Western Cape Government

Department of Health and Wellness
Emergency and Clinical Services Support
Hillary Goeiman, Charlene A. Lawrence
Service Priorities Coordination (SPC): Communicable Disease Control (CDC)
Charlene.Lawrence@westerncape.gov.za |
Tel: 021 483 9964/3156/6878 or 021-830-3727
Hilary.Goeiman@westerncape.gov.za Tel: 021-815-8741

TO:	**Chief Directors**	**Metro Health Services (MHS)** **Rural Health Services (RHS** **Strategy and Health Support**
	District Managers:	**Metro Health Services (MHS) Substructures** **Rural Districts**
	Directors:	**Professional Support Services** **Emergency Medical Services** **Forensic Pathology Services** **Facilities Management: Provincial Environmental Health** **Communication**
	Chief Executive Officers (CEOs): **Managers:** **Heads of Health / Executive Directors:**	**Central, Regional and District Hospitals** **Private Hospitals and Private Clinics** **Local Authorities/Municipalities/City of Cape Town** **South African Military Health Services** **Border Control Operational Coordinating Committee**
	Managers:	**National Health Laboratory Services** **Private Laboratories** **General Practitioners** **Pharmacies**

Circular H100/2022

MULTI-NATIONAL OUTBREAK OF MONKEYPOX: GUIDANCE ON PREPAREDNESS AND RESPONSE FOR SUSPECTED, PROBABLE, AND CONFIRMED CASES IN THE WESTERN CAPE, SOUTH AFRICA

The aim of the circular is to sensitize all healthcare workers (HCWs) and role-players of the current multi-national outbreak of monkeypox, and to ensure provincial readiness.

1. BACKGROUND

1.1 On 13 May 2022, the World Health Organization (WHO) was notified of two laboratory-confirmed cases and one probable case of monkeypox, from the same household, in the United Kingdom.

1.2 On 15 May, four additional laboratory-confirmed cases were reported amongst sexual health services attendees presenting with a vesicular rash illness in men practising sex with men.

1.3 The situation is quickly evolving with cases being recorded in several European countries, the United States of America, Canada, and Australia.

1.4 The outbreak is linked to international travel and community-based spread has also been noted. The source and linkage of cases are still under investigation. The WHO has not recommended any travel restrictions and is working with the affected countries to limit transmission and determine sources of exposure

1.5 As of 13 May 2022, to date, monkeypox has been confirmed in 36 countries where the virus is not historically known to be present. On 20 June 2022, a total of 2 544 confirmed cases has been laboratory confirmed.

1.6 The outbreak is unprecedented as it presents the first, simultaneous outbreak of monkeypox involving several countries where the virus is not historically known to be present (non-endemic countries/regions). It is also already the largest outbreak of monkeypox outside of countries that have historically reported monkeypox.

1.7 The epidemiological links of cases are still under investigation however, there is also evidence suggesting the involvement of large social gatherings, which may have served as super-spreader events. International travel histories are reported for many, but not all the cases. Nearly all cases (approximately 98%) reported to date

involve men in the age range (interquartile range) of 32-43 years. More than 80% of cases have been reported from Europe, with the largest number of cases reported from the United Kingdom (n=574), Spain (n=497), Germany (n=338) and Portugal (n=276).

1.8 **Two monkeypox cases has been identified in South Africa through laboratory testing at the NICD:**

1.8.1 Since 22 June 2022 to date (6 July), there have been two unlinked laboratory-confirmed monkeypox cases in South Africa. The cases were reported from Gauteng (n=1) and Western Cape (n=1) provinces and are males aged 30 and 32 years, respectively.

1.8.2 The first case was reported on 22 June (https://www.nicd.ac.za/monkeypox-case-identified-in-south-africa/) and the second on 28 June 2022 (https://www.nicd.ac.za/second-monkeypox-case-identified-in-south-africa/). No recent international travel history was reported in either case.

1.8.3 Public health response measures were initiated; with 11 close contacts (five for the case reported from Gauteng and six for the one from Western Cape) identified and monitored. At the time of this report, there have been no secondary cases linked to the two confirmed cases reported on 22 and 28 June, respectively.

1.8.4 Full genetic sequencing for both cases were conducted, and the viral genomes clustered in the B.1 lineage of the Western Africa clade with other viral genomes associated with cases of the current multi-country outbreak.

2. NATIONAL AND PROVINCIAL MONKEYPOX PREPAREDNESS AND RESPONSE

2.1 It is important that:

- The public be updated about the situation, and members of the public who experience symptoms like monkeypox must be urged to report to their nearest health facility / practice for early detection and treatment.
- Healthcare workers be **on alert and are provided with guidance for case detection, management and contact tracing,** and
- **Port Health Officials are alert for conveyances and travellers** arriving from countries that have reported cases.

2.2 Any persons entering South Africa, must report any illness during travel or upon return from an endemic area to a healthcare professional, and provide information about all recent travel, immunisation history and contact with any known cases.

2.3 Residents and travellers to endemic countries should avoid contact with sick animals that could harbour monkeypox virus, such as rodents, marsupials, and primates and should refrain from eating or handling wild game. A good history is essential to rule out other differential diagnoses, including malaria.

2.4 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.

2.5 The NICD is equipped to test for monkeypox at the Centre for Emerging, Zoonotic and Parasitic Diseases (CEZPD). The Sequencing Core Facility will work to provide sequencing analysis rapidly, should a case be identified to determine relatedness to the current outbreak strain.

2.6 The risk for local introduction and/transmission will be continually assessed by the NICD, National Department of Health and the WHO in line with the International Health Regulations.

2.7 Port Health Services, public and private health practitioners/health facilities, should be on alert to detect and investigate person/patients that meets the signs and symptoms for suspected monkeypox and that have travelled to the affected areas.

The measures listed below must be implemented by both public and private healthcare providers, health practitioners, sub-district, and district public health officials. Kindly note that provincial preparedness and response measures and standard operating procedures are guided NDOH-NICD and World Health Organization guidance, and interim guidance may be adapted in line with the epidemiological pattern of the multi-national outbreak.

