

Public health agencies issue monkeypox guidance to control transmission

[New guidance to support healthcare professionals](#) to respond to the outbreak of monkeypox has been agreed by the UK's 4 public health agencies – UK Health Security Agency (UKHSA), Public Health Scotland (PHS), Public Health Wales (PHW) and Public Health Agency Northern Ireland (PHA).

The guidance sets out new measures for healthcare professionals and the public for managing the disease and preventing further transmission now that community transmission is occurring here in the UK and other countries.

People who have monkeypox can now isolate at home, if they remain well enough, whilst following measures advised in the new guidance to reduce further spread and while being monitored by local health protection teams.

In addition, UKHSA has purchased over 20,000 doses of a safe smallpox vaccine called Imvanex (supplied by Bavarian Nordic) and this is being offered to identified close contacts of those diagnosed with monkeypox to reduce the risk of symptomatic infection and severe illness.

The guidance published today recommends that:

People with monkeypox should avoid contact with other people until their lesions have healed and the scabs have dried off. Cases can reduce the risk of transmission by following standard cleaning and disinfection methods and washing their own clothing and bed linen with standard detergents in a washing machine.

Cases should also abstain from sex during the period of early symptom onset and avoid contact with any lesions. Whilst there is currently no available evidence of monkeypox in genital excretions, as a precaution, cases are advised to use condoms for 8 weeks after infection and this guidance will be updated as evidence emerges.

If people with suspected or confirmed monkeypox infection need to travel to seek healthcare, they should ensure any lesions are covered by clothing and wear a face covering and avoid public transport where possible.

Contacts of someone with monkeypox will also be risk assessed and told to isolate for 21 days if necessary.

Where possible, pregnant healthcare workers and severely immunosuppressed individuals (as outlined in the [Green Book](#)) should not assess or clinically care for individuals with suspected or confirmed monkeypox. This guidance will be reassessed as evidence emerges.

The minimum recommended personal protective equipment (PPE) for staff working with confirmed cases includes fit tested FFP3 respirators, aprons, eye protection and gloves. For possible or probable cases minimum recommended PPE

for staff includes fluid repellent surgical facemasks (FRSM), gowns, gloves and eye protection.

Within non-domestic residential settings (for example adult social care, prisons, homeless shelters, refuges), confirmed cases who are clinically well should be managed in a single room with separate toilet facilities where possible. Close contacts of these cases should be assessed for vaccination.

Dr Ruth Milton, Senior Medical Advisor and monkeypox Strategic Response Director, at UKHSA said:

This new monkeypox guidance sets out important measures for healthcare professionals and the public for managing the disease including how to safely isolate at home and reduce the risk to others.

The highest risk of transmission is through direct contact with someone with monkeypox. The risk to the UK population remains low and anyone with unusual rashes or lesions on any part of their body should immediately contact NHS 111 or their local sexual health service.

Dr Giri Shankar, Director of Health Protection for Public Health Wales, said:

We are working with the UK Health Security Agency, Public Health Scotland, and Public Health Agency Northern Ireland to develop this guidance, which will ensure that healthcare staff in Wales have the best and most up-to-date knowledge on the management of Monkeypox cases.

We are reassuring people that monkeypox does not usually spread easily between people, and the overall risk to the general public is low. Anyone with unusual rashes or lesions on any part of their body should contact NHS 111 or call a sexual health service if they have concerns.

Dr Nick Phin, Director of Public Health Science and Medical Director, at Public Health Scotland, said:

We have well established and robust infection control procedures for dealing with cases of infectious disease, such as monkeypox, but it is important that the response is flexible and proportionate.

Furthermore, it is also important that our guidance reflects the difference in the way health services work across the UK.

The new guidance being issued today ensures a clear approach for

health professionals to follow, which should contribute towards the limiting of onward infection.

Dr Gillian Armstrong, Head of Health Protection at the Public Health Agency, Health and Social Care Northern Ireland, said:

Following the detection of cases of monkeypox elsewhere in the UK the PHA has been in regular contact with UKHSA regarding the situation. We have also been working closely with Trusts and GPs to raise awareness of the disease, set up testing arrangements and clinical pathways and we welcome the new monkeypox guidance to ensure that we are fully prepared for any potential risk to the population of Northern Ireland.

In Northern Ireland anyone who thinks they have been at risk of exposure with unusual rashes or lesions on any part of their body should contact their genitor-urinary medicine (GUM) clinic without delay. Please phone first.

The guidance principles highlight the shared scientific understanding across the 4 nations around transmission and biology of the disease – which aligns with the World Health Organisation. The highest risk of transmission is considered to be through direct contact with a confirmed case, droplets or contaminated surfaces and objects. The highest risk period for transmission is understood to be from the onset of early symptoms until lesions have scabbed over and the scabs have fallen off. There is no current evidence that individuals are infectious before the onset of early symptoms.

UKHSA is working closely with NHS England colleagues to support resilience in the healthcare system over the coming period.

In addition, UKHSA has [updated its guidance](#) on offering the Imvanex vaccine to individuals pre and post exposure to a confirmed monkeypox case. The vaccine will be offered pre-exposure to healthcare workers due to care for a patient with confirmed monkeypox and staff working in sexual health services who have been identified as assessing suspected cases. Post exposure, the vaccine will continue to be offered to close contacts in the highest exposure categories, ideally within 4 days of exposure, but it can also be offered to high-risk close contacts, including gay and bisexual men, men who have sex with men, those with immunosuppression, young children and pregnant women, up to 14 days after exposure.

Separately a risk assessment has been carried by the [Human Animal Infections and Risk Surveillance group \(HAIRS\)](#) looking at household pets. The risk of a case infecting a pet is low. As a precautionary measure, cases should try to avoid contact with their pets, its bedding and litter for 21 days, and where possible pets should be cared for by someone else in the same household. If this is not possible, then infected individuals should minimise their contact with their pet as much as possible, and practise good hygiene by washing their hands thoroughly before and after contact.