TOP COMPLIANCE (Pty) Ltd

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QSE B-BBEE - Level Four

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Monkeypox and what we know so far.

Since 13 May 2022, Monkeypox has been reported to World Health Organisation WHO that are not endemic for Monkeypox virus. The vast majority of reported cases so far have no established travel links to an endemic area and have presented through primary care or sexual health services. The identification of confirmed and suspected cases of Monkeypox with no direct travel links to an endemic area is uncommon. One case of Monkeypox in a non-endemic country is considered an outbreak. The sudden appearance of Monkeypox simultaneously in several non-endemic countries suggests that there may have been undetected transmission for some time as well as recent amplifying events.

Epidemiology of Monkeypox:

Monkeypox is a viral zoonosis (a virus transmitted to humans from animals) with symptoms very similar to those seen in the past in Smallpox patients, although it is clinically less severe. It is caused by the Monkeypox virus which belongs to the *Orthopoxvirus* genus of the *Poxviridae* family. The name Monkeypox originates from the initial discovery of the virus in monkeys in Statens Serum Institute, Copenhagen Denmark, in 1958. The first human case was identified in a young child in the Democratic Republic of the Congo in 1970.

Monkeypox virus is transmitted from one person to another by close contact with lesions, body fluids, respiratory droplets and contaminated materials such as bedding. The incubation period of Monkeypox is usually from 7 to 14 days but can range from 5 to 21 days.

Various animal species have been identified as susceptible to the Monkeypox virus. Uncertainty remains on the natural history of the Monkeypox virus and further studies are needed to identify the reservoir(s) and how virus circulation is maintained in nature. Eating inadequately cooked meat and other animal products of infected animals is a possible risk factor.

Monkeypox is usually self-limiting but there is likely to be little immunity to Monkeypox among people living in non-endemic countries since the virus has not previously been identified in those populations. There are two clades of Monkeypox virus: the West African clade and the Congo Basin (Central African) clade. The Congo Basin clade appears to cause severe disease more frequently with case fatality ratio (CFR) previously reported of up to around 10%. Currently, the Democratic Republic of the Congo is reporting a CFR among suspected cases of around 3%. The West African clade has in the past been associated with an overall lower CFR of around 1% in a generally younger population in the African setting. Since 2017, the

few deaths of persons with Monkeypox in West Africa have been associated with young age or an untreated HIV infection.

Historically, vaccination against Smallpox had been shown to be cross-protective against Monkeypox. However, immunity from Smallpox vaccination will be limited to older persons since populations worldwide under the age of 40 or 50 years no longer benefit from the protection afforded by prior Smallpox vaccination programmes. In addition, protection may have waned over time since vaccination.

How Monkeypox relates to Smallpox:

- The clinical presentation of Monkeypox resembles that of Smallpox, a related Orthopoxvirus infection which has been eradicated.
- Smallpox was more easily transmitted and more often fatal as about 30% of patients died.
- The last case of naturally acquired Smallpox occurred in 1977, and in 1980 Smallpox was declared to have been eradicated worldwide after a global campaign of vaccination and containment.
- It has been 40 or more years since all countries ceased routine Smallpox vaccination with vaccinia-based vaccines.
- As vaccination also protected against Monkeypox in west and central Africa, unvaccinated populations are now also more susceptible to Monkeypox virus infection.
- Whereas Smallpox no longer occurs naturally, the global health sector remains vigilant in the event it could reappear through natural mechanisms, laboratory accident or deliberate release.
- To ensure global preparedness in the event of re-emergence of Smallpox, newer vaccines, diagnostics and antiviral agents are being developed.
- These may also now prove useful for prevention and control of Monkeypox.

How is Monkeypox virus transmitted?