Table 1: Measures for implementation to ensure early detection and response to suspected monkeypox cases

	Objective	Action
1.	**Intensify surveillance (detection, reporting and investigation) of suspected monkeypox cases**	✓ Port Health officials should continue with multi-layered screening measures which include visual observation, screening and completion and analysis of traveller's health questionnaire when entering the country through ports of entry (airports, border gates and seaports) for early detection. ✓ **All healthcare workers/ professionals and facilities to be on alert to detect and investigate suspected monkeypox cases and their contacts** i.e., be aware of the suspected, probable, and confirmed monkeypox surveillance case definitions, and contact definition, as well as the reporting procedure. ✓ Ensure all districts receive the case investigation form, contact tracing SOP, contact listing form, contact symptom monitoring tool and relevant guidelines/documents related to monkeypox. ✓ Ensure that this provincial circular and annexures are available at all health facilities. ✓ **Inform the NICD Hotline (0800-212-552) for a risk assessment to be carried out and to guide laboratory investigations; AND notify the local and Provincial Communicable Disease Coordinator/Provincial NICD Epidemiologist, telephonically/email (if risk assessment identifies a suspected case):** o (Ms Charlene A. Lawrence, 021-483-9964/3156; or 021-830-3727, 072-356-5146, Charlene.Lawrence@westerncape.gov.za) o Ms Babongile Ndlovu,021-483-6878; 082-327-0394; Babongile.Ndlovu@westerncape.gov.za) ✓ **The attending clinician / doctor must complete the Case Investigation Form (Annexure B) and the Contact Line list (Annexure A).** Submit the forms to the NICD and Provincial CDC Office, once the reported case is identified as a suspected case. ✓ Submit samples to NICD for specialised laboratory testing. ✓ Please refer to Annexure 1 (provincial procedure) and Annexure 2 (flow diagram/algorithm.
2.	**Adequate clinical management of cases and Infection Prevention and Control in health care setting**	✓ Clinical management is supportive and will vary from case to case, but typically self-resolving. ✓ Individuals with possible, probable, or confirmed monkeypox should avoid close contact with others until all lesions have healed, and scabs dried off. This should include staying at home and self-isolating unless requiring medical assessment or care, or other urgent health and wellbeing issues. ✓ **Observe the appropriate infection control procedures (i.e., isolation with universal precautions.** ✓ As soon as a decision is made to proceed based on a presumptive diagnosis of monkeypox, measures should be applied to minimize exposure of healthcare workers, other patients, and close contacts. ✓ **Please see "Infection Prevention and Control (IPC) Standard Operating Procedure for Healthcare Management of Monkeypox patient"** ✓ **Health workers should always follow standard precautions and perform a risk assessment to evaluate the need to use additional precautions. Standard precautions include:** • hand hygiene • respiratory hygiene and cough etiquette • patient placement • personal protective equipment • aseptic technique • safe injections and sharps injury prevention • environmental cleaning and disinfection • handling of laundry and linen • decontamination and reprocessing or reusable patient care items and equipment • waste management

		✓ See also the management of deceased patients in terms of IPC measures, and follow-up of exposed healthcare workers.
3.	**Community awareness and ensuring effective community involvement**	✓ Provincial Communication and Health Promotion should prepare a communication plan and Information Education and Communication (IEC) material in line with NDOH-NICD Plans. ✓ Ensure monkeypox posters and/or pamphlets/ frequently asked questions/what you need to know, are made available. ✓ National Department of Health will issue statements on confirmed monkeypox case in South Africa. The Provincial Communication Unit to compile a "holding statement"/media statement following the identification of a confirmed case; and respond to possible media enquiries and /or refer to the NDOH-NICD. ✓ Districts and sub-districts should ensure that available and appropriate IEC material are used during response activities e.g., information for the monkeypox case and their contacts.
4.	**National, Provincial and District Training**	✓ A Monkeypox Preparedness and Awareness in South Africa Workshop was held on 7 June 2022, 10h00-12h00. The recording of the session, accompanied by the presentations, can be found in the link below. eur03.safelinks.protection.outlook.com Monkeypox Workshop - Google Drive ✓ Healthcare workers and public health officials at health facilities, districts, sub-structure and sub-district offices should be trained on case detection, investigation, and contact tracing. ✓ Further national workshops may be conducted, and districts should ensure the circular, annexures and training presentations/slide decks are shared widely.
5.	**District Preparedness and Response Plans, activation of outbreak response teams, and rapid response to the identification of a suspected/confirmed case**	✓ **District CDC Coordinators/equivalent should prepare a Monkeypox preparedness and response plan** to include the listed aspects of preparedness and response in this table i.e., surveillance, training, communication, case investigation, contact tracing teams, contact identification and options of contact monitoring (taking district resources into consideration). o **Kindly submit the district plans with the list of contact tracing teams and district focal persons, to the Provincial CDC Office at your earliest convenience.** ✓ Each district should establish contact tracing teams with clear roles and responsibilities. ✓ Each contact tracing team must have a focal person who shall liaise with the district CDC Coordinator/equivalent and supervise the team activities. ✓ Train contact tracing teams on the identification of contacts, completion of contact listing form and monitoring of contacts.
6.	**Contact Identification and forward contact tracing**	✓ As soon as a suspected case is identified, contact identification and contact tracing should be initiated, while investigations is ongoing to determine if the case is probable or confirmed. If case is discarded, contact tracing may be aborted. ✓ Investigate suspected cases and rumours reported. ✓ Record details of all contacts identified on the contact listing form (Annexure A) ✓ Assign a designated officer/s to ensure daily symptom monitoring (options: self-monitoring or telephonic or face-to-face) is completed over a 21-day reporting period from last contact with a case. Monitor all contacts for onset of signs and symptoms as per the monitoring tool (Annexure C). Submit contact monitoring tools to the district CDC coordinator or equivalent for submission to the provincial CDC. ✓ Quarantine or exclusion from work are not necessary during the contact tracing period, as long as no symptoms develop. Contacts without any symptoms must rigorously practice hand hygiene and respiratory etiquette, avoid contact with immunocompromised people, children, or pregnant women, and avoid any form of sexual contact. ✓ If a contact develops initial signs and symptoms (e.g., fever) other than rash, contact should be isolated and closely monitored for rash development. If rash develops, isolation is continued, and contact is

