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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)

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Possible case

A person with a febrile prodrome[†] 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).

[†]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[‡] 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. All cases should be discussed with the high consequence infectious diseases network.

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>).

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1. 1 June 2022
Updated actions for confirmed cases.
2. 24 May 2022
Updated probable case information.
3. 21 May 2022
Added links to additional monkeypox guidance.
4. 20 May 2022
First published.

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