A third case of Monkeypox in the UK  

**Date:** Wednesday 26th September 2018  

Public Health England can confirm that a third individual has been diagnosed with monkeypox in England.

This person was involved in the care of a patient with monkeypox in Blackpool Victoria Hospital before monkeypox was diagnosed.

This third case is now isolated to minimise the risk of onward transmission to others. They are being looked after in the specialist unit at Royal Victoria Infirmary, Newcastle.

“We are following up with close contacts of this new case to provide advice and monitor their health. We are adopting a highly precautionary approach to minimise the risk of additional cases and are tracing anyone who had contact with this individual 24 hours before they noticed a rash.”

Dr Nick Phin, Deputy Director of the National Infection Service at PHE, said:
“This healthcare worker cared for the patient before a diagnosis of monkeypox. We have been actively monitoring contacts for 21 days after exposure to detect anyone presenting with an illness so that they can be assessed quickly. It is therefore not wholly unexpected that a case has been identified. This person has been isolated and we are taking a highly precautionary approach to ensure that all contacts are traced”

Monkeypox – Nigeria. WHO Disease outbreak news  

**Date:** Friday 5th October 2018  

On 26 September 2017, WHO was alerted to a suspected outbreak of monkeypox in Yenagoa Local Government Area (LGA) in Bayelsa State, Nigeria. The index cluster was reported in a family, all of whom developed similar symptoms of fever and generalized skin rash over a period of four weeks. Epidemiological investigations into the cluster show that all infected cases had a contact with a monkey about a month prior to onset.

From the onset of the outbreak in September 2017 through 15 September 2018, a total of 269 suspected cases across 25 states and one territory, including 115 confirmed cases across 16 states and one territory, have been reported. Seven deaths were recorded, four of which were in patients with a pre-existing immunocompromised condition. Two health care
workers were among the confirmed cases. The most affected age group is 21–40 years and 79% of the confirmed cases are males.

In 2018, a total of 76 cases have been reported, 37 are confirmed, one probable and two deaths. These cases were reported in 14 states and one territory (Abia, Akwa-Ibom, Anambra, Bayelsa, Cross River, Delta, Edo, Enugu, Imo, Lagos, Nasarawa, Oyo, Plateau and Rivers and the Federal Capital Territory (FCT)).

Genetic sequencing suggests multiple introductions of the monkeypox virus (MPXV) into the population with evidence of human-to-human transmission. The isolates are closely related to the West African, Nigerian 1971 strain.

Since 2016, the other West and Central African countries reporting sporadic confirmed monkeypox cases are Central African Republic, Cameroon, Democratic Republic of the Congo, Liberia, Nigeria, Republic of the Congo, and Sierra Leone.

**WHO risk assessment**

Monkeypox is a sylvatic zoonosis with incidental human infections that occur sporadically in the rain forests of Central and West Africa. It is caused by the MPXV and belongs to the Orthopoxvirus family, the same group of viruses as smallpox.

Two distinct MPXV clades exist; the Congo Basin and West African. There are differences in human pathogenicity between these two clades in clinical presentation and epidemiological characteristics. The animal reservoir remains unknown, however, evidence suggests that native African rodents may be potential sources. Direct contact with affected live and dead animals through hunting and consumption of bush meat are presumed drivers of human infection. The disease is self-limiting with symptoms usually resolving spontaneously within 14–21 days. Severe cases occur more commonly among children and are related to the extent of virus exposure, patient health status and severity of complications. The case fatality rate has varied widely between epidemics but has been between 1–10% in documented events. There is no specific treatment or vaccine for the MPXV infection.

**WHO advice**

Residents and travellers to endemic areas/ countries should avoid contact with sick, dead or live animals that could harbour MPXV (such as rodents, marsupials, and primates) and should refrain from eating or handling bush meat. The importance of hand hygiene using soap and water or alcohol-based sanitizer should be emphasized. Any illness during travel or upon return should be reported to a health professional, including information about all recent travel and immunization history.

Health care workers caring for patients with suspected or confirmed MPXV infection should implement standard, contact and droplet infection control precautions.

Samples taken from people and animals with suspected MPXV infection should be handled by trained staff working in suitably equipped laboratories.
Timely contact tracing, surveillance measures and raising awareness of imported emerging diseases among health care providers are essential parts of preventing secondary cases and effective management of MPXV outbreaks.

WHO does not recommend any restriction for travel to and trade with Nigeria based on available information at this point in time.

For more information on Monkeypox:
http://origin.who.int/mediacentre/factsheets/fs161/en/

Comment
Monkeypox is a member of the Orthopoxvirus genus in the family Poxviridae. Human monkeypox was first identified in humans in 1970 in the Democratic Republic of Congo in a region where smallpox had been eliminated in 1968. It is considered to be endemic in the Democratic Republic of Congo. In 2003, monkeypox cases were confirmed in the Midwest of the United States of America. Most of the patients had had close contact with pet prairie dogs. In 2005, a monkeypox outbreak occurred in Unity, Sudan and sporadic cases have been reported from other parts of Africa. In 2009, an outreach campaign among refugees from the Democratic Republic of Congo into the Republic of Congo identified and confirmed two cases of monkeypox. Between August and October 2016, a monkeypox outbreak in the Central African Republic was contained with 26 cases and two deaths.

Monkeypox is closely related to smallpox although not as severe. Previous immunization against smallpox is expected to provide some protection. Immunization against smallpox ceased after 1978 when smallpox was declared eradicated. Thus persons born before 1978 may have been immunized against smallpox, and it is interesting to know the age of the cases in the United Kingdom, they were most probably born after 1978. The most affected age group in Nigeria is 21–40 years old, supporting that older age groups probably are protected by previous immunization against smallpox.

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