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To:
- Regional Director of Commissioning
- ICB Chief Executive Designates
- All Trust Chief Executives

cc.
- All Local Government Chief Executives
- NHS England & NHS Improvement Regional Directors
- All Directors of Public Health

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

6 July 2022

Update on High Consequence Infectious Disease (HCID) Status of the UK monkeypox outbreak

Dear colleague,

The public health agencies of the four nations of the UK have agreed that, as from 5 July 2022, the current *specific* outbreak clade of monkeypox in the UK will no longer be designated as a High Consequence Infectious Disease (HCID). This follows advice from the Advisory Committee on Dangerous Pathogens who noted that the vast majority of UK cases have not been severe, and that a safe and effective vaccine is available and being deployed.

More information about the derogation can be found here: High consequence infectious diseases (HCID) - GOV.UK (www.gov.uk)

Infection prevention and control (IPC)

Recommendations are outlined in the Four Nations Principles document and they have made no changes to PPE [Principles for monkeypox control in the UK: 4 nations consensus statement - GOV.UK (www.gov.uk)] and relevant national IPC guidance [NHS England » National infection prevention and control].

Transport of waste from monkeypox virus

The UK Government has countersigned a new multilateral agreement, initiated by Germany so that only the cultures form of monkeypox is classified as Category A (dangerous goods), and that patient samples, infected material etc, will now be classified as Category B (as per Clinical Waste and Covid-19 for example). This change will also come into effect from 5 July.

Classification of Monkeypox virus (Germany) | UNECE

Management of confirmed cases

Whilst the current outbreak is no longer designated as an HCID – therefore no requirement for there to be an automatic admission to an HCID Centre –there are a small number of individuals ('Group A' in the risk stratification tool) who have been significantly impacted by the infection, for example, with complications (secondary bacterial infection, sepsis, etc) or corneal involvement. Therefore, admitted individuals who require expert care should be managed in either an HCID Centre or a Specialist Regional Infectious Disease Centre (SRIDC).

Other affected individuals ('Group B' in the risk stratification tool), for example those who have severe, refractory pain from lesions or whose lesions are associated with constipation, urinary retention, or an inability to swallow can be treated in an SRIDC or in a local ID unit or in a non-specialised, negative pressure room with 24/7 support from the local SRIDC or an HCID Centre. These facilities should also be used for individuals who present an exposure risk to others in their household.

The arrangements for individuals assessed as being in Group C are unchanged.

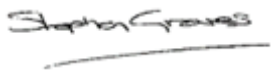
The updated risk stratification tool can be found here: NHS England » Monkeypox

Whilst we are currently having daily activation calls to discuss patients in Group A, the increasing number of confirmed cases (over 1,000) means that we will be moving over the next couple of weeks to a more local 'direct referral' model, where all NHS providers will be allocated into a catchment area, within a network led by an expert infectious disease centre. NHS providers will be able to manage cases themselves with advice from the expert centre or transfer the patient to a specialist infectious disease bed. Arrangements will be communicated via the Regional Operations Centres.

Monkeypox cases outside the current outbreak clade

Future monkeypox cases outside of the current specific clade MUST continue to be classified as HCIDs as the clinical outcomes may not necessarily be benign.

Yours sincerely,



Stephen Groves
Director of Emergency Preparedness, Resilience and Response
NHS England