## Appendix 1 - Initial assessment of a patient with a positive monkeypox result & entering virtual management and documenting discussion

### Appendix 1 a) Assessment form positive monkeypox result

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| **A Clinical condition** |  |
| * Date of symptom onset: |  |
| * Date(s) and type of positive sample(s): |  |
| * Rash:   + how it is evolving   + itchy/painful   + dry/wet/crusted |  |
| * Fever |  |
| * Headache |  |
| * Muscle aches |  |
| * Backache |  |
| * Swollen lymph nodes |  |
| * Chills |  |
| * Exhaustion |  |
| * Eating and drinking? |  |
| * Urinary symptoms? |  |
| * Genital discharge? |  |
| * Other concerns: |  |
| **B Isolation circumstances- re-review initial information given is still correct/hasn’t changed:** |  |
| * Who do you live with? (Children? Adults? Animals?) |  |
| * Anyone immunosuppressed/pregnant? |  |
| * Own bed? |  |
| * Own bathroom? |  |
| * Ability to isolate? Ability to move out if needed? |  |
| * How are they coping with isolation so far? |  |
| * Would they be willing to be admitted to hospital if required? |  |
| * Any notification of positive contacts since last review? |  |
| **Risk group assessment**  **(see table below for assessment):** |  |
| Date and time: |  |
| Clinician name/Grade |  |

### Appendix 1b Entering virtual management & documentation of discussion

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| **Discussion points to explain to the patient entering virtual management:** | |
|  | They will be followed up in virtual management whilst in isolation. |
|  | They must continue to self-isolate until their skin lesions have **fully** healed. It is difficult to predict exactly when that will be as it is individual dependent. *(Likely to be longer in those who are immunosuppressed).* |
|  | They will be called by UKHSA with regard to contact tracing. |
|  | Encourage good supportive self-care will expedite recovery. |
|  | *They may be provided with home self-monitoring kits to use once daily* |
|  | Reassure it is usually a mild illness, but if they note any severe worsening of symptoms, particularly fevers, back pain, cough, shortness of breath, spreading red hot skin around the lesions they should contact the monkeypox phone [LOCAL PROVIDER NUMBER] |
|  | They will be reviewed every 24-48 hours or as required based on clinical judgement, patient symptoms and local arrangements |
|  | Offer to provide documentation for employers etc, outlining medical requirements for isolation. |

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| **Documentation of discussion** | |
|  | Assess and document their response to this information, especially major concerns/issues raised. |
|  | If they are very upset assess for any red flags relating to self-harm or suicide. |
|  | Clearly document discussion and update senior if any concerns about the interaction that might warrant change in group. |
|  | Follow up telephone appointment at least every 48 hours or as deemed clinically appropriate |
|  | Send a letter to the GP/other health care providers e.g. HIV service on entering virtual management. |
|  | Any promised documentation for employer etc |

## Appendix 2: Monkeypox symptomatic assessment tool

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| **Primary illness Symptoms** | Monitoring method in addition to virtual clinic discussion | Patient advice | Red Flags |
| Widespread skin rash | Photographic record | Keep skin clean, protected and where possible aerated  Avoid rubbing/touching lesions  Keep well hydrated | Fever  Problems with eyes/vision due to lesions  Poor urine output |
| Pain |  | Keep skin clean, protected and where possible aerated  Avoid rubbing/touching lesions  Keep well hydrated  Take regular analgesia | Fever  Rapidly spreading redness of the skin  Unable to eat and drink  Significant impact on mental wellbeing |
| Genital ulcers | Photographic record | Keep skin clean, protected and where possible aerated  Avoid rubbing/touching lesions  Keep well hydrated | Fever  Unable to urinate due to lesions  Poor urine output |
| Oral ulcers | Photographic record | Warm saline gargle  Keep well hydrated | Fever  Unable to eat/drink due to ulcers  Poor urine output |
| Conjunctivitis (red eye) | Photographic record | Normally self-limiting. | Worsening vision  Eye pain/pain on eye movement  Swelling around eye  Double vision |
| Flu-like symptoms | Thermometer | Normally self-limiting. Paracetamol  Keep well hydrated | Shortness of breath  Dizziness  Poor urine output |
| Itching |  | Anti-histamine  Try not to scratch  Keep cool at night | Eyes going yellow  Dark urine  Light stool  Abdominal pain |
| Nausea and vomiting. Poor appetite |  | Keep well hydrated | Fever  Unable to eat and drink  Poor urine output  Dizziness |
| **Complications** |  |  |  |
| Secondary bacterial skin infection (boils, abscesses, skin, dermatitis) | Photographic record of rash. | Keep well hydrated  Paracetamol  Seek medical advice if red flags | Rapidly spreading hot/red/swollen skin rash  Fevers |
| Pneumonia | Thermometer | Keep well hydrated  Paracetamol  Seek medical advice if red flags | Cough productive of coloured sputum  Fevers  Chest pains |
| Keratitis/corneal ulceration | Photographic record | Seek medical advice if red flags  Do not wear contact lenses  Keep eye clean and dry | Worsening vision  Eye pain/pain on eye movement  Swelling around eye  Double vision |
| Sepsis | Thermometer | Keep well hydrated  Paracetamol  Seek medical advice if red flags | Chills/shakes/high temperatures + any of:   * Severe headache/neck pain * Difficulty breathing * Diarrhoea/abdominal pain * Dizziness on moving * Unable to eat and drink * Poor urine output |
| Encephalitis | Thermometer | Seek medical advice if red flags | Sepsis red flags above plus  Confusion  Severe headache  Fever |
| Depression/ deteriorating psychological state |  | Signpost to online support/Samaritans/  [Local phone number support service] | Assess:  Thoughts of self-harm  Suicidal intent |

