

- To
- All GPs in England
  - :
    - All community pharmacists
    - All sexual health services
    - Local authority directors of public health
    - NHS trusts and foundation trusts:
      - EPRR leads
      - medical directors
      - directors of nursing
      - IPC leads
      - infectious disease leads
    - CCGs:
      - EPRR leads
      - accountable officers
      - medical leads
      - IPC leads
    - ICS leads
    - STP leads

NHS England and NHS Improvement  
Skipton House  
80 London Road  
London  
SE1 6LH

**1 June 2022**

Dear colleague,

## **Monkeypox outbreak in the UK**

The UK Health Security Agency (UKHSA) has advised that there is a current outbreak of monkeypox cases in the UK. Monkeypox is a rare viral infection that does not spread easily between people, but it can be passed on through close person-to-person contact or contact with items used by a person who has monkeypox, such as clothes, bedding or utensils. It is usually a mild self-limiting illness, and most people recover within a few weeks. However, severe illness can occur in some individuals.

The UK clinical and public health response to monkeypox was initially based on the High Consequence Infectious Disease management (HCID) system. This was highly precautionary and designed for complete containment around single cases. It was also designed prior to the confirmed availability of vaccine and treatment. [UKHSA has confirmed](#) that community transmission is occurring in the UK with multiple generations of spread. Illness appears to be generally mild, consistent with other information about the West African clade. Therefore, UKHSA has revised its response to the outbreak and the NHS will be adopting a more proportionate response as set out in this letter.

## What to look for

Possible monkeypox cases should be assessed and tested in line with [UKHSA guidance](#).

Anyone can get monkeypox. Currently most cases have been in men who are gay, bisexual or have sex with men, so it's particularly important for these people to be aware of the symptoms.

Patients should contact a sexual health clinic if they have a rash with blisters and either:

- have been in close contact, including sexual contact, with someone who has or might have monkeypox (even if they've not been tested yet) in the past 3 weeks
- have been to west or central Africa in the past 3 weeks

Patients who meet these criteria should be assessed and tested in line with [UKHSA guidance](#).

Patients should contact the GUM clinic by telephone to make an appointment for an assessment to ensure appropriate infection control processes are in place. The GUM clinic will discuss the case with the patient and in circumstances where it is not appropriate for the case to be seen at the clinic (paediatric cases or other extenuating circumstances), the GUM clinic should contact the local infectious disease (ID) unit to make a referral.

Unless otherwise advised, patients should stay at home and avoid close contact with other people until they have been assessed by the GUM clinic and have received their results. UKHSA will be issuing guidance for those that are self-isolating.

If patients contact an NHS service with a rash they should be assessed remotely where possible to understand whether they meet the above case definition. If a patient does attend, please follow the guidance set out in the [CAS alert](#) issued by UKHSA.

Patients who have an unexplained rash, but do not meet the above criteria should continue to access NHS services as usual.

Further public information is available on [nhs.uk/conditions/monkeypox/](https://nhs.uk/conditions/monkeypox/).

## **Infection prevention and control (IPC)**

Measures, including personal protective equipment (PPE), management of patient care, and environmental decontamination, are outlined in [UKHSA guidance](#) and in the [National IPC Manual England](#).

All healthcare staff must be familiar with the principles of standard infection control precautions (SICPs) and transmission based precautions (TBPs).

## **Treatment of confirmed cases**

When a positive case has been identified, the circumstances are assessed by our expert HCID network, which provides an effective clinical response and has experience of treating sporadic cases of monkeypox and other serious infections. The HCID network has adopted a [risk stratification tool](#) to assess new cases and make consistent decisions on who should be admitted to hospital. This puts patients into three groups:

### **Severe disease** (one of the following)

- Adults with severe clinical illness,
- Those with severe cutaneous lesions
- Those who are at heightened risk of complications as a result of having monkeypox (immuno-compromised individuals, children, and those that are pregnant).

These cases should be admitted to a HCID Unit

### **Risk to others** (one of the following)

- Individuals living in a household with at risk individuals ((immuno-compromised individuals, children, and those who are pregnant) who are unable to relocate while the individual who has tested positive self isolates
- Those who are highly unlikely to be able to self-isolate

These cases should be admitted to an ID Unit.

## Lowest risk

- Individuals who can self-isolate safely, are clinically well and with good evidence that they are recovering.

These cases should isolate at home until they meet the [criteria set out by UKHSA](#).

In response to a positive test result, clinicians should assess patients against this tool and notify the HCID network of the outcome. Details of how to do this will be included with the results. For additional advice, please contact your local HCID or ID unit.

Guidance is being developed to support the effective clinical management of positive cases who are isolating at home.

## Staff contacts

In line with the UKHSA [contact tracing guidance](#), staff who are identified as a high or medium risk contact of a confirmed case of monkeypox will need to self-isolate for 21 days, including exclusion from work, unless previously vaccinated. UKHSA have provided [recommendations](#) around the use of pre and post exposure vaccination during a monkeypox incident.

Where staff are asked to stay away from the workplace for this reason, they should be paid in line with established arrangements related to absence as part of local infection control measures.

## Vaccines

In line with [UKHSA guidance](#), close contacts who have been assessed as high or medium risk are eligible to receive a post exposure vaccination. A number of sites in each NHS region now hold stocks of vaccine. Vaccinations are only available at the designated sites, so anyone identified as a close contact will be advised of how to book an appointment for a vaccination at their local hub.

Yours sincerely,



**Dr Mike Prentice**  
Strategic Incident Director  
NHS England