- Monkeypox virus can be transmitted to a person upon contact with the virus from an animal, human, or materials contaminated with the virus.
- Entry of the virus is through broken skin, respiratory tract, or the mucous membranes (eyes, nose, or mouth). In endemic countries, the Monkeypox virus may be spread from handling infected bush meat, an animal bite or scratch, body fluids and contaminated objects.
- In Africa, Monkeypox infection has been found in many animal species. Certain species of rodents are suspected of being the main disease carrier (reservoir host) of Monkeypox, although this has not been proven yet.
- In non-endemic countries persons are most likely to be exposed to Monkeypox through contact with an individual that is already sick with Monkeypox.
- Cases of Monkeypox spreading through animals, outside of the endemic areas, are very rare, but may involve the exotic pet trade or potential through contact with infected animal-derived materials such as skins and leather.
- Person-to-person transmission involves close contact with an infected person or materials that have been contaminated by an infected person.

What are the signs and symptoms of Monkeypox?

- The incubation period (time from infection to symptoms) for Monkeypox is on average 7−14 days but can range from 5−21 days.
- Initial symptoms include fever, headache, muscle aches, backache, chills and exhaustion. Within 1-3 days of onset of disease, blister-like lesions (very much the same as chickenpox) will develop on the face, the extremities including soles of the feet and palms of the hands.
- The lesions may however occur on other parts of the body.

- The number of lesions will vary and not all lesions will be at the same stage of development. The lesions progresses through several stages before scabbing over and resolving**.**
- Most human cases resolve within 2-3 weeks of onset without side-effects.
- The case fatality rate in more recent outbreaks have been on average 1%.

When is a Monkeypox infected person no longer contagious?

- An infected person is contagious from the onset of the rash/lesions through the scab stage.
- Once all scabs have fallen off, a person is no longer contagious.

How is Monkeypox diagnosed?

- Monkeypox is diagnosed by a healthcare worker in consideration of the clinical presentation of the patient.
- The rash would be the most telling sign. However, the healthcare worker will consider possible exposures for the case with the consideration that the likelihood of contracting Monkeypox is very low.
- Many other diseases, such as chickenpox, may cause similar rashes and are more common.
- Samples can be tested at the National Institute for Communicable Diseases to confirm a diagnosis of Monkeypox.

How is Monkeypox treated?

- Treatment is supportive, as with most viral infections.
- Most human cases of Monkeypox virus infection do not require any specific treatment and the disease resolves on its own.
- There are anti-viral drug that a clinician may consider using for treatment of more severe cases of Monkeypox on a case-by-case basis.

How can Monkeypox be prevented?

- In non-endemic countries persons are most likely to be exposed to Monkeypox through contact with an individual that is already sick with Monkeypox.
- The spread of Monkeypox can then be interrupted by contact tracing for diagnosed persons and isolating any persons that develop the disease.
- Residual immunity from Smallpox vaccination in the population aged 40 and above may also contribute to preventing cases or lead to more mild infections.
- There is about 85 % protection offered by the Smallpox vaccine (which was used to eradicate the human pox virus disease known as Smallpox) and Monkeypox.

What is the risk of contracting Monkeypox in South Africa?

- The implications for South Africa are that the risk of importation of Monkeypox is a reality as lessons learnt from COVID-19 have illustrated that outbreaks in another part of the world can fast become a global concern.
- The WHO have not recommended any travel restrictions and are working with the affected countries to limit transmission and determine sources of exposure.
- For anybody entering South Africa, any illness during travel or upon return from an endemic area should be reported to a healthcare professional, including information about all recent travel, immunization history and contact with any known cases.

- Residents and travellers to endemic countries should avoid contact with sick animals that could harbour Monkeypox virus such as rodents, marsupials, primates and should refrain from eating or handling wild game.
- A good history is important to rule out any other differential diagnoses, including malaria. Residents and travellers to countries affected in the current outbreak, should report any illness to a healthcare professional, including information about all recent travel and attendance of mass gathering events, festivals and parties, and contact with any known cases.
- The importance of hand hygiene by using soap and water or alcohol-based sanitiser should be emphasised.