## Appendix 3: Monkeypox virtual management review consultation form

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| **Consultation details** | | | | | | | | |
| Clinician name/role: | | |  | | | | | |
| Date and time of follow up: | | |  | | | | | |
| Date of last orthopox test: | | | Skin: | Throat: | | | | EDTA: |
| Last orthopox test result: | | | Positive/negative | | | | | |
| Day of isolation: | | |  | | | | | |
| **A Clinical condition** | | |  | | | | | |
| Rash evolution:   * Any new lesions? * Appearance dry/wet/crusted? | | |  | | | | | |
| Any features of secondary bacterial infection?  e.g. fever, spreading redness, | | |  | | | | | |
| Any other clinical symptoms? | | |  | | | | | |
| Other concerns: | | |  | | | | | |
| **B Isolation circumstances- re-review initial information given is still correct/hasn’t changed:** | | | | | | | | |
| How are they coping with isolation so far? | | |  | | | | | |
| How is their mood? | | |  | | | | | |
| How is their appetite? | | |  | | | | | |
| Biggest concerns at the moment? | | |  | | | | | |
| Questions asked: | | |  | | | | | |
| **Additional information if applicable:** | | | | | | | | |
| **Date of latest rash photos sent in:** | | | | | |  | | |
| Any concerns that the patient is now in Group A or B and requires review/ admission | | | | | | Y/N | | |
| Any concerns about the patient’s psychological state? | | | | | | Y/N | | |
| Any concerns about social/isolation circumstances? | | | | | | Y/N | | |
| Does patient meet de-isolation requirements? | | | | | | Y/N | | |
| **Plan:** | - Next follow up appointment made in XX hours (to be agreed by clinical team with patient | | | | | | | |
| **Name/Grade** | |  | | | **Date:** | |  | |



## Monkeypox patient information leaflet

This information is correct at time of publishing. Monkeypox guidance may change so please check [nhs.uk](https://www.nhs.uk/conditions/monkeypox/) and [gov.uk](https://www.gov.uk/government/collections/monkeypox-guidance) for the most current information.

The contact details of your local healthcare team are below if you need to discuss any concerns or change in symptoms.

Your local team will contact you regularly, this will be agreed with you.

Name: XXXXX Opening Hours: XXX Phone Number: XXXXX

Name: XXXXX Opening Hours: XXX Phone Number: XXXXX

Further to your confirmed diagnosis of monkeypox, your healthcare team have provided this leaflet to support you to monitor your symptoms. This will help you to recognise if your symptoms get worse and enable you to get the help you need such as extra support or admission to hospital.

Monkeypox virus can be spread from an infected patient through:

* touching clothing, bedding or towels they use
* touching their skin blisters or scabs
* coughing or sneezing
* prolonged skin to skin contact.

**Isolating at home**

Full guidance on isolating at home has been published by UKHSA and is available [here](https://www.gov.uk/guidance/guidance-for-people-with-monkeypox-infection-who-are-isolating-at-home). This includes details on how to clean your home and dispose of waste as well as what to do with any pets.

* If you have been diagnosed with monkeypox and you have been advised to self-isolate at home by your doctor, you should not go to work, school or public areas.
* Do not invite or allow social visitors, such as friends and family, to visit you at home.
* Avoid close contact with people you live with, take the following steps to reduce the chance of passing your infection on to the people you live with:
  + sleep in a separate room, if available, and do not share bedding. You may need to change your sleeping arrangements to accommodate this
  + use a separate bathroom from the rest of your household, if available. If you do not have a separate bathroom, follow the cleaning instructions below
  + make sure you use separate towels from other people in your home
  + eat in a separate room. Ask the people you live with to bring your meals to you, do not share food and drinks
* Clean your hands frequently throughout the day by washing with soap and water for 20 seconds. Care should be taken if there are extensive or ulcerated hand lesions
* Keep your laundry items separate from the rest of the household’s laundry and wash them using your normal detergent, following manufacturer’s instructions. If possible use the highest temperature which the items can withstand, do not overload the washing machine (aim for half or two-thirds full) and avoid shorter ‘economy cycles’ (those which reduce water and save energy) until you have fully recovered.

