

## Cookies on GOV.UK

We use some essential cookies to make this website work.

We'd like to set additional cookies to understand how you use GOV.UK, remember your settings and improve government services.

We also use cookies set by other sites to help us deliver content from their services.

Accept additional cookies

Reject additional cookies

[View cookies \(/help/cookies\)](/help/cookies)

[Home](#) > [Infectious diseases](#)

## Guidance

# Monkeypox: case definitions

This guidance describes case definitions to inform testing and reporting of suspected monkeypox cases.

From:

[UK Health Security Agency \(/government/organisations/uk-health-security-agency\)](/government/organisations/uk-health-security-agency)

Published

20 May 2022

Last updated

6 July 2022 —

## Contents

- [Possible case](#)
- [Probable case](#)
- [Confirmed case](#)
- [Further information](#)

## Possible case

A person with a febrile prodrome<sup>†</sup> compatible with monkeypox infection where there is known prior contact with a confirmed case in the 21 days before symptom onset.

Or, a person with an illness where the clinician has a high suspicion of monkeypox (for example, this may include prodrome or atypical presentations with exposure histories deemed high risk by the clinician, or classical rash without risk factors).

<sup>†</sup>Febrile prodrome consists of fever  $\geq 38^{\circ}\text{C}$ , chills, headache, exhaustion, muscle aches (myalgia), joint pain (arthralgia), backache, and swollen lymph nodes (lymphadenopathy).

## Probable case

A person with an unexplained rash on any part of their body plus one or more classical symptom or symptoms of monkeypox infection<sup>‡</sup> since 15 March 2022 and either:

- has an epidemiological link to a confirmed or probable case of monkeypox in the 21 days before symptom onset

or

- reported a travel history to West or Central Africa in the 21 days before symptom onset

or

- is a gay, bisexual or other man who has sex with men (GBMSM)

‡Acute illness with fever ( $>38.5^{\circ}\text{C}$ ), intense headaches, myalgia, arthralgia, back pain, lymphadenopathy.

## Actions on a possible or probable case

Test for monkeypox (using designated testing pathway).

Undertake additional contemporaneous tests to rule out alternative diagnoses if clinically appropriate and if not done already.

If admission of patient required for clinical reasons, admit to single room isolation at negative or neutral pressure at local hospital site with RPE PPE (with appropriate IPC arrangements).

Or, if patient not requiring admission for clinical reasons: self-isolation at home (based on assessment by the clinician and following UKHSA guidance).

Or, if patient not requiring admission for clinical reasons but self-isolation at home is not possible for social or medical reasons following clinician assessment: isolation in single room at negative or neutral pressure at local hospital site with RPE PPE pending test result (prioritise probable cases).

## Confirmed case

A person with a laboratory confirmed monkeypox infection (monkeypox PCR positive).

## Action on a confirmed case

All confirmed cases should be assessed for the need for admission based on either clinical or self-isolation requirements. The NHS provides [guidance on management of patients with confirmed monkeypox](https://www.england.nhs.uk/publication/monkeypox/) (<https://www.england.nhs.uk/publication/monkeypox/>).

All confirmed cases should be notified to the local health protection team by the clinician.

## Further information

Additional [monkeypox resources](https://www.gov.uk/guidance/monkeypox) (<https://www.gov.uk/guidance/monkeypox>) are available on GOV.UK, including guidance on [vaccination](https://www.gov.uk/government/publications/monkeypox-vaccination) (<https://www.gov.uk/government/publications/monkeypox-vaccination>) and [contact tracing](https://www.gov.uk/government/publications/monkeypox-contact-tracing) (<https://www.gov.uk/government/publications/monkeypox-contact-tracing>).

Published 20 May 2022

Last updated 6 July 2022 [+ show all updates](#)

1. 6 July 2022  
Removed requirement to notify HCID network about all confirmed cases. Added link to NHS pages on management.
2. 1 June 2022  
Updated actions for confirmed cases.
3. 24 May 2022  
Updated probable case information.
4. 21 May 2022  
Added links to additional monkeypox guidance.
5. 20 May 2022  
First published.

## Related content

- [Monkeypox: contact tracing](/government/publications/monkeypox-contact-tracing) (/government/publications/monkeypox-contact-tracing)
- [Monkeypox vaccination recommendations](/government/publications/monkeypox-vaccination) (/government/publications/monkeypox-vaccination)
- [Crimean-Congo haemorrhagic fever: origins, reservoirs, transmission and guidelines](/guidance/crimean-congo-haemorrhagic-fever-origins-reservoirs-transmission-and-guidelines) (/guidance/crimean-congo-haemorrhagic-fever-origins-reservoirs-transmission-and-guidelines)
- [Imported fever service \(IFS\)](/guidance/imported-fever-service-ifs) (/guidance/imported-fever-service-ifs)
- [Rare and Imported Pathogens Laboratory \(RIPL\): user manual](/government/publications/rare-and-imported-pathogens-laboratory-ripl-user-manual) (/government/publications/rare-and-imported-pathogens-laboratory-ripl-user-manual)

## Collection

- [Monkeypox: guidance \(/government/collections/monkeypox-guidance\)](/government/collections/monkeypox-guidance)

## Explore the topic

- [Infectious diseases \(/health-and-social-care/health-protection-infectious-diseases\)](/health-and-social-care/health-protection-infectious-diseases)

### OGL

All content is available under the [Open Government Licence v3.0](#), except where otherwise stated



© [Crown copyright](#)