

## Cookies on GOV.UK

We use some essential cookies to make this website work.

We'd like to set additional cookies to understand how you use GOV.UK, remember your settings and improve government services.

We also use cookies set by other sites to help us deliver content from their services.

Accept additional cookies

Reject additional cookies

[View cookies \(/help/cookies\)](/help/cookies)



[Home](#) > [Infectious diseases](#)

Guidance

# Monkeypox: reducing risk of transmission at vaccination clinics

Advice to help lower the chance of passing monkeypox infection to others during post-exposure vaccination clinics.

From:

[UK Health Security Agency \(/government/organisations/uk-health-security-agency\)](/government/organisations/uk-health-security-agency)

Published

27 June 2022

Last updated

14 November 2022 —

## Applies to England

### Contents

- — [Risk assessment](#)
- — [Vaccination clinic arrangements](#)

This guidance is intended for use by healthcare providers and professionals managing post-exposure vaccination clinics to help reduce the risk of transmission of monkeypox infection to other people during these clinics. Pre-exposure vaccination should be managed in the same way as routine vaccination using standard infection prevention and control (IPC) precautions.

This guidance provides advice on the risk assessment process and actions to be taken when individuals are travelling to and attending vaccination clinics. It should be read in conjunction with the [national IPC manual](https://www.england.nhs.uk/publication/national-infection-prevention-and-control/) (<https://www.england.nhs.uk/publication/national-infection-prevention-and-control/>).

Healthcare workers administering vaccinations for monkeypox are not required to be vaccinated against monkeypox.

Information on management of monkeypox contacts can be found in the [monkeypox contact tracing guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1077329/20220520_monkeypox-contact-tracing-classification-and-vaccination-matrix.pdf) ([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1077329/20220520\\_monkeypox-contact-tracing-classification-and-vaccination-matrix.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1077329/20220520_monkeypox-contact-tracing-classification-and-vaccination-matrix.pdf)). Further [background information](https://www.gov.uk/government/collections/monkeypox-guidance) (<https://www.gov.uk/government/collections/monkeypox-guidance>) on monkeypox is also available.

## Risk assessment

### Assess exposure date

Undertake an initial risk assessment of the individual via telephone before they attend the clinic in person to identify the date they were first exposed to a case of monkeypox.

The incubation period of monkeypox is 5 to 21 days.

There is some evidence that individuals may be infectious before the onset of symptoms. At the moment there is not enough evidence for pre-symptomatic transmission to justify any change in guidance.

## Risk-assess for signs and symptoms of the infection

During your risk assessment, you should ask if the individual:

- has a fever ( $\geq 38^{\circ}\text{C}$ )?
- has a recent onset of any new prodromal symptoms:
  - headache
  - backache
  - muscle ache
  - joint pain
  - chills
  - exhaustion
  - swollen lymph nodes
- has any evidence of new spots (even a few) or a rash
  - ask them to check carefully, including hands, feet and genital areas

If the individual does not have any clinical features of monkeypox infection they can proceed to be vaccinated unless there are any contraindications to vaccination (<https://www.gov.uk/government/publications/smallpox-and-vaccinia-the-green-book-chapter-29>).

If the individual has a fever or any of the other symptoms listed above, they are considered a possible case of monkeypox (<https://www.gov.uk/guidance/monkeypox-case-definitions>) and should not attend for vaccination until there has been a further assessment. They should be advised to isolate at home and follow the advice on further assessment in the information sheet for contacts (<https://www.gov.uk/government/publications/monkeypox-contact-tracing>) that they will already have been given. They will have a risk assessment and be offered advice on the next steps.

If the risk assessment considers that the contact does not meet any of the case definitions for monkeypox (<https://www.gov.uk/guidance/monkeypox-case-definitions>) they can be reconsidered for vaccination.

## Vaccination clinic arrangements

### Vaccination clinic

The clinic should be sited with a separate entrance and exit from all other users. A drive-through clinic could be considered. Individuals should be provided with a clinical contact number in advance.

On arrival at the vaccination clinic, individuals should not enter the hospital or clinic, but call the clinic to let them know they have arrived.

Individuals should be directed into the clinic via a dedicated route. Where clinics are unable to immediately receive the individual, they may be asked to wait outside and be called back when the clinic is ready.

On entering the vaccination clinic, the healthcare worker should take the individual's temperature and ask if there are any of the symptoms above that might be indicative of monkeypox. If they do not have a fever or any of the other above symptoms, they can be taken into the vaccination room or clinic to proceed with vaccination. No specific personal protective equipment (PPE), including gloves, is required and standard precautions, as used for any vaccination, are applicable. Standard hand hygiene should be followed, and any contact surface (chair and table) should be wiped down before and after each patient. Refer to the [national IPC manual \(https://www.england.nhs.uk/publication/national-infection-prevention-and-control/\)](https://www.england.nhs.uk/publication/national-infection-prevention-and-control/) for further information.

Following vaccination, individuals should continue to follow the public health advice they have been provided with.

If individuals remain well and do not have any further significant exposure, the second dose at 28 days can be given in routine settings.

---

[+ show all updates](#)

---

## Related content

[Monkeypox: planning events and mass gatherings \(/guidance/monkeypox-planning-events-and-mass-gatherings\)](/guidance/monkeypox-planning-events-and-mass-gatherings)

[Monkeypox: case definitions \(/guidance/monkeypox-case-definitions\)](/guidance/monkeypox-case-definitions)

[Monkeypox: contact tracing \(/government/publications/monkeypox-contact-tracing\)](/government/publications/monkeypox-contact-tracing)

[Monkeypox outbreak: vaccination strategy \(/guidance/monkeypox-outbreak-vaccination-strategy\)](/guidance/monkeypox-outbreak-vaccination-strategy)

[Monkeypox: prisons and places of detention \(/guidance/monkeypox-secure-and-detained-settings\)](/guidance/monkeypox-secure-and-detained-settings)

---

Collection

[Monkeypox: guidance \(/government/collections/monkeypox-guidance\)](/government/collections/monkeypox-guidance)

---

**Explore the topic**

[Infectious diseases \(/health-and-social-care/health-protection-infectious-diseases\)](/health-and-social-care/health-protection-infectious-diseases)

---



**OGL**

All content is available under the [Open Government Licence v3.0](#), except where otherwise stated

[© Crown copyright](#)