**Medical advice**

You should discuss any health concerns, including any concerns that may not relate to monkeypox, with your healthcare team. Details of monkeypox symptoms are detailed below.

If you have difficulty contacting your local healthcare team please dial 111.

If you require immediate emergency care please call 999.

**You should tell the operator that you have confirmed monkeypox and advise them of the healthcare team that are looking after you.**

All non-urgent medical and dental appointments should be cancelled while you are isolating at home. If you are concerned or have been asked to attend in person within the period you are home isolating, discuss this with your medical contact first.

You should only leave your home for essential purposes such as emergencies, or for urgent health and wellbeing issues.

* If you need to leave your home, make sure the rash on your body is completely covered for example by wearing long-sleeved top and full-length trousers. Wear a well-fitting surgical face mask or a double-layered face covering while you are outside your home.
* Keep the time spent outside your home as short as possible and avoid all contact with objects such as furniture in public spaces. If you need to attend hospital you should walk, cycle or drive yourself there. If you do not have your own vehicle, public transport can be used but you should avoid busy periods, cover any lesions with cloth (for example using scarfs or bandages) and wear a face covering.

**Mild monkeypox symptoms**

Symptoms are often mild and it can take between 5 and 21 days for the first symptoms to appear. These usually clear up within two to four weeks. Mild symptoms include:

* mild rash limited to face, genitals, hands and feet
* mild fever, temperature or chills
* headache
* muscle aches
* backache
* swollen glands in neck, groin or armpits
* mild fatigue.

These are common symptoms. You may not have all of these but still feel unwell. Paracetamol and regular fluids can help with these symptoms, and most people will get better by themselves within two to four weeks. If you are still feeling unwell after this time, please contact your healthcare team.

It is important that you monitor and report any worsening or new symptoms. Your healthcare team may encourage you to take pictures of your rash, especially if these areas become red, hot or swollen as this may be a sign of worsening infection.

Call 999

A minority of people with monkeypox will suffer more severe symptoms or complications. You should dial 999 immediately if you experience the following signs of serious illness:

* sudden difficulty in breathing or breathing faster than normal
* unable to complete short sentences whilst at rest due to breathlessness
* you collapse or faint
* become agitated, confused or very drowsy
* feeling cold and sweaty with pale or blotchy skin
* shivering and shaking uncontrollably
* develop a rash that doesn’t fade when you roll a glass over it
* coughing up blood
* stop passing urine or are passing much less urine than usual.

**You should tell the operator that you have confirmed or probable monkeypox.**

**These symptoms require urgent medical attention.**

**Contact your healthcare team**

If you experience any of the following symptoms, you should contact your GUM or sexual health clinic or NHS 111 as soon as possible:

* significant increase of new lesions ('crops')
* very painful lesions, eg lesions causing difficulty with passing urine or swallowing
* any new signs of lesions that may be rapidly spreading
* hot/red/swollen skin rash
* any problems with eyes or vision eg double vision, blurred vision, eyes becoming yellow in colour or eye pain
* feeling breathless especially when standing up or moving
* new fever that may be a sign of infection
* areas of redness/swelling that can indicate spreading of infection
* change in symptoms, eg dark urine, light or pale stool, abdominal pain or itchy skin
* sense that something is wrong (general weakness, severe tiredness, peeing much less than normal, unable to care for yourself eg simple tasks like washing and dressing or difficulties eating and drinking)
* severe muscle aches or tiredness.

If you are finding it difficult to cope with isolation please speak to your healthcare team.

**Coming out of isolation**

* This should be discussed between you and your healthcare team.
* You should self-isolate at home until:
  + you have not had a high temperature for at least 72 hours
  + you have had no new lesions in the previous 48 hours
  + all your lesions have scabbed over
  + you have no lesions in your mouth
  + any lesions on your face, arms and hands have scabbed over, all the scabs have fallen off and a fresh layer of skin has formed underneath
* If you meet all of the points above, you may be able to stop self-isolating and you should contact the medical team for further advice.
* You should continue to avoid close contact with young children, pregnant women and immunosuppressed people until the scabs on all your lesions have fallen off and a fresh layer of skin has formed underneath. This is because you may still be infectious until the scabs have fallen off.
* After your self-isolation has ended you should cover any remaining lesions when leaving the house or having close contact with people in your household until all the scabs have fallen off and a fresh layer of skin has formed underneath.
* If you wish to resume sexual activity after your self-isolation has ended, you should use a condom for 8 weeks after your rash has scabbed over and scabs have fallen off. This is a precaution to reduce the risk of spreading infection to your partner.