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# Monkeypox in Europe EACS Statement

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UK, Spain and Portugal are reporting cases of monkeypox amongst, but not exclusively, men who have sex with men (MSM). Isolated confirmed cases, or cases under investigation are being reported from Sweden, Italy, Belgium, USA and Canada. Many of these cases are unlinked to travel to endemic areas in West/Central Africa, and it is increasingly likely that there is local transmission amongst communities in these areas.

Monkeypox is a zoonotic orthopoxvirus with signs and symptoms similar to smallpox, but with a lower mortality. Whilst it primarily occurs in West and Central Africa, there have been reported cases linked to travel and import of animal reservoirs in recent years. The cases being reported currently are of the West African clade of monkeypox that is associated with a lower mortality of approximately 1%. It appears that there are likely chains of transmission amongst MSM associated with intimate contact.

The symptoms of monkeypox begin 5-21 days (average 6-16 days) after exposure, with an initial illness of fever, malaise, lymphadenopathy and headache. Atypical symptoms, for example, an absence of fever may occur. Within 1-5 days after the initial symptoms, a rash develops, often beginning in the face or the genital area and then spreading to the other parts of the body, particularly arms and legs. The rash evolves slowly from a macule to a vesicular papule that umbilicates, and may ulcerate before it eventually scabs over. The rash may be mistaken for primary VZV infection, disseminated gonococcus, chancre or HSV.

Infection can be spread by direct contact with monkeypox skin lesions or scabs, contact with contaminated clothing or linens or via droplet transmission. It is unclear whether sexual transmission may be also contributing.

There is little data currently to gauge the impact of HIV on morbidity and mortality associated with monkeypox. It is likely that persons with advanced and uncontrolled HIV may be at a higher risk of severe disease and prolonged viral shedding.

Whilst treatment is mostly supportive, a number of antivirals including Cidofovir, Brincidofovir and Tecovirimat may have activity against monkeypox virus.

The Liverpool HIV drug-interactions website now includes the important DDIs with ART for each of these drugs.

Smallpox vaccines may be effective in providing protection against monkeypox. The Imvanex vaccine (Bavarian Nordic) is a non-replicating vaccinia vaccine that is approved for use in Europe, and is safe to use in people living with HIV, although vaccine response in those with uncontrolled viraemia, or CD4 <100 have not been established.

A number of these patients may present to their local sexual health, dermatology, infectious diseases and HIV clinics. Maintain an index of suspicion, test according to national guidelines and isolate suspected cases appropriately with appropriate contact and airborne transmission isolation. The infectious period starts from onset of symptoms and lasts till the scabs have fallen off.



**a) early vesicle,  
3mm diameter**



**b) small pustule,  
2mm diameter**



**c) umbilicated pustule,  
3-4mm diameter**



**d) ulcerated lesion,  
5mm diameter**



**e) crusting of a mature  
lesion**



**f) partially removed  
scab**