

**ANNEXURE 2: INTERIM PROCEDURE FOR THE REPORTING & INVESTIGATION OF SUSPECTED, PROBABLE, AND CONFIRMED MONKEYPOX CASES IN THE WESTERN CAPE (06/07/2022)**



**SURVEILLANCE CASE DEFINITIONS**

NB: Surveillance case definitions may be adjusted as additional information about the outbreak becomes available)

**SUSPECTED CASE**

Any person presenting with an unexplained acute rash AND

1. **One or more of the following signs and symptoms**
  - o Headache
  - o Acute onset of fever
  - o Lymphadenopathy (swollen lymph nodes)
  - o Myalgia (muscle pain/body aches)
  - o 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.

**SEE PROBABLE AND CONFIRMED CASE DEFINITIONS IN SOP**

**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.

**1**

**National Department of Health – National Institute for Communicable Diseases**  
**NICD Hotline**  
**0800-212-552**

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**2**

**Western Cape DoH CDC Programme**  
 CDC Coordinator, Provincial NICD Epidemiologist, NMC Surveillance Manager, SPC Director  
**021-483-9964/3156/6878 /3737/4769 or**  
**021-830-3727 at BHP Office)**  
**072-356-5146**  
**082-327-0394**  
**072-310-6881**  
 021-815-8741, 083-333-1320  
**Charlene.Lawrence@westerncape.gov.za;**  
**Babongile.Ndlovu@westerncape.gov.za**  
**Washiefa.Isaacs@westerncape.gov.za**  
**Hilary.Goeiman@westerncape.gov.za**

**Infectious Disease Specialist or Medical Virologist on call** Tygerberg Hospital; 021- 938-4911; Groote Schuur Hospital, 021-404-9111

**Private laboratories may be contacted directly.**

**3**

**Rural District Health (RDH) & Metro District Health (MDH)**  
 District CDC Coordinators / Equivalent (see contact list)

**Cape Town Metro District**  
 Dr. Natacha Berkowitz, 021-400-6864, 083-406-6755  
 Natacha.Berkowitz@capetown.gov.za  
 Prof. Hassan Mahomed, 021-815-8697, 082-334-5763  
 Hassan.Mahomed@westerncape.gov.za  
 Ms Anneline Janse Van Rensburg, 021-815-8696, 082-897-2310,  
 Anneline.jansevanrensburg@westerncape.gov.za

**Rural Districts**  
**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

**1**

**HEALTH FACILITY/PRACTICE**

**Attending doctor/clinician; Infectious Disease Specialist, IPC Practitioner**

- Establish that the patient meets the signs and symptoms for suspected monkeypox (refer to case definitions).
- Observe appropriate infection control procedures on a presumptive diagnosis of monkeypox (minimize HCW exposure and other patients, and close contacts)
- Clinical management is supportive and will vary from case to case, but typically symptoms are self-resolving.
- **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 (if case is identified as a suspected case through the risk assessment).**
- **Complete the Monkeypox Case Investigation Form (Annexure B) and contact line list (Annexure A) at time of case investigation and sample collection.**
- Submit samples (as advised) to NICD for specialized laboratory testing. Copy of the completed CIF must accompany the samples
- **Provincial CDC Office will inform the District CDC Coordinator/equivalent of cases & contacts for follow-up.**

**2**

**DISTRICT, SUB-DISTRICT/SUB-STRUCTURE**

Facilitate the response i.e., case finding, investigation, contact identification, forward contact tracing and monitoring

- **Identification of contacts should commence as soon as a suspected case is identified, and contacts should be recorded in a contact listing form (Annexure A).**
- If the contact listing form cannot be completed at this time case investigation by the reporting or attending doctor or IPC focal person, the District CDC Coordinator/equivalent will be responsible for ensuring the form is completed.
- Monitoring of contacts may switch from immediate follow-up once a suspected case is identified to follow-up after laboratory confirmation (depends on number of contacts to be followed up/if it should increase).
- **Contacts can be monitored by any of the 3 options (self-monitoring, telephonic, face-to-face monitoring) using the symptoms monitoring tool.** 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. 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.
- **All case lists, contact lists & symptom monitoring forms with completed demographic information should be forwarded from one level to the other.** 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). Submit all contact tracing list and monitoring tools to the Provincial NICD epidemiologist, who is responsible for collation of line lists and submission to the NDOH-NICD team.

**3**

**PROVINCE**

CDC Office facilitates case finding, investigation, contact tracing; and supports the districts as needed.

- Data management of line lists (collation, and data cleaning) received from health facilities, district contact tracing teams, CDC focal persons.
- Regular submission of provincial line lists to the National team (NDOH-NICD), outbreak@nicd.ac.za
- 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.