		assessed as a suspected case as per the guidelines.
7.	**Ensure regular provincial reporting on case investigation and contact tracing to the NICD-NDOH team**	✓ Data management of all line lists (collate, data cleaning etc.) within the province and district must be ensured on a standardised Ms Excel case and contact line list. ✓ The contact line lists must be submitted to the provincial CDC team by the health practitioner/district once a suspected/confirmed case has been identified. ✓ Follow-up of contacts by the district contact tracing team/s and the completion of the contact demographic section on the contact monitoring form (Annexure C) must be used to update the contact line list (Annexure A). Keep the Provincial CDC office abreast of all case and contact follow-up activities. ✓ The provincial NICD epidemiologist is responsible for collation of the case and contact line listing and submission to the NDOH-NICD team. Extra support will be sought from within the department or NICD, if required.
7.	**Provide provincial guidance on preparedness and response activities (case detection, investigation, and contact tracing) in line with NDOH-NICD-WHO guidance**	✓ Ensure all districts receive the contact tracing SOP, case investigation form, contact listing form, contact symptom monitoring tool and relevant guidelines/documents/training material related to monkeypox. ✓ Data management of line list (collate, data cleaning etc.) from all districts and health facilities. ✓ Regular submission of provincial line lists to the National team (NDOH-NICD). ✓ Relevant Provincial CDC Stakeholders and Outbreak Response members (CDC, Environmental Health, Infection Control, Clinical management, Communication etc.) provide support to the district contact tracing teams when the need arise.

2.8 Find attached the following resource documents for your convenience:

- Monkeypox Preparedness: An update for Physicians, Accident and Emergency Practitioners and Laboratorians, 23 May 2022
- Guidance for laboratory investigation of suspected cases of monkeypox in South Africa, dated 6 June 2022
- Guidance for laboratory investigation of suspected cases of monkeypox outside South Africa, dated 6 June 2022
- Standard Operating Procedure for Contact Tracing in Response to Detection on Monkeypox in South Africa (NB! This document may be updated as additional information about the epidemiology of the current multi-country outbreak becomes available)
- Infection Prevention and Control (IPC) Standard Operating Procedure for Healthcare Management of Monkeypox patient
- Annexure B: Case Investigation Form: Monkeypox
- Annexure A: Monkeypox Contact Listing Form
- Annexure C: Monkey Contact Monitoring Tool
- Monkeypox Frequently Asked Questions, May 2022

All the above-mentioned documents and updates may be accessed via the NICD website https://www.nicd.ac.za/diseases-a-z-index/monkeypox/

- **Annexure 1:** Provincial Procedures for the detection, reporting and investigation of monkeypox cases and contacts
- **Annexure 2:** Interim Procedure for the reporting & investigation of suspected, probable, and confirmed monkeypox cases in the Western Cape (06/07/2022)

Kindly bring the content of this circular under the attention of all healthcare workers at all health facilities, and public health officials from districts, subdistricts and relevant stakeholders. Any further updates on surveillance, case investigation and contact tracing for monkeypox received from the NDOH-NICD will be communicated to all stakeholders.

We trust on your continued support in the control of communicable diseases in the province.

Yours sincerely

Digitally signed by Juanita O. Arendse
Date: 2022.07.11 14:40:48 +02'00'

JO ARENDSE
CHIEF DIRECTOR: ECSS
DATE:

ANNEXURE 1: PROVINCIAL PROCEDURES FOR THE DETECTION, REPORTING AND INVESTIGATION OF SUSPECTED MONKEYPOX CASES AND CONTACTS

Please read this annexure in conjunction with the monkeypox documents the NICD website; and Annexure 2: Interim Procedure for the Reporting and Investigation of suspected, probable, and confirmed monkeypox cases in the Western Cape (06/7/2022)

1. Background

A multi-country outbreak of monkeypox in humans has been reported in several regions that are not endemic for monkeypox virus since May 2022. The situation is quickly evolving with cases being recorded in several European countries, the United States of America, Canada, and Australia. At present, the outbreak is linked to international travel, but community-based spread has also been noted in some areas. The source and linkage of cases are still under investigation. As of 28 June 2022, two monkeypox cases has been identified in South Africa through laboratory testing at the NICD. Contact tracing has commenced to identify any other related cases of monkeypox in South Africa. Currently, it is not known if the first and second cases are linked.

2. Transmission

- Monkeypox virus can be transmitted to a person upon contact with the virus from an animal, human, or materials contaminated with the virus.
- Person-to-person transmission of the virus is through close contact (i.e., prolonged face to face contact, kissing).
- Entry of the virus is through broken skin, respiratory tract, or the mucous membranes (eyes, nose, or mouth).
- In the current outbreak, cases of possible transmission through sexual contact have been noted but are not confirmed.
- **A person is contagious from the onset of the rash/lesion through the scab stage. Once the scabs have fallen off, a person is no longer contagious.**

3. Signs and symptoms

- **The incubation period for monkeypox is on average 7 -14 days but can range from 5 -12 days**.
- **Initial symptoms include fever, headache, muscle aches, backache, chills, and exhaustion. Lymphadenopathy is also noted,** Skin lesions (or rash) develops between 1 – 13 days following onset. The lesions are often encountered on the face, on the extremities including the soes of the feet and palms of hands. Ulceration of the mouth and genitals may also be noted. The lesions progress through several stages before scabbing over and resolving. Notably all lesions of the rash will progress through the same stage at the same time. The lesions are described as chickenpox like.
- A 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.
- Case fatality rate is low (3-6%) in more recent outbreaks.

4. Differential diagnosis

- Other rash illness, some commonly found, include chickenpox, measles, bacterial skin infections, syphilis, molluscum contagiosum and drug-related rashes. Lymphadenopathy in the prodromal phase of illness distinguishes monkeypox from chickenpox.

