





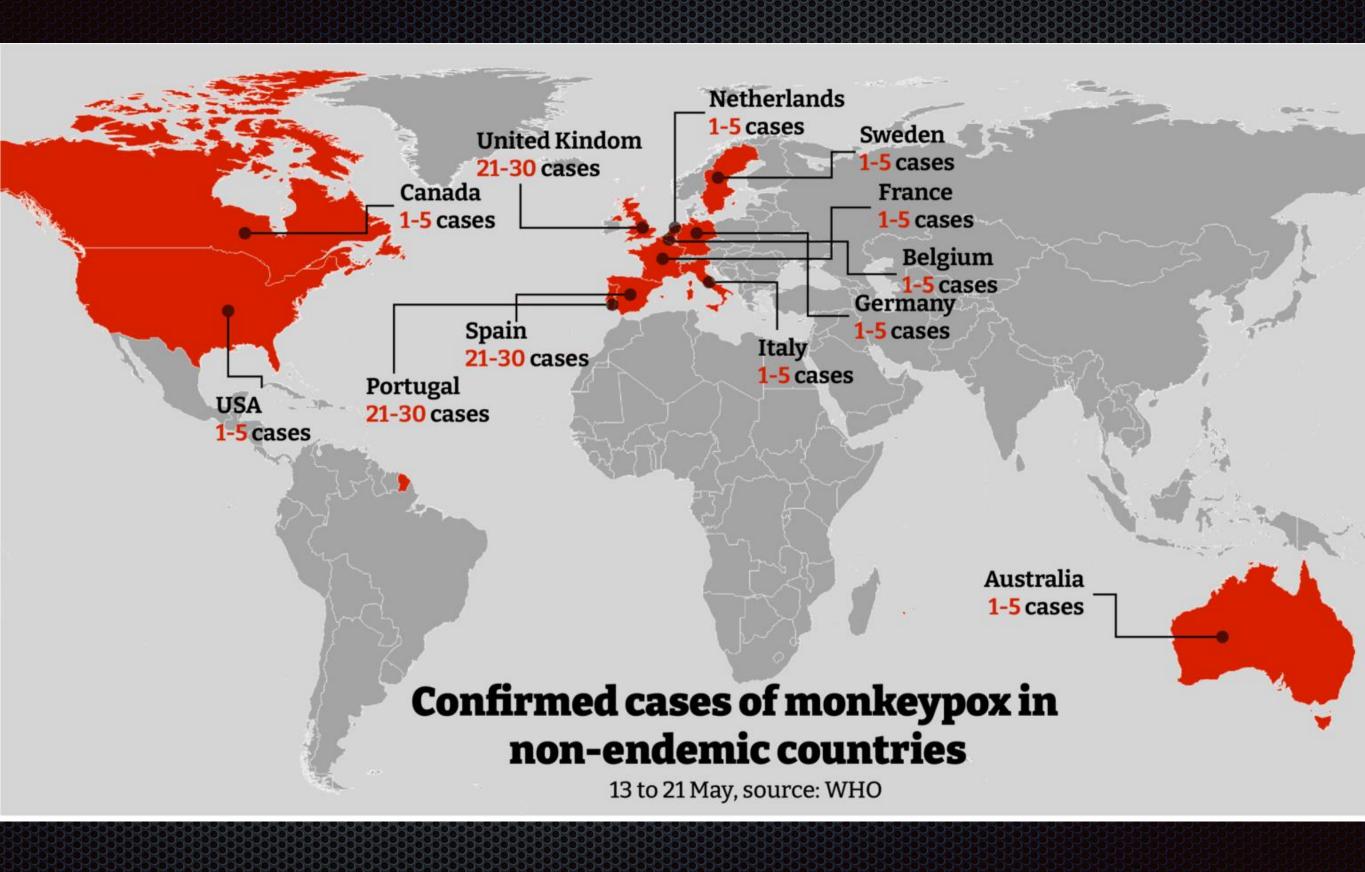
Monkeypox

Tony Korman



MONASH Infectious Diseases



