Event: Monkeypox diagnosed in England – first case of onward transmission

Notified by: Tuberculosis, Acute Respiratory, Gastrointestinal, Emerging and Zoonotic Infections, and Travel and Migrant Health Division (TARGET), PHE National Infection Service.

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PHE NIRP Level: National, Enhanced

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NOTE: this version of the briefing note is for wider distribution

Background to UK cases

A case of imported monkeypox was diagnosed in the UK on 7 September 2018 followed by a second case on 11 September 2018. The first two cases recently travelled from Nigeria and there is no UK epidemiological link between them. A third case was diagnosed on 25th September 2018, linked to the second case. This third case is the first documented human-to-human transmission of monkeypox outside of Africa. This case has been admitted to the HCID unit at Royal Victoria Infirmary, Newcastle, where they are receiving specialist care and support.

Implications and recommendations for PHE Centres

PHE Centres should ensure that the PHE guidance ‘Monkeypox: information for primary care’ is disseminated to GPs through local arrangements. NHSE are supporting cascading relevant information to Acute Trusts through Regional Emergency Planning leads.

PHE centres and Health Protection Teams (HPT) should be aware that as a precautionary measure, PHE is contacting those who have been identified as possible contacts to carry out a risk assessment of their contact with the patient and provide them with advice and information. Groups of contacts for the third case are currently being identified and include:

- Healthcare professional and patient contacts on the ward where the case worked
- Family and community contacts
- Healthcare professional contacts at GP surgery

PHE NW Centre and Blackpool Victoria Hospital will be making initial contact with all identified family contacts, community contacts, patient contacts and healthcare workers. The relevant occupational health services will be coordinating follow up of health care professionals involved in the transport or care of these patients.

Each individual identified as a contact has been provided with an information sheet which describes what monkeypox is, how it is spread, and what the symptoms are.
This information sheet provides the individual with a designated PHE contact point and telephone number to ring if they develop any symptoms. The local HPT will then manage ongoing follow up. Following an assessment of their exposure, PHE will either be asking contacts to monitor their own health or they will be actively monitored by PHE each day for 21 days after exposure. They will be asked to report any symptoms as described above to their designated PHE team. The group with higher level of exposures will also be offered vaccine.

**Implications and recommendations for NHS services**

Clinicians should discuss suspected cases of monkeypox with the Imported Fever Service (IFS) (24 hours telephone service: 0844 778 8990). The IFS can advise on whether laboratory testing is indicated.

- [PHE guidance ‘Monkeypox: information for primary care’](https://www.gov.uk) is available on GOV.uk

- [Guidance for environmental cleaning and decontamination](http://www.who.int/en/news-room/fact-sheets/detail/monkeypox) of healthcare settings potentially contaminated by a confirmed case of monkeypox has been produced.

**References/ Sources of information**

PHE Monkeypox [https://www.gov.uk/guidance/monkeypox](https://www.gov.uk/guidance/monkeypox)
