NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

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MONKEYPOX PREPAREDNESS

An update for Physicians, Accident & Emergency Practitioners and Laboratorians

Division of Public Health Surveillance and Response and
Centre for Emerging Zoonotic and Parasitic Diseases
(NICD) 24-hour hotline number: 0800 212 552

A multi-country outbreak of monkeypox has been reported in May 2022. The situation is quickly evolving and by July 2022, cases have been reported in more than 50 countries. The first cases of monkeypox in South Africa were diagnosed in the last week of June 2022.

Transmission

Monkeypox virus can be transmitted to a person upon contact with the virus from an animal, human, or materials contaminated with the virus. Person-to-person transmission of the virus is through close contact (i.e. prolonged face-to-face contact, kissing, cuddling). Entry of the virus is through broken skin, respiratory tract, or the mucous membranes (eyes, nose, or mouth). In the current outbreak, cases of possible transmission through sexual contact have been noted. A person is contagious from the onset of the rash/lesions through the scab stage. Once all scabs have fallen off, a person is no longer contagious.

Signs and symptoms

The incubation period (time from infection to symptoms) for monkeypox is on average 7–14 days but can range from 5–21 days. Initial symptoms include fever, headache, muscle aches, backache, chills and exhaustion. Lymphadenopathy is also noted. Skin lesions (or rash) develops between 1-3 days following onset. The lesions may be found spread over the body or localized. For cases reported to date in the multi-country outbreak, localization of lesions in genital and peri-genital areas are often reported are often The lesions progress through several stages before scabbing over and resolving. Notably, all lesions of the rash will progress through the same stage at the same time and be roughly the same size.

Case fatality rate is very low and most cases will not need hospitalization of specific treatment. More severe cases have been historically reported in children, pregnant women and individuals with untreated HIV disease.

Response to a suspected case:

1. Establish that the patient meets the signs and symptoms for suspected monkeypox. Consider differential diagnosis*. Observe appropriate infection control procedures (i.e. isolation with universal precautions). **As soon as the decision is made to proceed on the basis of a presumptive diagnosis of monkeypox, measures should be applied to minimize exposure of HCWs, other patients and other close contacts.**
2. Clinical management is supportive and will vary from case to case, but typically cases are self-resolving.
3. Inform the NICD hotline (0800 212 552) and notify the local and provincial communicable disease control co-ordinator (CDCC) telephonically so that additional case finding and extensive contact tracing can be conducted.
4. Submit samples to NICD for laboratory

***Differential diagnosis:**

Other rash illnesses, some commonly found, include chickenpox, hand-foot-and-mouth-disease, measles, bacterial and fungal skin infections, syphilis, molluscum contagiosum and drug-related rashes. Lymphadenopathy in the prodromal phase of illness distinguishes monkeypox from chickenpox.

Sample collection and testing for monkeypox:

1. See laboratory guidance on submission of samples for monkeypox testing. Please refer to NICD website.

For more information, visit the NICD website, monkeypox webpage