# Monkeypox contact tracing guidance: classification of contacts and advice for vaccination and follow up

## What this guidance is for

This guidance provides principles for risk assessment and follow up of contacts of confirmed monkeypox cases. It is intended to support risk assessment and categorisation of contacts to ensure they are offered appropriate isolation advice and vaccination. Clinicians should also take into account the severity or extent of disease at the time of exposure, as the risk will be higher if there are widespread lesions including hands and face compared with a small number of localised genital lesions.

Further information on Monkeypox is available online.

Specific advice on isolation and vaccination with MVA-BN reinforcing dose (booster) recommendations based on prior smallpox vaccine history is available in Table 2 in the Recommendations for the use of pre and post exposure vaccination during a monkeypox incident.

| Exposure risk category | Description | Risk | Surveillance | Recommendation for PEP | Example scenarios | Information sheets |
|---|---|---|---|---|---|---|
| 3<br><br>Unprotected direct contact or high-risk environmental contact | Direct exposure of broken skin or mucous membranes to a confirmed, symptomatic monkeypox case, their body fluids or potentially infectious material (including clothing or bedding) without wearing appropriate PPE[1,2]<br><br>Penetrating sharps injury (including to cleaning or laboratory staff) | High | Active monitoring<br><br>Provide information and contact number<br><br>Daily communication with contact for 21 days after last exposure<br><br>Self-isolation for 21 days, including exclusion from work[3]<br><br>Avoid contact with immunosuppressed people[4], pregnant women, and children (school year 6 and under) where possible. | Offer MVA-BN vaccine (Imvanex®), ideally within 4 days from last exposure (up to a maximum 14 days if high risk of ongoing exposure or severe disease[5] ) | Body fluid in contact with eyes, nose, or mouth<br><br>Penetrating sharps injury from used needle<br><br>Contact in room during aerosol-generating procedure without appropriate respiratory PPE[1,2]<br><br>Changing a patient's bedding without appropriate PPE[1,2]<br><br>Sexual or intimate contact<br><br>Household contact: sharing a residence with a person who has been diagnosed with monkeypox and spending at least one night in the residence during the period when the case is infectious | See 'Active follow up: category 3' information sheet<br><br>If symptoms develop see 'Monkeypox information sheet for symptomatic contacts' |
| 2<br><br>Unprotected exposure to infectious materials including droplet or airborne potential route | Not category 3 but:<br><br>Intact skin-only contact with a symptomatic monkeypox case, their body fluids or potentially infectious material or contaminated fomite<br>or<br>Passengers seated directly next to case on plane<br>or<br>No direct contact but within one metre of symptomatic monkeypox | Medium | Active monitoring<br><br>Provide information and number to contact<br><br>Daily communication with contact for 21 days after last exposure<br><br>Avoid contact with immunosuppressed people[4], pregnant women and children | Offer PEP with MVA-BN vaccine (Imvanex®), ideally within 4 days from last exposure (up to a maximum 14 days if high risk of ongoing exposure or severe disease[5]) | Clinical examination of patient before diagnosis without appropriate PPE[1,2]<br><br>Entering patient's room without wearing appropriate PPE[1,2] and within one metre of case<br><br>Driver and passengers in shared car or taxi with case, or sitting next to case on plane | See 'Active follow up: category 2' information sheet<br><br>If symptoms develop see 'Monkeypox information sheet for symptomatic contacts' |

