient wherever possible to minimise contact and ensure no contact with pregnant ladies:

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Risk assessment and consideration of the hierarchy of controls will help determine the level of personal protective equipment (PPE) to use in face to face consultation

For **possible/probable cases**, the minimum PPE is:

- gloves
- fluid repellent surgical facemask (FRSM) (an FRSM should be replaced with an FFP3 respirator and eye protection if the case presents with a lower respiratory tract infection with a cough and/or changes on their chest x-ray indicating lower respiratory tract infection)
- apron
- eye protection is required if there is a risk of splash to the face and eyes (for example when taking diagnostic tests)

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- The room must be closed after use until terminal clean can be completed.

Results

General Practice will be informed of the swabbing result

Negative – continue as required

Positive – Refer the patient to DHU Oximetry service on 0300 1000 432

Patients who are isolating at home and in category C will require a check every 48 hours and give information for how to monitor their symptom and where to get help if they become unwell. This service will be provided by DHU.

Please see Appendix A and B within the Management of confirmed Monkeypox for category criteria:

<https://www.england.nhs.uk/wp-content/uploads/2022/06/B1794-Management-of-laboratory-confirmed-monkeypox-infections-6-July-2022.pdf>

Supporting Documents

<https://www.england.nhs.uk/wp-content/uploads/2022/06/B1794-Management-of-laboratory-confirmed-monkeypox-infections-6-July-2022.pdf>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/850059/Monkeypox_information_for_primary_care.pdf

<https://www.england.nhs.uk/publication/monkeypox/>

<https://www.england.nhs.uk/wp-content/uploads/2022/06/B1692-virtual-management-of-confirmed-monkeypox-cases.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2022/06/B1790-Update-on-high-consequence-infectious-disease-HCID-status-of-the-UK-monkeypox-outbreak-letter-6-July-2022.pdf>