5. Response to a suspected monkeypox case

- **Establish that the patient meets the signs and symptoms for suspected monkeypox.** Please refer to the suspected, probable, and confirmed case definitions listed in the documentation.
- Observe appropriate infection control procedures (i.e., isolation with universal precautions). **As soon as the decision is made to proceed based on a presumptive diagnosis on monkeypox, measures should be applied to minimize exposure of healthcare workers (HCWs), other patients and other close contacts**.
- Clinical management is supportive and will vary from case to case, but typically cases and symptoms are self-resolving. Individuals with possible, probable or confirmed monkeypox should avoid close contact with others until all lesions have healed, and scabs dried off. This should include staying at home and self-isolating unless requiring medical assessment or care, or other urgent health and wellbeing issues.
- **Inform the NICD Hotline (0800-212-552) for a risk assessment to be carried out and to guide laboratory investigations; and notify the Provincial CDC Coordinator** (Ms Charlene A. Lawrence, 021-483-9964/3156; or 021-830-3727, 072-356-5146, Charlene.Lawrence@westerncape.gov.za) **/or Provincial NICD Epidemiologist**, Ms Babongile Ndlovu,021-483-6878; 082-327-0394; Babongile.Ndlovu@westerncape.gov.za) **telephonically/email;** so that the additional case finding, and extensive contact tracing can be conducted.
- **Complete the Monkeypox Case Investigation Form (Annexure B and the Contact Line list (Annexure A)**
- **Submit samples to NICD for specialised laboratory testing.**
- **Identification and monitoring of contacts should commence as soon as a suspected case is identified** (see NDOH-NICD Standard Operating Procedure for Contact Tracing in Response to Detection on Monkeypox in South Africa, for detail) i.e.:
    - Use the contact case definition to identify contacts
    - Contacts should be recorded on a contact listing form (Annexure A) by the Infection Prevention and Control Practitioner or attending doctor/clinician at the time of presentation at the health practitioner/facility and when samples have been collected. If this was not done the District CDC Coordinator /equivalent is responsible for recorded contacts on the contact list.
    - Contact monitoring (options: self-monitoring, telephonic and face-to-face) follow-up) should be done by completing the daily symptom monitoring tool. District/sub-district decisions on use of the contact monitoring options must be made and should take into consideration resources and contact risk levels etc.
- **Data management should occur regularly by the appropriate level i.e.**, case and contact line list; and contact monitoring forms must be completed and submitted to the Provincial NICD Epidemiologist (Ms Babongile Ndlovu).

6. Sample collection and testing for monkeypox

- **See the laboratory guidance on submission of samples for monkeypox testing.** (See the attached laboratory guidance)
- The following specimens are used for investigations: Skin lesion material, throat swab, rectal or genital swabs (if lesions present), semen, plasma, and serum.
- **The specimens should be packaged in accordance with the guidelines for the transport of dangerous biological goods (i.e., Category A shipments with triple packaging using absorbent material) and transported directly and urgently to:**
  Centre for Emerging Zoonotic and Parasitic Diseases, Special Viral Pathogens Laboratory, National Institute for Communicable Diseases (NICD), National Health Laboratory Service (NHLS), 1 Modderfontein Rd, Sandringham, 2131
- Ensure that completed case investigation form accompanies the specimens.
- Samples should be kept cold during transport (cold packs are sufficient).
- The local National Health Laboratory Services and private laboratories may be contacted for any queries, as well.

7. Infection Prevention and Control, Personal Protective Equipment (PPE) and Healthcare worker risk

- Observe appropriate infection control procedures (i.e., isolation with universal precautions). As soon as the decision is made to proceed based on a presumptive diagnosis of monkeypox, measures should be applied to minimize exposure of healthcare workers, other patients, and other close contacts.
- Please refer to the Infection Prevention and Control (IPC) Standard Operating Procedure for Healthcare Management of Monkeypox patient, for further detailed measures.

8. Public Health Response: Case Detection, Investigation, and Contact Tracing (See Annexure 2)

8.1 Case and Contact Definitions

NB: Kindly note that surveillance case definitions may be adjusted as additional information about the outbreak becomes available.

CASE AND CONTACT DEFINITIONS
SUSPECTED CASE **Any person presenting with an unexplained acute rash AND** **1. One or more of the following signs and symptoms** • Headache • Acute onset of fever • Lymphadenopathy (swollen lymph nodes) • Myalgia (muscle pain/body aches) • Backache **AND** **2 For which the following differential diagnoses are excluded: chickenpox, measles, bacterial skin infections, syphilis, molluscum contagiosum, allergic reactions and other locally relevant common cause of popular or vesicular rash** NB! It is not necessary to obtain negative laboratory results for differential diagnoses listed above to classify as suspected case.
PROBABLE CASE **A person meeting the suspected case definition AND one or more of the following:** • An epidemiological link* to a probable or laboratory-confirmed case of monkeypox in the 21 days prior to symptom onset • Travel history to a monkeypox endemic country** in the 21 days prior to symptom onset • Had multiple or anonymous sexual partners in the 21 days prior to symptom onset • A positive result of am orthopoxvirus serological assay, in the absence of smallpox vaccination or other known exposure to orthopoxviruses • Hospitalised due to the illness *Face-to-face exposure without appropriate PPE; direct physical contact with skin or skin lesions including sexual contact; contact with contaminated materials such as clothing, bedding, or utensils **Cameroon, Central African Republic, Congo, Democratic Republic of the Congo, Gabon, Ghana, Ivory Coast, Liberia, Nigeria, Sierra Leone, South Sudan
CONFIRMED CASE A person meeting the suspected or probable case definition AND is laboratory-confirmed for monkeypox virus by detection of unique sequences of viral DNA either by real-time polymerase chain reaction (PCR) and /or sequencing.
CONTACT **A person who had come into contact with a suspected, probable or laboratory-confirmed monkey-pox case since onset of symptoms and has had one or more of the following exposures:** • Face-to-face contact or was in a closed environment with a case **without appropriate personal protective equipment (PPE)** – this includes amongst others, o persons living in the same household as a case, o people working closely/in the same environment as a case (e.g., colleagues, classmates) o healthcare workers or other person providing direct care • Direct physical contact including sexual contact • Direct contact with contaminated materials such as clothing, bedding etc.