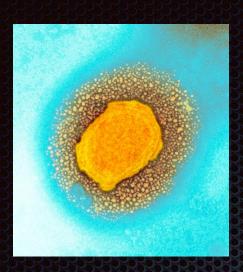






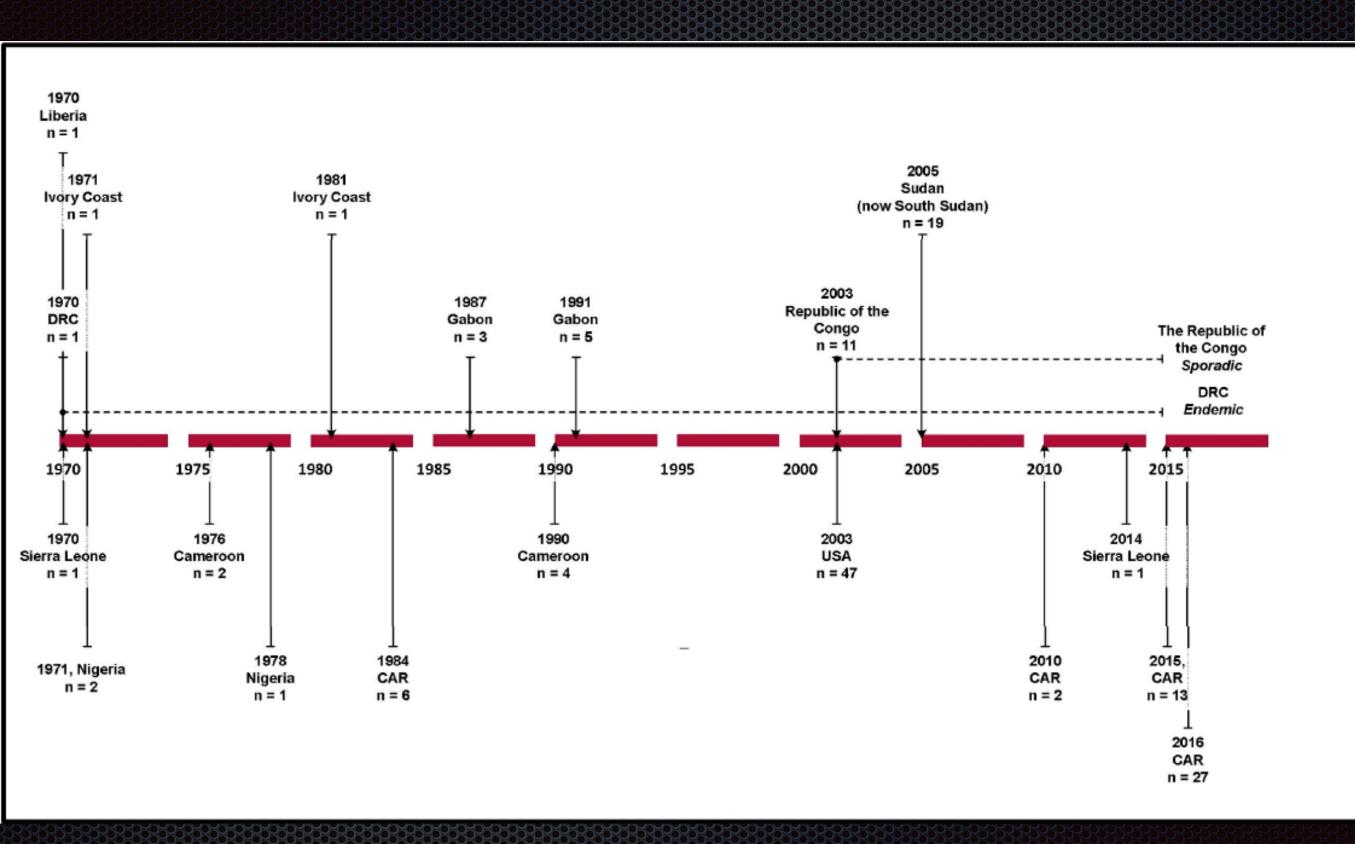
Monkeypox

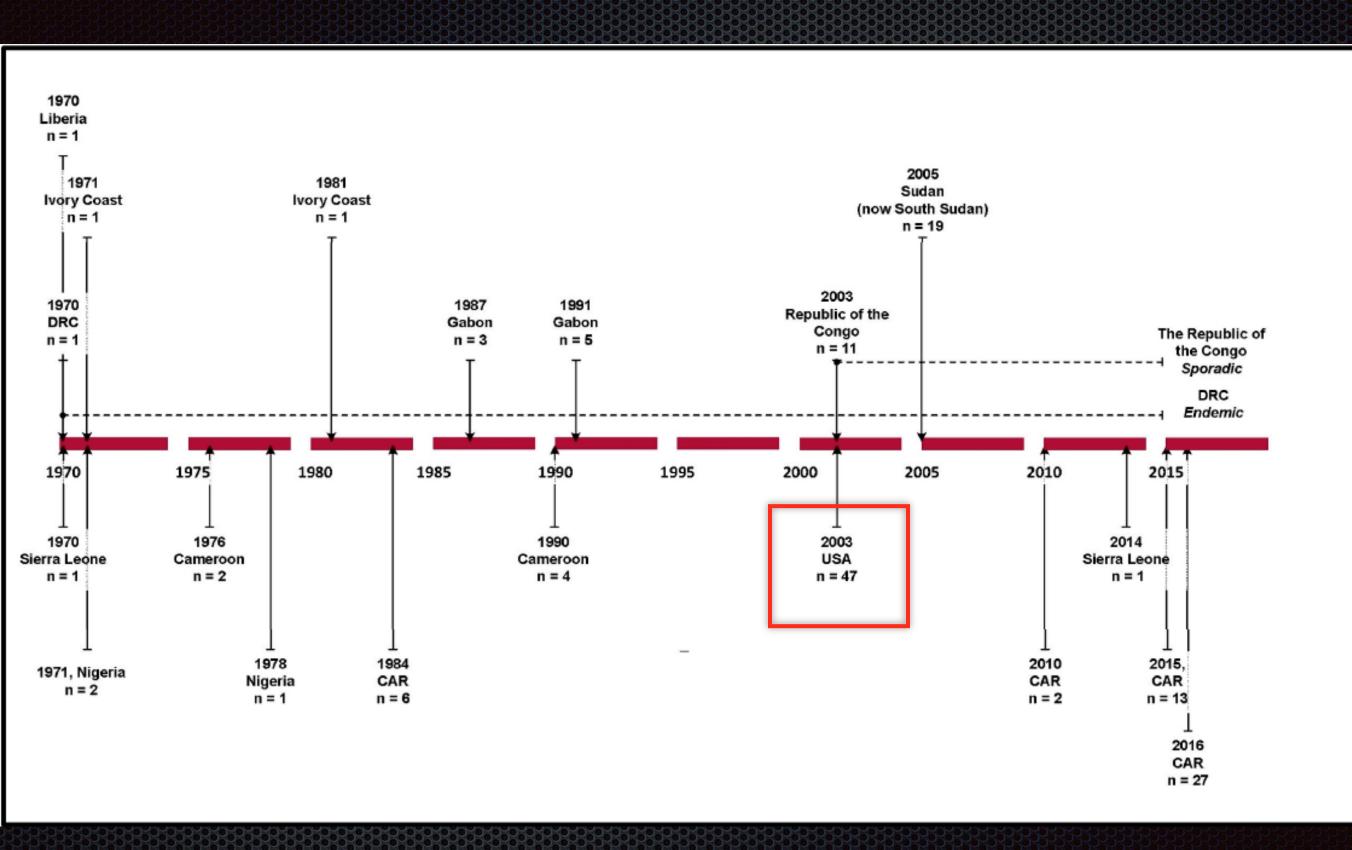
- Monkeypox virus
- History
- Transmission
- Clinical Features
- Diagnosis
- Treatment & Prevention



