



Monkeypox virus infection

Australian national notifiable diseases case definition

This document contains the surveillance case definition for monkeypox virus infection, which is nationally notifiable within Australia.

Version	Status	Last reviewed	Implementation date
1.1	<p>Clinical evidence:</p> <p>Removed 'A clinically compatible illness with rash' and replaced with 'A clinically compatible rash or lesion(s)'. Removed 'classical symptom(s)' and replaced with 'clinical feature(s)'. Addition of fatigue to list of clinical evidence. Footnote 3 added regarding proctitis. Footnote 5 amended to remove reference to 'symptoms of a clinically compatible illness' and replace with 'clinical feature(s)'.</p> <p>Epidemiological evidence:</p> <p>Point 4 added regarding social events. Footnote 6 added regarding examples of relevant social events.</p>	29 July 2022	1 August 2022
1.0	Initial CDNA case definition	1 June 2022	1 June 2022

Reporting

Both **confirmed cases** and **probable cases** should be notified. A suspected case definition has been developed in response to the current multi-country outbreak of monkeypox virus infection in non-endemic countries and may be discontinued as the outbreak evolves. Suspected cases should not be notified to the National Notifiable Disease Surveillance System (NNDSS) but should be reported to state and territory public health units.

Confirmed case

A confirmed case requires **laboratory definitive evidence** only

Laboratory definitive evidence

1. Detection of monkeypox virus by nucleic acid amplification testing in clinical specimens
- OR
2. Detection of monkeypox virus-specific sequences using next generation sequencing for clinical specimens
- OR
3. Isolation of monkeypox virus by culture from clinical specimens

Probable case

A probable case requires **laboratory suggestive evidence** AND **clinical evidence**

Laboratory suggestive evidence

1. Detection of Orthopoxvirus by nucleic acid amplification testing in clinical specimens
- OR
2. Detection of Orthopoxvirus by electron microscopy from clinical specimens in the absence of exposure to another orthopoxvirus

Clinical evidence

A clinically compatible rash or lesion(s)^{1,2,3,4} on any part of the body with or without one or more clinical feature(s) of monkeypox virus infection:

- lymphadenopathy
- fever (>38°C) or history of fever
- headache
- myalgia
- arthralgia
- back pain
- fatigue

Suspected case⁴

A suspected case requires **clinical evidence**⁵ AND **epidemiological evidence**

Clinical evidence

As for probable case

Epidemiological evidence

1. An epidemiological link to a confirmed or probable case of monkeypox virus infection in the 21 days before symptom onset
- OR
2. Overseas travel in the 21 days before symptom onset
- OR
3. Sexual contact and/or other physical intimate contact with a gay, bisexual or other man who has sex with men in the 21 days before symptom onset
- OR
4. Sexual contact and/or other physical intimate contact with individuals at social events associated with monkeypox activity⁶ in the 21 days before symptom onset

Notes

1. Lesions typically begin to develop simultaneously and evolve together on any given part of the body, and may be generalised or localised, discrete or confluent. The evolution of lesions progress through four stages – macular, papular, vesicular, to pustular – before scabbing over.
2. For which the following causes of acute rash do not explain the clinical features: chickenpox, shingles, measles, herpes simplex, or bacterial skin infections.
3. Some cases may present with proctitis (painful inflammation of the rectum) in the absence of an externally visible rash or lesion(s).

4. Public health units should seek advice from the responsible authorising pathologist and the clinician regarding testing for monkeypox virus and other alternative causes.
5. A high or medium risk contact of a confirmed or probable case only requires one or more clinical feature(s) (i.e. does not require rash or lesion(s), if another symptom present) to be a suspected case.
6. This includes events previously associated with monkeypox activity internationally such as sex-on-premises venues, raves, festivals and other mass gatherings where there is likely to be prolonged close contact, or meeting new sexual partners through a dating or hook-up “app”.