8.2 Contact Tracing

8.2.1 When to initiate contact tracing for monkeypox

- Identification of contacts should commence as soon as a suspected case is identified (i.e., during cases investigation) and contacts should be recorded in a contact listing form
- Contact listing form should be competed as the time of sample collection and completion of the case investigation form by the person interviewing the suspected case (e.g., facility infection prevention and control (IPC) focal point, attending clinician)
- If the contact listing form cannot be completed at this time, the district communicable disease control coordinator (CDCC) or equivalent (for districts without CDCC) will be responsible for ensuring that the form is completed when notified of the suspected case.
- Contact monitoring (follow-up) should be done by completing the daily symptom monitoring tool. Monitoring should start immediately; however, if laboratory results come back negative, contacts should be dropped from further follow-up.
- Monitoring of contacts may switch from immediate following-up once a suspected case is identified to follow-up after laboratory confirmation depending on the number of contacts to be followed up should number of cases increase.

8.2.2 Monitoring of contacts

- Contacts should be monitored by any of the three options below using the symptoms monitoring tool. Options to use can be guided by availability of resources within districts/provinces.
- Self-monitoring (passive monitoring)
    - Contacts should be provided with the necessary information such as signs and symptoms, transmission, permitted activities etc. and what to do should symptoms develop
    - Contacts could be provided with thermometers (this will depend om availability of resources and options for monitoring decided upon by the district/contact tracing teams) for daily temperature check, at least twice daily.
    - If symptoms develop, contact should notify the officer designated to observe/monitor the contact or visit a healthcare facility so that necessary public health measures can be instituted.
- Telephonic monitoring (active monitoring)
    - Designated officer is responsible for at least once a day to see if the person under observation has self-reported signs and symptoms.
    - If signs and symptoms have been reported, the designated officer should follow the necessary public health measures.
- Face-to-face monitoring (direct monitoring)
    - A designated officer to physically visit the person being monitored to examine for signs/symptoms of illness
- Monitoring to be done at least daily for the onset of signs / symptoms for a period of 21 days from last contact/exposure with a probable or confirmed case.
- Quarantine or exclusion from work are not necessary during the contact tracing period, as long as no symptoms develop. Contacts without any symptoms must rigorously practice hand hygiene and respiratory etiquette, avoid contact with immunocompromised people, children, or pregnant women, and avoid any form of sexual contact.
- If a contact develops initial signs and symptoms (e.g., fever) other than rash, contact should be isolated and closely monitored for rash development. If rash develops, isolation is continued, and contact is assessed as a suspected case as per the guidelines.

8.2.3 Data Management

- Data should be managed at respective levels. All case lists, contact lists and symptom monitoring forms with completed demographic information should be forwarded once a confirmed case/s has been identified.
- The contact line lists must be submitted to the provincial CDC team by the health practitioner/district once a suspected/confirmed case has been identified.
- Submit the contact line list and contact monitoring tool information to the Provincial NICD Epidemiologist, via email on Babongile.Ndlovu@westerncape.gov.za (include the Provincial CDC team) on a regular basis in order to compile and send the NDOH-NICD team (outbreak@nicd.ac.za).

9. Contact Details of Provincial and "District CDC Coordinators" or equivalent

The listed district CDC coordinators / equivalent are responsible to coordinate and facilitate the response i.e., case finding, investigation, contact identification, forward contact tracing and monitoring. The district preparedness and response plans that includes the listing of contact tracing coordination and tracing within the district.

Province / District	CDC Coordinator	Contact details (tel, cell, email)
Western Cape, Communicable Disease Control, CDC	Ms Charlene Lawrence	021-483-994/3156/830-3727, 072-356-5146 Charlene.Lawrence@westerncape.gov.za
	Ms Babongile Ndlovu	021-483-6878, 082-327-0394 Babongile.Ndlovu@westerncape.gov.za
	Ms Washiefa Isaacs	021-483-3737, 072-310-6881 Washiefa.Isaacs@westerncape.gov.za

	Mr. Francois Booysen Ms Felencia Daniels	021-483-4769, 061-600-3385 Francois.Booysen@westerncape.gov.za 021-483-3156, 082-585-7295 Felencia.Daniels@westerncape.gov.za
Metro District Health Cape Town (City of Cape Town) Cape Town (City of Cape Town)	 Dr. Natacha Berkowitz Prof. Hassan Mahomed Ms Anneline Janse Van Rensburg	 021-400-6864, 083-406-6755 Natacha.Berkowitz@capetown.gov.za 021-815-8697, 082-334-5763 Hassan.Mahomed@westerncape.gov.za 021-815-8696, 082-897-2310 Anneline.Jansevanrensburg@westerncape.gov.za
Rural District Health	Dr. David Pienaar Ms Eugenia Sidumo	021-483-9901, 083-275-9333 David.Pienaar@westerncape.gov.za 044-695-0047, 082-735-5463 Eugenia.Sidumo@westerncape.gov.za
Cape Winelands	Ms Surina Neethling	023-348-8120, 072-227-6058 Surina.Neethling@westerncape.gov.za
Central Karoo	Ms Annalette Jooste	023-414-3590, 083-445-8106 Annalette.Jooste@westerncape.gov.za
Garden Route	Mr. Eugene Engle	044-803-2752, 083-441-8555 Eugene.Engle@westerncape.gov.za
Overberg	Ms Beatrice Groenewald	028-214-5852, 082-969-9297 Beatrice.groenewald@westerncape.gov.za
West Coast	Ms Hildegard Van Rhyn	022-487-9354, 082-871-9709 Hildegard.VanRhyn@westerncape.gov.za

10. Roles and Responsibilities

The table below indicates the roles and responsibilities of officials at the different levels within the health system. Kindy read the table in conjunction with the algorithm/procedure flow diagram.