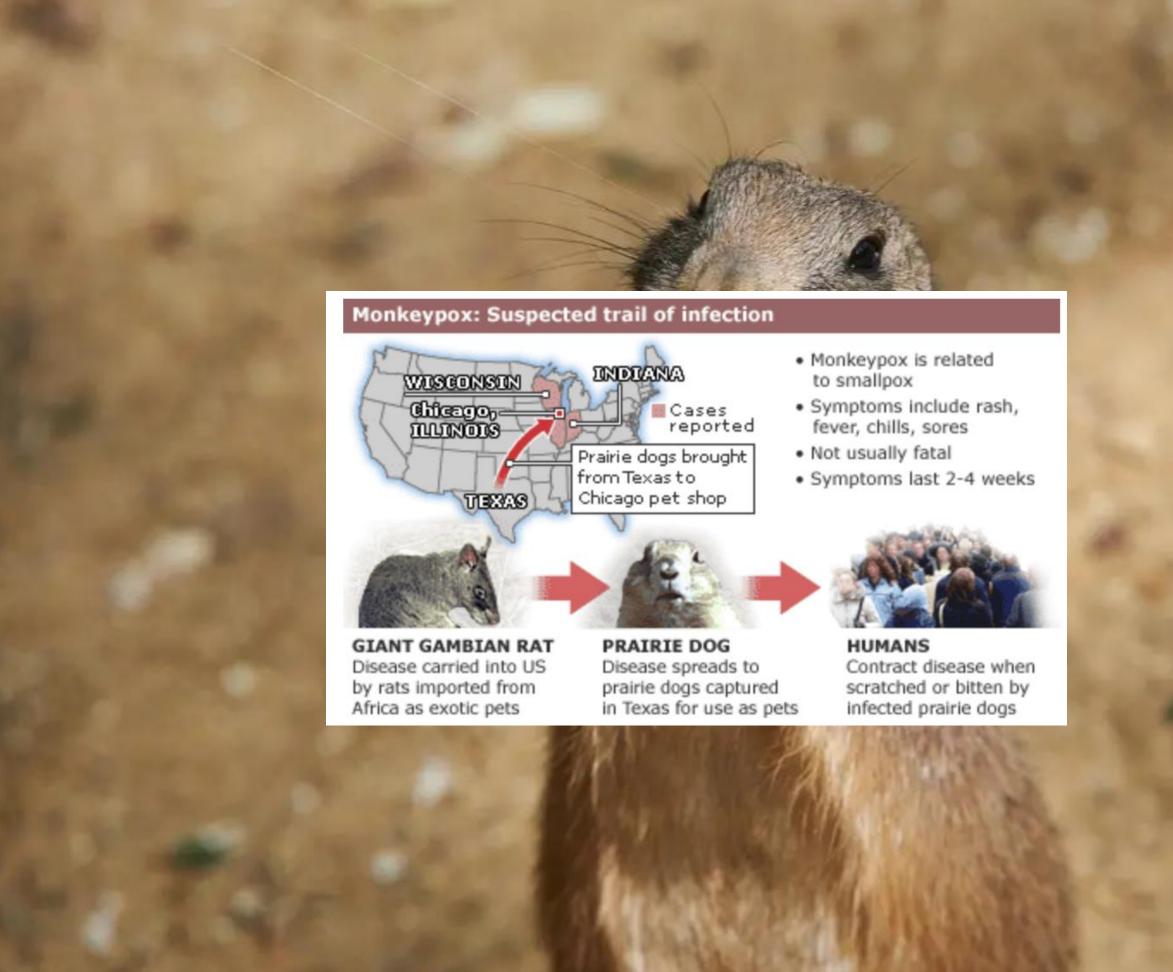
Monkeypox virus

- Evolutionary enveloped double-stranded DNA virus
- Orthopoxvirus genus, Poxviridae family
 - cowpox, vaccinia (smallpox vaccine), variola (smallpox)
- 2 distinct genetic clades of the monkeypox virus
 - Central African (Congo Basin) more severe, ? transmissible
 - West African
- ?natural host squirrels, rats, non-human primates











Outbreak of human monkeypox in Nigeria in 2017-18: a clinical and epidemiological report

Adesola Yinka-Ogunleye, Olusola Aruna, Mahmood Dalhat, Dimie Ogoina, Andrea McCollum, Yahyah Disu, Ibrahim Mamadu, Afolabi Akinpelu, Adama Ahmad, Joel Burga, Adolphe Ndoreraho, Edouard Nkunzimana, Lamin Manneh, Amina Mohammed, Olawunmi Adeoye, Daniel Tom-Aba, Bernard Silenou, Oladipupo Ipadeola, Muhammad Saleh, Ayodele Adeyemo, Ifeoma Nwadiutor, Neni Aworabhi, Patience Uke, Doris John, Paul Wakama, Mary Reynolds, Matthew R Mauldin, Jeffrey Doty, Kimberly Wilkins, Joy Musa, Asheena Khalakdina, Adebayo Adedeji, Nwando Mba, Olubunmi Ojo, Gerard Krause*, Chikwe Ihekweazu*, for the CDC Monkeypox Outbreak Team†

Summary

Lancet Infect Dis 2019; 19: 872–79 Background In September, 2017, human monkeypox re-emerged in Nigeria, 39 years after the last reported case. We aimed to describe the clinical and epidemiological features of the 2017–18 human monkeypox outbreak in Nigeria.

