



Alert for clinicians: monkeypox virus infection now an urgently notifiable disease in Western Australia

KEY POINTS

- As of 30 May 2022, monkeypox virus infection is an urgently notifiable disease in Western Australia (WA).
- Medical and nurse practitioners, and pathologists, have a legal obligation to immediately report suspected or confirmed cases of monkeypox virus infection.
- Suspected and confirmed cases must be reported urgently by telephone to the relevant Public Health Unit or the on-call public health physician after hours.

- As of 30 May 2022, monkeypox virus infection is an urgently notifiable disease in WA under the *Public Health Act 2016* (WA).
- This designation was authorised by the Minister for Health for an initial period for six months.
- Medical and nurse practitioners have a legal obligation to report the details of all patients suspected or confirmed to have monkeypox virus infection to the Department of Health WA, under the *Public Health Act 2016* and *Public Health Regulations 2017*.
- The responsible pathologist at laboratories where cases of monkeypox virus infection are diagnosed are also legally obliged to report the diagnosis to the Department of Health WA.
- Cases must be reported urgently by telephone to the relevant Public Health Unit, or the on-call Public Health Physician if outside office hours.
- The [Infectious and Related Diseases Notification Form](#) is being updated to include monkeypox. In the meantime, notifications can be specified in the Clinical Comments section.

NOTIFY URGENTLY: Call your local public health unit and speak to the Public Health Physician.

Metro 9222 8588 or 1300 623292	Kimberley 9194 1630	South West 9781 2359
Goldfields 9080 8200	Midwest 9956 1985	Wheatbelt 9690 1720
Great Southern 9842 7500	Pilbara 9174 1660	After hours (on-call) 9328 0553

Clinical presentation, Testing and Specimen Collection

- Monkeypox is usually a mild self-limiting disease with symptoms lasting from 2 to 4 weeks. The initial symptoms (prodromal period) may include fever, malaise, headache, lymphadenopathy, and sometimes sore throat and cough. After 1-5 days, lesions develop and evolve (stages include macular, papular, vesicular, pustular, then scab) on a given part of the body.
- Lesions should be swabbed where possible using a dry swab; several lesions should be sampled at a time using different swabs. Nasopharyngeal swabs should also be collected. Request monkeypox PCR testing, send specimens to PathWest QEII microbiology laboratory, and alert the laboratory of the specimen. Consider differential diagnoses.
- Specimen collectors should use droplet precautions (surgical mask, protective eyewear, gown and gloves).
- Disinfect and clean surfaces with a viricidal agent after the patient has left the room.
- Refer to the clinical alert dated 20 May 2022 for further details regarding transmission, clinical presentation, specimen collection and testing.

Dr Paul Armstrong

DIRECTOR, COMMUNICABLE DISEASE CONTROL DIRECTORATE