Table 1: Roles and responsibilities of officials with regards to monkeypox preparedness and response

	Level	Who	Roles and Responsibilities
1.	**Health Facility / Port Health**	**Attending doctor, Infectious Disease Specialist, Infection Control and Prevention Practitioners, facility managers**	• Ensure all healthcare workers within their facility / institution is provided the monkeypox information (CIF, contact listing and monitoring forms. • Ensure detection, reporting to NICD hotline for risk assessment and provincial CDC once has been identified as a suspected case, ensure specimen collection, clinical management of cases at health facility level, and ensuring IPC measures are implemented as required. • Management of the monitoring of healthcare worker exposed cases.
2.	**District / substructure / sub-district office levels**	**District CDC Coordinators or equivalents (individuals responsible for CDC, surveillance, environmental health, IPC, health programmes, Facility-based and Comprehensive Health Programmes, Specialised Support Services, public health specialists, Epidemiologist etc.)**	• Activation of the district outbreak response team and establishment of contact tracing teams with clear roles and responsibilities • Each contact tracing team must have a focal person who shall liaise with the district CDCC or equivalent and supervise the team activities. The team activities to include the following: o Investigate suspected cases and rumours reported. o Record details of all contacts identified on the contact listing form (Annexure A) o Monitor all contacts for onset of signs and symptoms as per the monitoring tool (Annexure C) o If contact develops signs and symptoms inform the district CDC coordinator/equivalent so that the necessary public health measures are instituted, and relevant stakeholders are informed. o Submit contact monitoring tools to the district CDC coordinator or equivalent for submission to the provincial CDC. • Training of contact tracing teams on the identification of contacts, completion of contact listing form and monitoring of contacts • Assign a designated officer/s to ensure daily symptom monitoring is/are completed • Data management of all line lists (collate, data cleaning etc.) within the district

			• Submit the district line lists to the provincial CDC team. • Completion of the contact demographic section on the contact monitoring form, to update the contact line list.
3.	**Provincial Level**	**Provincial DOH: Communicable Disease, EMS, Quality Assurance, Environmental Health, Communications, Health Promotion, Forensic Pathology Services etc. in collaboration with Port Health, NHLS and Private laboratories (provincial stakeholders)**	• Ensure all districts receive the contact tracing SOP, contact listing form, contact symptom monitoring tool and relevant guidelines / documents related to monkeypox. • Training of contact tracing teams on the identification of contacts, completion of contact listing form and monitoring of contacts. • Data management of line list (collate, data cleaning etc.) from all districts • Daily submission of provincial line lists to the National team (NDOH-NICD) • Relevant Provincial Outbreak Response Team members (CDC, Environmental Health, infection control, Communication, case management etc.) provide support to the district contact tracing teams when the need arise.
4.	**National level**	**NDOH: Communicable Disease Control directorate, Surveillance, Quality Assurance, Port Health, and Environmental Health** **NICD: Outbreak Response Unit, Centre for Emerging Zoonotic and Parasitic Diseases, Special Viral Pathogens Laboratory**	• Develop contact listing form, contact monitoring tool and contact tracing SOP • Provide approved contact listing form, symptom monitoring tool, SOP, and other relevant documents to all provinces for distribution. • Provide support to all provinces and give regular updates and feedback to provinces

11. Contact details for public health officials responsible for Communicable Disease Control and Outbreak Response

Table 2: Officials responsible for Communicable Disease Control, Surveillance, Infection Prevention and Control, Environmental Health, Port Health, Emergency Medical Services and CDC coordinators / equivalent, in the Western Cape, 6 June 2022 (not an extensive list that contains all stakeholders)

	Province	Name	Designation	Tel/Cell/fax	Email
1.	**Emergency and Clinical Services Support**	Ms Juanita Arendse	Chief Director	021-815-8612 (tel) 083-680-8719 (cell)	Juanita.Arendse@westerncape.gov.za
2.	**Service Priorities Coordination**	Dr Hillary Goeiman	Director: SPC	021-815-8741 (tel) 083-333-1320 (cell)	Hilary.Goeiman@westerncape.gov.za
3.	**SPC: Communicable Disease Control**	Ms Charlene Lawrence	Provincial CDC Coordinator	021-483-9964/021-830-3727 (tel) 072-356-5146 (cell)	Charlene.Lawrence@westerncape.gov.za
4.		Ms Babongile Ndlovu	Provincial NICD Epidemiologist	021-483-6878 (tel) 082-327-0394 (cell)	Babongile.Ndlovu@westerncape.gov.za
5.		Ms Washiefa Isaacs	CDC: Provincial NICD NMC Surveillance Manager	021-483-3737 (tel) 072-310-6881(cell)	Washiefa.Isaacs@westerncape.gov.za
6.		Mr. Francois Booysen	CDC: Administrative Officer	021-483-4769 (tel) 061-600-3385 (cell)	Francois.Booysen@westerncape.gov.za
7.		Ms Felencia Daniels	CDC: Administrative Clerk	021-483-3156 (tel) 082-585-7295 (cell)	Felencia.Daniels@westerncape.gov.za
8.	**Facilities Infrastructure Management**	Mr. Stanley Nomdo	Assistant Director: Environmental Health	021-918-1564 (tel) 072-133-5644 (cell)	Stanley.Nomdo@westerncape.gov.za
9.	**Assurance: Infection Prevention and Control**	Dr. Ziyanda Vundle	Public Health Specialist	082-862-4331 (cell)	Ziyanda.Vundle@westerncape.gov.za
10.	**Communication**	Ms Marika Champion	Director	074-011-2244 (tel) 021-483-3235 (cell)	Marika.champion@westerncape.gov.za
11.		Mr. Mark Van der Heever	Deputy Director	021-483-3716 (tel) 078-589-4156 (cell)	Mark.vanderheever@westerncape.gov.za
12.	**Emergency Medical Services**	Dr. Wayne Smith	Head of Disaster Medicine and Special Events	021-815-8819 (tel) 082-991-0760 (cell)	Wayne.Smith@westerncape.gov.za