Two cases of monkeypox imported to the United Kingdom, September 2018

Aisling Vaughan^{1,15}, Emma Aarons², John Astbury³, Sooria Balasegaram³, Mike Beadsworth^{4,5}, Charles R Beck^{3,14}, Meera Chand^{6,7,8}, Catherine O'Connor¹, Jake Dunning^{6,9}, Sam Ghebrehewet³, Nick Harper¹⁰, Ruth Howlett-Shipley¹¹, Chikwe Ihekweazu¹², Michael Jacobs⁹, Lukeki Kaindama¹³, Parisha Katwa¹³, Saye Khoo^{4,5}, Lucy Lamb^{9,11}, Sharon Mawdsley¹⁰, Dilys Morgan¹, Ruth Palmer¹⁰, Nick Phin⁶, Katherine Russell¹, Bengü Said¹, Andrew Simpson², Roberto Vivancos^{3,15,16}, Michael Wade³, Amanda Walsh¹, Jennifer Wilburn¹

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Family cluster of three cases of monkeypox imported from Nigeria to the United Kingdom, May 2021

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Centers for Disease Control and Prevention



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Morbidity and Mortality Weekly Report

April 8, 2022

Monkeypox in a Traveler Returning from Nigeria — Dallas, Texas, July 2021

Agam K. Rao, MD¹; Joann Schulte, DO²; Tai-Ho Chen, MD³; Christine M. Hughes, MPH¹; Whitni Davidson, MPH¹; Justin M. Neff, MD⁴; Mary Markarian²; Kristin C. Delea, MPH³; Suzanne Wada, MD²; Allison Liddell, MD⁴; Shane Alexander, DO⁴; Brittany Sunshine, MPH⁵; Philip Huang, MD²; Heidi Threadgill Honza, MPH⁶; Araceli Rey, MPH³; Benjamin Monroe, MPH¹; Jeffrey Doty, MS¹; Bryan Christensen, PhD⁷; Lisa Delaney, MS⁸; Joel Massey, MD⁶; Michelle Waltenburg, DVM¹; Caroline A. Schrodt, MD⁷; David Kuhar, MD⁷; Panayampalli S. Satheshkumar, PhD¹; Ashley Kondas, PhD¹; Yu Li, PhD¹; Kimberly Wilkins¹; Kylie M. Sage, MS⁹; Yon Yu, PharmD⁵; Patricia Yu, MPH⁵; Amanda Feldpausch, DVM¹⁰; Jennifer McQuiston, DVM¹; Inger K. Damon, MD, PhD¹; Andrea M. McCollum, PhD¹; July 2021 Monkeypox Response Team

Transmission

- Animal-to-human (zoonotic)
- Human-to-human
- Close contact
 - respiratory droplets
 - usually requires prolonged face-to-face contact
 - skin lesions of an infected person
 - indirect contact with lesions eg contaminated clothing

Clinical Features

- Incubation period 7-14 days (5-21 days)
- Day 1-3: Fever, headache, myalgias, lymphadenopathy
- Rash
 - Macules -> Papules -> Vesicles -> Pustules -> Scabs
- Symptoms last 2-4 weeks









Treatment & Prevention

- No proven treatment
- Antivirals: cidofovir, brincidofovir, ST-246 (tecovirimat)

- Smallpox vaccine
- Vaccinia immunoglobulin



(Interim) Monkeypox reference document

Procedure

TABLE OF CONTENTS

Background

- Infectious period
- <u>Transmission</u>
- Clinical presentation
- <u>Treatment</u>

Precautions and contraindications

Standard requirements

Equipment

Procedure

- <u>Diagnosis and specimen collection</u>
- Patient management
- Exposure follow up

Contact tracing

Post exposure prophylaxis

Appendix 1: How to take a deep nasal and oropharyngeal swab

Appendix 2: Staff and visitor room entry log

Suspected Monkeypox

- Consider diagnosis
- Isolate: Contact PLUS Airborne precautions
 - N95, eye protection, gown & glove
- Notify Infectious Diseases
 - liaise with IP, DoH, VIDRL etc
- Specimen collection: swab, oral/nasal swab



