

Monkeypox - That was then, this is now...

Where we have fortunately been relatively free of epidemics of contagious illness in the UK over recent decades, now in the wake of the SARS-CoV-2 pandemic we are seeing an outbreak of monkeypox occur.

Government reports indicate, the total number of confirmed monkeypox cases in England since the 7th May to be 70 (as of 23rd May), Public Health Scotland (PHS) have identified one case, no cases so far been reported in Wales or Northern Ireland. They are saying though *“despite further cases being detected, the risk to the UK population remains low.”*

While monkeypox is another viral infection, how similar to COVID-19 is it likely to be, and what are the things we should be aware of? Our latest white paper looks at this disease, the possible implications and actions to take.



1. What is monkeypox?

Monkeypox is the name of a disease caused by a virus of the *Orthopoxvirus* genus. It was first identified in 1958, in Denmark, in a population of macaque monkeys being used as laboratory animals, from where it got its name.

In reality, the more normal hosts for the virus are rodents (including species of squirrel and rats), as well as various monkey species associated with Central and Western Africa.

It was first identified in humans in 1970, displaying symptoms similar to those seen with smallpox. It should be noted though that the diseases are different, as are the viruses that cause them and smallpox, caused by the variola virus was eradicated in the 1980's.

Since 1970, most reported monkeypox infections have occurred in areas of Central and Western Africa. The World Health Organisation (WHO) do identify it as "a disease of global public health importance" however, as outbreaks have been seen in other parts of the World since 2003. These include (WHO figures):

- United States of America in 2003 and 2021;
- Israel in 2018;
- United Kingdom in 2018, 2019 and 2021; and
- Singapore in 2019.

All these cases were also reported to have been linked travel from Western Africa.

At the time of writing the current outbreak has seen infections recorded in 16 countries (including in Europe, America, North Africa, the UAE, Canada and Australia) and affected over 250 people, according to the UN. As these multiple cases are occurring in several countries where the virus is non-endemic, sources of infection and epidemiological investigation are ongoing.



2. Transmission, symptoms, diagnosis and treatment

Transmission guidance from GOV.UK states, “Monkeypox does not spread easily between people.

Spread of monkeypox may occur when a person comes into close contact with an infected animal (rodents are believed to be the primary animal reservoir for transmission to humans), human, or materials contaminated with the virus. Monkeypox has not been detected in animals in the UK.

The virus enters the body through broken skin (even if not visible), the respiratory tract, or the mucous membranes (eyes, nose, or mouth).

Person-to-person spread is uncommon, but may occur through:

- contact with clothing or linens (such as bedding or towels) used by an infected person
- direct contact with monkeypox skin lesions or scabs
- coughing or sneezing of an individual with a monkeypox rash”

In terms of the disease itself, monkeypox is usually a self-limited disease (you get better by yourself) that can last for between 2 to 4 weeks. Severe cases occur in some individuals and is usually more commonly seen among children. From initial exposure, the incubation period for monkeypox is typically 1 to 2 weeks, although it can be as long as 3 weeks in some cases.

Symptoms will start with fever, headache, swelling of the lymph nodes, back pain, muscle aches, chills and fatigue. As the disease progresses (between 1 and 5 days) a rash appears, usually on the face hands and feet – it can also affect the eyes, genitals and mouth. This rash develops in stages to form fluid filled, then crusty, lesions (that can range from a few to many), which eventually dry up and fall off. People with the disease will be contagious until they are scab free (although the scabs can still contain virus material).

The WHO identify “complications of monkeypox can include secondary infections, bronchopneumonia, sepsis, encephalitis, and infection of the cornea with ensuing loss of vision. In recent times, the case fatality ratio has been around 3–6%.”

A clinical diagnosis for monkeypox is not always easy, as initially it can present in a similar way to other rash causing illnesses, for example, chickenpox, measles and scabies.

As a secondary benefit of the global smallpox vaccination programme, these vaccines also conferred immunity to monkeypox in the vast majority of cases. In 2019 a more specific vaccine for the prevention of monkeypox was approved.