13.	**Port Health**	Ms Antoinette Hargreaves	Regional Director, Port Health Coastal Region	031-301-0381 (tel) 083-460-0935 (cell)	Antoinette.Hargreaves@health.gov.za
14.		Ms Shanre Ferguson-Scott	Assistant Director Port Health: Sub Region 3 Western Cape	064-848-0412 (cell)	Shanre.Fergusonscott@health.gov.za
15.	**Airports Company of South Africa (ACSA), Cape Town International Airport**	Mr. Hakeem Meyer	Head of Department: Airport Emergency Management Systems	021-935-3759 (tel) 082-480-7706 (cell)	hakeem.meyer@airports.co.za
16.	**Tygerberg Hospital**	Dr. Jantjie Taljaard	Infectious Disease Specialist	021-938-9645 (tel) 083-419-1452 (cell)	jjt@sun.ac.za
17.	**Groote Schuur Hospital**	Prof. Marc Mendelson	Infectious Disease Specialists	021-404-5105 (tel) 082-684-5742 (cell)	Marc.mendelson@uct.ac.za
18.	**Forensic Pathology Services**	Ms Vonita Thompson	Director	082-443-3009 (cell)	Vonita.thompson@westerncape.gov.za
19.	**National Health Laboratory Services (NHLS) Groote Schuur Virology**	Dr. Stephen Korsman	Medical Virologist	021-404-6414 (tel) 082-376-6710 (cell)	Stephen.Korsman@nhls.ac.za
20.		Dr. Diana Hardie	Medical Virologist	021-404-5201 (tel)	Diana.Hardie@nhls.ac.za
21.	**NHLS, Tygerberg Hospital Virology**	Prof. Wolfgang Preiser	Professor and Head: Division of Medical Virology	021-938-9353 (tel) 082-556-0682 (cell)	preiser@sun.ac.za
22.		Ms Tania Stander, Dr. Nokwazi Nkosi Dr. Gert Van Zyl	Laboratory Manager, Consultant Senior Specialist, Medical Virology	021-938-9355 (tel) 021-938-9057 (tel) 021-938-9691(tel)	Ts2@sun.ac.za nokwazi.nkosi@nhls.ac.za guvz@sun.ac.za
	Rural Health Services (Districts)	**Name**	**Designation**	**Tel/Cell**	**Email address**
1.	**Rural Health Services Chief Directorate**	Dr. David Pienaar	Public Health Specialist	021-483-9901 (tel) 083-275-9333 (cell)	David.Pienaar@westerncape.gov.za
2.		Ms Eugenia Sidumo	Deputy Director: Professional Support Services	044-695-0047 (tel) 082-735-5463 (cell)	Eugenia.Sidumo@westerncape.gov.za
3.	**Cape Winelands**	Ms Surina Neethling	Deputy Director: Specialised Support Services	023-348-8120 (tel) 072-227-6058 (cell)	Surina.Neethling@westerncape.gov.za
4.		Ms Roenell Balie	Manager: Facility Based Services	023-348-8122 (tel) 082-397-4467 (cell)	Roenell.balie@westerncape.gov.za
5.		Mr. Guillaume Olivier	Environmental Health	082-928-8467 (cell) 023-348-1349 (tel)	Guillaume.Olivier@westerncape.gov.za
6.		Mr. Randall Humphreys	Cape Winelands District Municipality Environmental Health	023-348-2336 (tel) 082-824-2010 (cell)	humphreys@capewinelands.gov.za
7.	**Central Karoo**	Dr. Abraham Muller	Medical Manager: Central Karoo	023-414-8200 (tel) 078-214-3300 (cell)	Abraham.Muller2@westerncape.gov.za
8.		Ms Annalette Jooste	Deputy Director: Specialised Support Services	023-414-3590 (tel) 083-445-8106 (cell)	annalette.jooste@westerncape.gov.za
9.		Ms Janine Nel	Deputy Director: Comprehensive Health	023-414-3590 (tel) 083-708-1679 (cell)	Janine.Nel@westernccape.gov.za
10.		Mr. Gerrit van Zyl	Central Karoo District Municipality Environmental Health	023-449-1000 (tel) 083-654-9688 (cell)	gerrit@ckdm.co.za
11.		Mr. Nathan Jacobs	Environmental Health	044-813-2926 (tel) 081-030-4557 (cell)	Nathan.Jacobs@westerncape.gov.za
	Garden Route	Mr. Eugene Engle	Deputy Director: Specialised Support Services	044-803-2752 (tel) 083-441-8555 (cell)	Eugene.Engle@westerncape.gov.za
12.		Mr. Nathan Jacobs	Environmental Health	044-813-2926 (tel)	Nathan.Jacobs@westerncape.gov.za

