

## Clinical triage for Monkeypox in the Emergency Department.

Does the patient have **Rash** on any part of the body +/- **ANY** of the following symptoms:

- Fever
- New Lymphadenopathy

Yes

Send patient outside for triage

No

Proceed as normal.

If clinical suspicion high with no Risk factors consider discussion with on call microbiology.

Does the patient meet **ANY** of the following criteria:

- Contact with a confirmed case of Monkeypox in the 21 days prior to the onset of symptoms?
- Ask patient: What are the genders of your sexual partners? (If answer includes gay, bisexual or other MSM, triage as yes)
- Has travelled to an area with a confirmed outbreak within the last 21 days

No

Yes

Isolate patient and arrange urgent assessment by senior clinician .  
Full Personal Protective Equipment as detailed Overleaf.

**Is the patient clinically unwell and likely to require In hospital care?**

Yes

No

- Take 2 green viral swabs of a lesion – (See Overleaf) to test for monkeypox and HSV/VZV. **INFORM LAB OF SAMPLE**
- Treat any urgent medical need as needed (e.g. sepsis, pain etc).
- Urgent discussion with Infectious Diseases on call RSCH (Phone **65207**, Bleep **8045**, Or Via **RSCH** Switch OOH ID/Micro Oncall) to arrange immediate transfer to specialist unit.
- Discuss with **local** microbiology service if any uncertainty.
- Samples should be wiped down, double-bagged. Do Not POD samples.

**Is the history suggestive of a sexually associated infection? (see overleaf).**

- Discharge home with isolation advice.
- Advise patient to contact the Sexual Health central booking line to arrange assessment and potential testing on **01903 285199**

**Is the history independent of any sexual risk factor?**

- Discuss with local microbiology (**85398 Worthing / 33547 SRH OOH / RSCH 65207** via switch) service re testing and follow up via RSCH ID service
- Discharge home with isolation advice.

Keep a list of all members of staff who care for the patient.

Waste should be dealt with as category A waste as per the Trust's VHF plan.  
Room and linen decontamination should be carried out as per UKHSA Monkeypox guidance for environmental cleaning and decontamination

## Overview.

There have now been a significant number of cases of Monkeypox (MPV) in the UK. The virus usually causes mild clinical disease and it is unlikely that patients suffering from MPV will need admission to the hospital, and most will be able to self care in the community with appropriate isolation advice. Although for the majority the illness is mild there are important infection prevention and control considerations.

## Sexually Acquired Infection.

Anyone can catch and pass on MPV. However, recent cases have been detected predominantly in gay, bisexual, and other men who have sex with men (GBMSM). As MPV is rare and there is a potential symptom overlap in this population with some very common STIs, including herpes and syphilis, dermatological presentations, and MPV. It is important that patients presenting with symptoms who identify as GBMSM need to have a comprehensive sexual health assessment, and this is best performed by professionals skilled in this area of healthcare. For this reason, patients who present with a potential sexually acquired infection (considering known risk factors) who do not require direct admission, should be referred directly to the sexual health team for a full & comprehensive assessment.

## Infection Prevention and PPE.

MPV is currently classified as a High Consequence Infectious Disease and prevention of transmission should be considered a priority. It is essential that clinical staff ensure that appropriate PPE is worn at all times during contact with possible cases. The current Isolation and PPE requirements are outlined below:

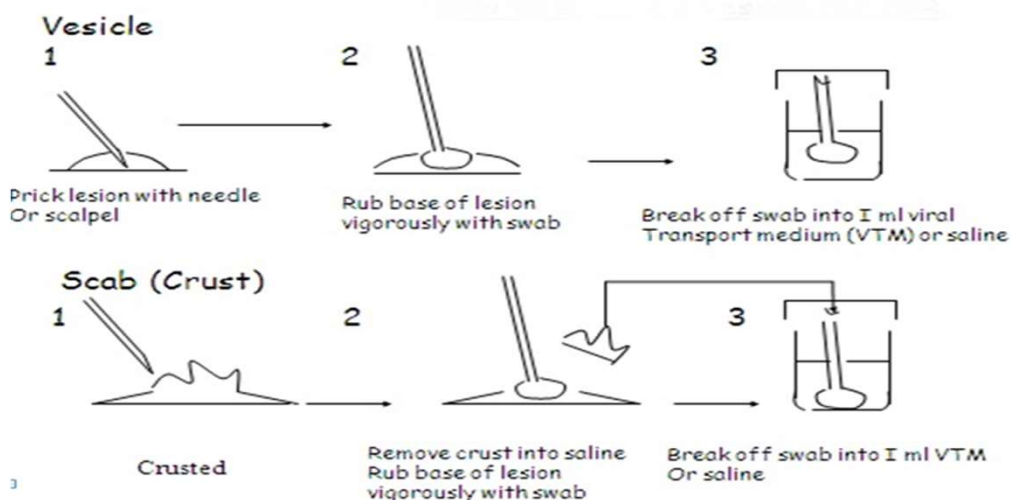
1. Patient must remain in a single room whilst they remain suspected, confirmed or a known contact
2. Perform Hand Hygiene before putting on PPE
3. Put on disposable shoe/boot covers then decontaminate your hands
4. Put on a long sleeve disposable gown
5. Put on a disposable FFP3 mask that you've been fit tested and passed to wear within the last two years
6. Perform fit check on FFP3 mask
7. Put on a disposable full face visor
8. Lastly put on a pair of disposable gloves – these can be changed between patient tasks as necessary (remove gloves, wash hands, put on clean disposable pair)
9. Check your PPE is fit for purpose prior to entering the patients room/area.

**Additional PPE required for close physical examination and specimen taking –**

**place plastic apron over gown, double glove and use disposable head covering (theatre style hat)**

## Testing and Swab Collection.

Currently the most reliable testing for MPV is through swabbing and PCR testing of skin lesions. ***If the patient fulfills the criteria for a possible case but has yet to develop a rash, please discuss with local microbiology on call for advice.*** The current testing procedure is shown below:



Swabs could be taken and sent using the green top viral swabs i.e those used for Covid and Flu swabs.

For further information please review Microguide and intranet folder on Monkeypox