

HEALTH AND WELLBEING BOARD

13 September 2022

Title:	Monkeypox Update
Report of the Director of Public Health	
Open Report	For Information
Wards Affected: All	Key Decision: No
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Sponsor: Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham	
Summary: <p>Monkeypox is a rare infectious disease, usually associated with travel to west and central Africa. Since May 2022 we have been seeing an unusual number of cases increasing within the UK. However, the overall risk to the UK population remains low.</p> <p>The national monkeypox epidemiological overview is available on the gov.uk website which includes a breakdown of cases by region and upper tier local authority by residence: https://www.gov.uk/government/publications/monkeypox-outbreak-epidemiological-overview</p> <p>Monkeypox is a viral infection, spread by close contact with someone with the virus. Monkeypox can be passed on from person to person through:</p> <ul style="list-style-type: none">• any close physical contact with monkeypox blisters or scabs (including during sexual contact, kissing, cuddling or holding hands)• touching clothing, bedding or towels used by someone with monkeypox• the coughs or sneezes of a person with monkeypox when they're close to you• Anyone can get monkeypox, but currently most cases are in men who are gay, bisexual or have sex with men.• As the virus spreads through close contact, we are advising these groups to be alert to any unusual rashes or lesions on any part of their body, especially their genitalia <p>At the beginning of May three incident / clusters of confirmed monkeypox cases were identified in the UK. A national Incident Management Team was stood up from 10th of May 2022 and became an enhanced incident on 15th of May. A London Coordination Incident Management Team began on 17th of May 2022.</p> <ul style="list-style-type: none">• Incident #1 – Single confirmed case in returned traveller from Nigeria to London, onset symptoms 28th of April 2022.• Incident #2 - Family of three. 2 confirmed cases, 1 probable. First onset 11th of April 2022. No known link to first incident; source remains unidentified.	

- Incident #3 – Since 15th of May confirmed cases resident in London has been identified with onset of symptoms for some cases going back into April. The vast majority of the confirmed cases are known to be male with most being gay, bisexual or other men who have sex with men (GBMSM).

At the time of writing the total number of confirmed and highly probable cases in London is 2,240 with a change of 90 confirmed and highly probable cases in the last 7 days from 18th of August 2022. There is currently a small number of confirmed female cases in Incident #3. This number includes cisgender and transgender women and information, where known, does not indicate wider community transmission. The confirmed and highly probable cases in Barking and Dagenham were 12.

There were 238 confirmed and highly probable cases unassigned a to a local authority as no patient postcode was available, of these 45 were missing a local authority in the last 7 days. Confirmed and highly probable cases residing outside of London but being followed up by UKSHA not in London are not included.

The London Coronavirus Response Cell (LCRC) has been rebranded as the London Coordination and Response Cell to allow for a pan-London response. UKHSA have been working with British HIV Association/British Association for Sexual Health and HIV, Terrence Higgins Trust, and other stakeholders in Sexual Health Services (SHS) have been engaged both to inform Genito Urinary practitioners and for input into communications and health protection measures.

Based on recent data, the highest proportion of cases are in London. The outbreak Level is defined as level 2 which is defined as transmission within a defined sub-population, currently GBMSM connected by sexual networks. The route of transmission has been primarily reported as through close or sexual contact. The virus has been detected in air and environmental samples in the hospital room of infected patients, However, there are no confirmed instances of airborne transmission. The ongoing risk to the general public is considered low and most confirmed cases are mild.

Confirmed case isolation is mainly in the home setting with admission to specialist units if required. Contact tracing and contact management actions are reflected as per published contact tracing matrix guidance.

LCRC are completing risk assessments with all confirmed cases and backward contact tracing is in place, aiming to identify potential chains of transmission. All high-risk contacts are followed up by LCRC and all non-complex/ high risk contacts are being managed through a national contact management service.

Post-exposure vaccination is offered to high risk identified contacts and pre-exposure vaccination is now available in London for individuals at highest risk. Information regarding vaccination can be accessed here:

- [Monkeypox outbreak: vaccination strategy - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/monkeypox-outbreak-vaccination-strategy)
- [Smallpox and monkeypox: the green book, chapter 29 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/smallpox-and-monkeypox-the-green-book-chapter-29)

There has been a national briefing and information has been cascaded to local authorities, primary care and sexual health services highlighting the situation, along with

recommendations for testing, isolation, infection control practices, vaccination and public health management and the need to prioritise working with established community and sexual health networks.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

1. Note the outbreak management steps being taken in London and that the ongoing risk to the general public is considered low and most confirmed cases are mild.

Reason(s)

Local Authority statutory responsibility.– Health Protection (LA powers) Regulations 2010 and Health Protection (part 2A orders) Regulations 2010. Director of Public Health has a statutory responsibility to ensure effective arrangements are in place for communicable disease control with local authorities and others (UKSHA,NHS Trusts, Private sector, GPs etc)