				081-030-4557 (cell)	
13.		Ms Gerda Terblanche	Assistant Manager: Nursing	044-803-2755/2700 (tel) 084-581-6648 (cell)	Gerda.Terblanche@westerncape.gov.za
14.		Mr. Johan Compion	Garden Route District Municipality	044-803-1501(tel) 082-803-5161 (cell)	jcompion@edendm.co.za
15.	**Overberg**	Ms Beatrice Groenewald	Child Health Coordinator	028-214-5852 (tel) 082-969-9297 (cell)	Beatrice.groenewald@westerncape.gov.za
16.		Ms Aletta Ludik	Assistant Manager: Facility Based Services	028-214-5851 (tel)	Aletta.Ludik@westerncape.gov.za
17.		Ms Petro Robertson	Deputy Director: Comprehensive Health	023-348-8142 (tel) 072-067-1309 (cell)	petro.robertson@westerncape.gov.za
18.		Ms Mashudu Mukoma	Overberg District Municipality, Environmental Health	028-425-1157 (tel) 064-890-4995 (cell)	Mmukoma@odm.org.za
19.	**West Coast**	Ms Hildegard Van Rhyn	Clinical Program Coordinator	022-487-9354 (tel) 082-871-9709 (cell)	Hildegard.VanRhyn@westerncape.gov.za
20.		Ms Anne Campbell	Deputy Director: Comprehensive Health	022-487-9263 (tel)	Anne.Campbell@westerncape.gov.za
21.		Mr. N. De Jongh	Municipal Health Services Manager - Environmental Health)	022- 433-8413 (tel) 082-567-6654 (cell)	ndejongh@wcdm.co.za
	District: Cape Town Metropolitan District	**Name**	**Designation**	**Tel/Cell**	**Email address**
1.	**Metro Health Services (MHS) Chief Directorate**	Prof. Hassan Mahomed	Public Health Specialist (MHS)	021-815-8697 (tel) 082-334-5763 (cell)	Hassan.Mahomed@westerncape.gov.za
2.		Ms Anneline Janse Van Rensburg	Deputy Director: Comprehensive Health	021-815-8696 (tel) 082-897-2310 (cell)	Anneline.jansevanrensburg@westerncape.gov.za
3.	**MHS- Northern Tygerberg Substructure**	Ms Michelle Williams	Deputy Director: Professional Support Services	021-815-8882 (tel) 083-235-1155 (cell)	michelle.williams@westerncape.gov.za
4.		Ms Delaray Fourie	Deputy Director: Comprehensive Health Programmes	021-815-8879 (tel)	Delaray.fourie@westerncape.gov.za
5.		Ms Rayneze Saayman	Clinical Programme Coordinator: Facility Based Programmes	021-815-8888 (tel) 073-782-6854 (cell)	Rayneze.Saayman@westerncape.gov.za
6.	**MHS- Klipfontein Mitchells Plain Substructure**	Ms Pearl Van Niekerk	Quality Assurance Manager	021-370-5000 (tel) 078-409-0030 (cell)	pearl.vanniekerk@westerncape.gov.za
7.		Ms Nombedesho Bizo	IPC and OHS Coordinator	081-088-7305 (cell)	Nombedesho.Bizo@westerncape.gov.za
8.	**MHS- Khayelitsha Eastern Substructure**	Ms Razia Vallie	Deputy Director: Professional Support Services	021-360-4633 (tel) 076-375-1945 (cell)	Razia.Vallie@westerncape.gov.za
9.	**MHS- Southern Western Substructure**	Ms Portia Hudsonberg	Facility Based Manager	021-202-0947 (tel) 082-321-5594 (cell)	Portia.Hudsonberg@westerncape.gov.za
10.		Ms Colleen Van Dieman	Clinical Coordinator	021-202-0900 (tel) 073-516-2809 (cell)	Colleen. Van Dieman@westerncape.gov.za
11.	**City of Cape Town (CoCT)**	Dr. Natacha Berkowitz	Epidemiologist	021-400-6864 (tel) 083-406-6755 (cell)	Natacha.Berkowitz@capetown.gov.za
12.		Ms Jennifer Coetzee	Head: CPPHCP	082-465-3339 (cell)	jennifer.coetzee@capetown.gov.za
13.		Dr Roslyn Lutaaya	Specialised Health	082-831-1679 (cell)	roslyn.lutaaya@capetown.gov.za
14.	**CoCT: Eastern**	Ms Theda De Villiers	Head: PPHC	021-444-4667 (tel) 074-290-3647 (cell)	Theda.DeVilliers@westerncape.gov.za
15.		Mr. Heinrich Fritz	Head: Environmental Health, Area: East	021-444 5032 (tel) 084-222-1479 (cell)	Heinrich.fritz@capetown.gov.za
16.	**CoCT: Khayelitsha**	Ms Bukelwa Mbalane	Head: PPHC	021-360-1152 (tel) 084-499-3949 (cell)	Bukelwa.mbalane@capetown.gov.za
17.		Ms Lena Stofile	Head Environmental Health, Area East:Khayelitsha	021-444-2331 (tel) 084-800-4419 (cell)	Lena.Stofile@capetown.gov.za
18.	**CoCT: Northern**	Ms Everin Van	Head: PPHC	021-400-3917 (tel)	Everin.VanRooyen@capetown.gov.za

		Rooyen		071-896-1674 (cell)	
19.		Mr. Reinhardt Avenant	Head Environmental Health: Northern Sub District	021-400-4385 (tel) 084-222-1472 (cell)	Reinhardt.Avenant@capetown.gov.za
20.	**CoCT: Tygerberg**	Ms Marilyn Dennis	Head: PPHC	021-444-0899 (tel) 079-517-3318 (cell)	Marilyn.Dennis@capetown.gov.za
21.		Mr. Andy Lucas	Head Environmental Health; Area Central Tygerberg	021-444-0879 (tel) 082-421-5805 (cell)	Andy.Lucas@capetown.gov.za
22.	**CoCT: Klipfontein**	Ms Stephanie Sirmongpong	Head: PPHC	021-444-0894 (tel) 084-792-7247 (cell)	Stephanie.Sirmongpong@capetown.gov.za
23.		Mr. Vivian Malgraff	Head Environmental Health	021-637-1295 (tel) 083-365-8340 (cell)	Vivian.Malgraff@capetown.gov.za
24.	**CoCT: Mitchells Plain**	Ms Nomsa Nqana	Head: PPHC	021-400-3997 (tel) 084-222-1489 (cell)	Nomsa.nqana@capetown.gov.za
25.		Mr. Zachary Rudolph	Head Environmental Health	021-444-5427 (tel) 084 981 1555 (cell)	Zachary.Rudolph@capetown.gov.za
26.	**CoCT: Southern**	Ms Kelebogile Sannah Shuping	Head: PPHC	021-444-3261 (tel) 064-559-3526 (cell)	Kelebogile.Shuping@capetown.gov.za
27.		Mr. Anzil Sampson	Head: Environmental Health	021-444-3259 (tel) 082-533-8183 (cell)	Anzil.Sampson@capetown.gov.za
28.	**CoCT: Western**	Ms Melissa Stanley	Head: PPHC	021-444-1741 072-329-6361(cell)	Melissa.stanley@capetown.gov.za
29.		Mr. Gavin Heugh	Head Environmental Health; Area: North	021-444-1739 (tel) 084-220-0141(cell)	Gavin.Heugh@capetown.gov.za