

Interim Advisory for IDSP SSUs in view of Monkeypox cases reported from a few Countries

Key points about the disease:

- Monkeypox is a viral zoonotic disease that occurs primarily in tropical rainforest areas of Central and West Africa and is occasionally exported to other regions.
- Monkeypox typically presents clinically with **fever, rash and swollen lymph nodes** and may lead to a range of medical complications.
- Monkeypox is **usually a self-limited disease** with the symptoms lasting from 2 to 4 weeks. Severe cases can occur. **Case fatality rate may vary from 1-10%**
- Monkeypox **can be transmitted from Animal to Humans as well as human to human**. The virus enters the body through broken skin (even if not visible), respiratory tract, or the mucous membranes (eyes, nose, or mouth).
- Animal-to-human transmission may occur by bite or scratch, bush meat preparation, direct contact with body fluids or lesion material, or indirect contact with lesion material, such as through contaminated bedding.
- Human-to-human transmission is thought to occur primarily through large respiratory droplets generally requiring a prolonged close contact.
- It can also be transmitted through direct contact with body fluids or lesion material, and indirect contact with lesion material, such as through contaminated clothing or linens of an infected person.
- The clinical presentation of monkeypox resembles that of smallpox, a related orthopoxvirus infection which was declared eradicated worldwide in 1980. Monkeypox is less contagious than smallpox and causes less severe illness.
- **Incubation period is usually 7-14 days** but can range from 5-21 days and the person is usually not contagious during this period.
- An infected person may transmit the disease from 1-2 days before appearance of the rash and **remain contagious till all the scabs fall off**.

Current Scenario: As on date (20th May 2022) cases of Monkey pox have been reported from U.K, U.S.A, Europe, Australia and Canada with no death.

Indian context: Monkey pox has not been reported in India, but with new cases being detected from various countries chances of this disease occurring in India cannot be ruled out. The cases that have been reported worldwide are both due to local transmission and also due to travel to African countries. As a proactive approach NCDC, MoHFW has identified several public health actions to be initiated in event of suspected cases being reported from India.

Recommended Public health actions

1. Health facilities to keep heightened suspicion in people who:
 - a. Present with an otherwise unexplained rash and
 - b. Who have travelled, in the last 21 days, to a country that has recently had confirmed or suspected cases of monkeypox or
 - c. report contact with a person or people with confirmed or suspected monkey pox
2. All suspected cases to be isolated at designated healthcare facilities until all lesions have resolved and a fresh layer of skin has formed OR until the treating physician decides to end isolation.
3. All such patients to be reported to the District Surveillance Officer of Integrated Disease Surveillance Programme.
4. All infection control practices to be followed while treating such patient.
5. Laboratory samples consisting of fluid from vesicles, blood, sputum etc to be sent to NIV Pune for Monkey pox testing in case of suspicion.
6. In case a positive case is detected, contact tracing has to be initiated immediately to identify the contacts of the patient in the last 21 days.