Further information

- https://www.cdc.gov/poxvirus/Monkeypox/response/2022/index.html
- https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON388
- https://www.nicd.ac.za/Monkeypox-frequently-asked-questions/
- WHO Health topics – Monkeypox
- WHO factsheet on Monkeypox, 19 May 2022
- WHO Surveillance, case investigation and contact tracing for Monkeypox: Interim guidance, 22 May 2022
- WHO Laboratory testing for the Monkeypox virus: Interim guidance, 23 May 2022
- WHO Guidance on regulations for the transport of infectious substances 2021-2023, 25 February 2021
- WHO Monkeypox outbreak tool kit
- WHO disease outbreak news: Monkeypox, all items related to multi-country outbreak
- WHO disease outbreak news: Monkeypox, all previous items including endemic countries and traveller-associated outbreaks
- WHO AFRO Weekly Bulletin on Outbreaks and Other Emergencies, Epidemiological Week 21, 2022
- WHO AFRO Weekly Bulletin on Outbreaks and Other Emergencies
- Weekly epidemiological record (WER) no.11, 16 March 2018, Emergence of Monkeypox in West Africa and Central Africa 1970- 2017.
- WHO Rapid risk assessment of acute public health events
- WHO: Hand Hygiene
- Nigeria Centre for Disease Control. Monkeypox
- Nigeria Centre for Disease Control. Situation reports - Monkeypox
- The US Centre for Disease Control and Prevention - Monkeypox
- The UK Health Security Agency Monkeypox guidance
- Multi-country outbreak of Monkeypox virus: genetic divergence and first signs of microevolution-Monkeypox/Genome Reports – Virological.
- https://www.who.int/news-room/fact-sheets/detail/Monkeypox

For more information please contact – info@topcompliance.co.za

https://www.topcompliance.co.za/index.php/products

			
Medical equipment	SANS Signage	Legal posters	Personal Protective Equipment

Courses offered by Top Compliance (Pty) Ltd

https://www.topcompliance.co.za/index.php/skills-development-head/training-calendar

ONSITE TRAINING		
First Aid Courses:		**Accreditation**
NEW level 1 – US 119567 - Perform basic life support and first aid procedures	2 days	DEL
NEW level 2 – US 120496 - Provide risk-based primary emergency care/first aid in the workplace.	3 days	DEL
NEW level 3 – US 376480 - Provide first aid as an advanced first responder	3 days	DEL
First aid: Level 1	2 days	No longer recognised
First aid: Level 2	3 days	No longer recognised
First aid: Level 3	3 days	No longer recognised
First aid: Level 1 & 2	3 days	No longer recognised
First aid: Level 2 & 3	3 days	No longer recognised
First aid: Level 1, 2 & 3	5 days	No longer recognised
Child and infant CPR & choking	6 hours	
Adult CPR & choking	6 hours	
Adult CPR & choking and AED	1 day	
Occupational Health and Safety Courses		
OHS Act & SHERQ representative – Legal Liability	1 day	
The Occupational Health and Safety Act & responsibilities of management – Legal Liability	1 day	
Hazard Identification and Risk Assessment	1 day	
Safety representative course specific for COVID-19 in terms of the OHS Act and Regulation for Hazardous Biological Agents	6 hours	

Food facility health & safety course in terms of R364	6 hours	
Fire Fighting and Prevention Courses		
Basic firefighting (Fire marshal)	6 hours	
Basic firefighting with emergency action planning (Fire & Evacuation marshal)	1 day	

ONLINE VIRTUAL CLASSROOM	
Occupational Health and Safety Courses	
Safety representative course specific for COVID-19 in terms of the OHS Act and Regulation for Hazardous Biological Agents	07h45 – 11h00
OHS Act & SHERQ representative – Legal Liability	07h45 – 16h00
The Occupational Health and Safety Act & responsibilities of management – Legal Liability	07h45 – 16h00
Hazard Identification and Risk Assessment	07h45 – 15h00
Food facility health & safety course in terms of R364	07h45 – 14h00
Fire Fighting and Prevention Courses	
Basic firefighting (Fire Marshal)	07h45 – 13h00
Basic firefighting with emergency action planning (Fire and Evacuation marshal)	07h45 – 15h00