Unless complications do arise, most infections are mild and treatment is usually confined to/ recommended as support, analgesia (as needed), keeping fluids up and eating properly.



3. The current advice on monkeypox

Unless you've recently travelled to Central or West Africa or been in close contact (skin to skin or shared bedding, clothes, etc.) with someone who's infected with monkeypox, you are very unlikely to develop the disease.

Advice from the NHS is to call your GP or call 111, if:

"You have a rash with blisters and either:

- you've been in close contact with someone who has monkeypox or has symptoms of monkeypox
- you've been to west or central Africa in the past 6 weeks.

Make sure you tell the person you speak to if you've had close contact with someone who has or might have monkeypox, or if you've recently travelled to central or west Africa. Stay at home and avoid close contact with other people until you've been told what to do. If you're still abroad, try to get medical help where you are as soon as possible."

The UK Health Security Agency (UKHSA) are advising:

"Anyone with concerns that they could be infected is advised to contact NHS 111 in the first instance, or a sexual health clinic. People should notify clinics ahead of their visit. Calls or discussions at clinics will be treated sensitively and confidentially. Confirmed cases will be contacted by UKHSA local Health Protection Teams to help identify and trace contacts so that the appropriate public health action can be taken to prevent the spread of infection."

They are further advising:

"Recent cases in UK and Europe have been found predominantly in gay and bisexual men, so we are particularly urging these communities to be alert to the symptoms and seek help if they are concerned.

Monkeypox has not previously been described as a sexually transmitted infection, though it can be passed on by direct contact during sex. It can also be passed on through other close contact with a person who has monkeypox or contact with clothing or linens used by a person who has monkeypox.

UKHSA is recommending anyone who has changed sex partners regularly, or who has had close contact with individuals that they don't know, to come forward if they develop a rash."

Due to the nature of the disease, if you are diagnosed with monkeypox, it is likely you will need to be isolated and possibly need to stay in a specialist hospital. There is no specific advice being given to businesses currently for monkeypox. The UKHSA do state, "contact tracing and investigations are ongoing to identify where and how the cases reported since 7th May acquired their infection."



Like SARS-CoV-2, outside health care and research facilities monkeypox is a public health rather than a work-related health issue. Because of the nature and transmission routes of monkeypox, "COVID-19 style" controls in general (ventilation, routine cleaning and social distancing) for workplaces should not be necessary. However, even though the risk is low, there are still considerations you could invest in to help keep employees safe and you demonstrating a proactive stance with your health, safety and wellbeing and business continuity. These could include:

- Risk assess (and keep under review) the current guidance on self-isolation for monkeypox and how it could affect your organisation. This should (as with COVID-19) include any particularly vulnerable groups of people and high risk activities;
- Plan what your response would be if a case/suspected case of monkeypox is diagnosed in a staff member, your policy and the procedures you would put in place; and
- As required, communicate any information, changes or updates in your policy and procedures to employees and others (contractors, visitors, etc.).

Additionally, advice provided by the NHS, in light of the outbreak includes:

Do:

- Wash your hands with soap and water regularly or use an alcohol-based hand sanitiser; and
- Only eat meat that has been cooked thoroughly.

Don't:

- Do not go near wild or stray animals, including dead animals;
- Do not go near any animals that appear unwell;
- Do not eat or touch meat from wild animals (bush meat)
- Do not share bedding or towels with people who are unwell and may have monkeypox; and
- Do not have close contact with people who are unwell and may have monkeypox.



References used/further reading:

- [Monkeypox \(who.int\)](https://www.who.int)
- [Monkeypox - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [Monkeypox - NHS \(www.nhs.uk\)](https://www.nhs.uk)
- [Monkeypox: contact tracing - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [Information on monkeypox and our investigation into recent cases - UK Health Security Agency \(blog.gov.uk\)](https://blog.gov.uk)
- [Monkeypox cases confirmed in England – latest updates - GOV.UK \(www.gov.uk\)](https://www.gov.uk)



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