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| | case without wearing appropriate PPE[1,2] | | (school year 6 and under) where possible.<br><br>Exclude from work for 21 days if work involves contact with immunosuppressed people, pregnant women or children school year 6 and under (not limited to healthcare workers)<br><br>International travel is not advisable | | Subsequent patients in consulting room after a confirmed case was seen and prior to room cleaning<br><br>Spillage or leakage of laboratory specimen onto intact skin | |
| 1-B<br><br>Protected physical or droplet exposure | Not category 3 or 2 but:<br><br>Contact with confirmed monkeypox case or environment contaminated with monkeypox while wearing appropriate PPE[1,2] (with no known breaches) | Low | Passive monitoring<br><br>Provide information sheet and number to contact<br><br>Can continue with routine activities and travel as long as asymptomatic | PEP not usually required | Healthcare staff working in HCID specialist unit wearing appropriate PPE[1,2]<br><br>Person undertaking decontamination of rooms where a confirmed case has stayed, while wearing appropriate PPE[1,2] | See 'Monkeypox passive follow up' information sheet<br><br>If symptoms develop see 'Monkeypox information sheet for symptomatic contacts' |
| 1-A<br><br>No physical contact, unlikely droplet exposure | Not category 3, 2 or 1B but:<br><br>Community contact between one and 3 metres of a symptomatic case<br>or<br>Healthcare worker (HCW) involved in care of monkeypox case not wearing appropriate PPE[1,2] for contact between one and 3 metres and has had no direct contact with contaminated objects<br>or<br>Passengers seated within 3 rows from case on plane | Low | Passive monitoring<br><br>Provide information sheet and number to contact<br><br>Can continue with routine activities and travel as long as asymptomatic | PEP not usually required. | Staff entering patient room without PPE[1,2] AND<br><br>a. without direct contact with patient or their body fluids and<br>b. maintaining a distance of more than one metre from patient<br><br>Passengers who have been seated within 3 rows, but not directly next to, a case on plane. | See 'Monkeypox passive follow up information sheet'<br><br>If symptoms develop see 'Monkeypox information sheet for symptomatic contacts' |
| 0<br><br>No contact | Not category 3, 2 or 1A or 1B:<br>No known contact with symptomatic monkeypox case in last 21 days<br>or<br>Passengers seated more than 3 rows away from case on plane<br>or | None | None | PEP not required | Passengers seated away from case on plane (that is, more than 3 rows away)<br><br>Staff handling specimens in a UK clinical laboratory at minimum containment level 2 with no breaches in standard laboratory PPE | See background information on monkeypox |

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| | Laboratory staff operating at minimum containment level 2 handling specimens relating to a monkeypox case with no breaches in standard laboratory PPE, spillages or leaks | | | | | |

1. For clinical care of a confirmed case of monkeypox, appropriate PPE is a fit tested FFP3 respirator, eye protection, long sleeved, fluid repellent disposable gown, and gloves per the National infection prevention and control manual for England (page 57).
2. For assessment of a suspected case of monkeypox, appropriate PPE is a fluid resistant surgical mask (FRSM), gloves and apron. This is on the assumption that healthcare worker exposure during assessment will be shorter and more distant than for, for example, providing nursing care. If the patient has respiratory symptoms, including cough, then eye protection and an FFP3 respirator should be worn. Eye protection is also required if there is a risk of splash injury to the face and eyes (for example, if taking diagnostic samples such as throat swabs). The use of long-sleeved single use disposable gowns may be considered where extensive manual handling or unavoidable skin-to-skin contact is anticipated.
3. Except if previously vaccinated (see Recommendations for the use of pre and post exposure vaccination during a monkeypox incident, Table 2).
4. Severely immunosuppressed patients, as per Green Book definition and includes those with: solid organ cancer, haematological disease and/or stem cell transplant, Child's-Pugh class B or C liver cirrhosis, stage 4 or 5 chronic kidney disease, immune mediated inflammatory disorders (including neurological and rheumatological conditions) treated with B-cell depleting therapy within 12 months, uncontrolled HIV, solid organ transplant recipients.
5. Post exposure vaccine may be extended up to 14 days for those at high risk of ongoing exposure, for example GBMSM in 2022 outbreak, and some HCWs where the dose will act as their first pre exposure dose, as well as those at risk of more severe disease such as children (school year 6 (aged 10 to 11) and under), pregnant women and immunosuppressed individuals. Refer to the Recommendations for the use of pre and post exposure vaccination for further information.