From the Chief Medical Officer
Professor Sir Michael McBride

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

HSS(MD) 35/2022

FOR ACTION
Chief Executives, Public Health Agency/HSC Trusts/NIAS
Deputy Secretary SPPG
GP Medical Advisers, SPPG
All General Practitioners and GP Locums (for onward distribution to practice staff)
OOHs Medical Managers (for onward distribution to staff)

PLEASE SEE ATTACHED FULL CIRCULATION LIST

Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

Tel: 028 9052 0563
Email: Michael.McBride@health-ni.gov.uk

Our Ref: HSS(MD 35/2022
Date: 27 July 2022

Dear Colleague

MONKEYPOX VACCINATION

Action required

Chief Executives must ensure that:

- the information in this letter is shared with occupational health departments, GUM clinics, Regional Infectious Disease wards and other relevant teams for action,
- the Trust has arrangements in place to carry out occupational health risk assessment to identify those staff at risk of exposure to monkeypox who should be offered vaccination with the smallpox vaccine,
- an arrangement to vaccinate eligible occupational and community contacts of monkeypox is in place (post-exposure vaccination),
- The Trusts have arrangements in place to deliver the pre-exposure vaccination programme to high risk healthcare staff and gay, bisexual and other MSM.

1. Further to my letter of 15 June (HSS (MD) 32/2022) this letter provides further instruction on monkeypox vaccination including high risk healthcare staff and gay, bisexual and other men who have sex with men (GBMSM).

Targeted pre-exposure vaccination

2. JCVI met in May to discuss and provide their advice on vaccination against monkeypox in the context of the ongoing outbreak. JCVI proposed that vaccination should be offered as soon as feasible to gay, bisexual and other men who have sex with men (GBMSM) at highest risk due to a large number of contacts.

3. The committee agreed that GBMSM at highest risk could be identified amongst those who attend sexual health services, using markers of high-risk behaviour similar to those used to assess eligibility for HIV pre-exposure prophylaxis (PrEP), but applied regardless of HIV status. These risk criteria would include a recent history of multiple partners, participating in group sex, attending sex on premises venues or a proxy marker such as recent bacterial STI (in the past year).

4. In line with JCVI advice, arrangements should now be put in place to commence vaccination of high risk GBMSM. In view of the current epidemiology and vaccine supply available, wider vaccination in low risk GBMSM individuals or the general population is not advised at this time. Until vaccine supply is more widely available, the PHA MPX Vaccine Workstream will agree a regional approach, in collaboration with clinicians, to ensure that vaccine is first targeted at those at highest risk.

Occupational vaccination

5. As advised in my previous letter on monkeypox vaccinations, pre-exposure vaccination should also be prioritised for the following workers at high risk of exposure:

    - staff expected to provide care to monkeypox cases in high consequence infectious disease (HCID) units,
    - staff in sexual health clinics designated to assess suspected cases,
    - staff in additional hospitals outside HCID units designated to care for monkeypox patients,
    - workers in laboratories where pox viruses (such as monkeypox or genetically modified vaccinia) are handled, and others whose work in specialist and reference laboratories.

6. Other healthcare staff should be able to avoid inadvertent exposure by ensuring suspected monkeypox cases are assessed by designated staff, or by wearing appropriate personal protective equipment.

7. Until vaccine supply is more readily available, first doses only should be prioritised during this outbreak. The decision to complete a 2 dose as part of the pre-exposure vaccination schedule will be initiated following

recommendation from the PHA Monkeypox Vaccine Workstream subject to vaccine supplies.

Post-exposure vaccination

8. There is very limited evidence on the effectiveness of post-exposure vaccination using MVA-BN (Imvanex), and therefore vaccine should be prioritised for those most likely to benefit. This would be based on timeliness of vaccination following exposure and for individuals at higher risk of severe disease following infection.

9. One dose of Imvanex vaccine is recommended for post-exposure vaccination of high-risk community or occupational contacts offered ideally within 4 days of exposure, although may be offered up to 14 days in those at ongoing risk, or those who are at higher risk of the complications of monkeypox. Only contacts that meet the criteria for pre-exposure vaccination, and are thus at ongoing exposure risk, require a second dose. The decision to offer this will be initiated by the PHA MPX vaccine workstream subject to vaccine supplies.

10. Those at higher risk of complications include:

    - children under the age of 10 to 11 (year 7 in Northern Ireland),
    - people who are pregnant,
    - individuals with immunosuppression (as defined in the Green Book).

11. This advice is given within the context of the current epidemiological situation in the UK, where disease is typically mild and transmission is predominately occurring within the GBMSM population. It is also given with the consideration that vaccine supply is limited.

12. The advice and guidance will be kept under review by UKHSA as the outbreak develops, with JCVI consulted where appropriate. UKHSA will also evaluate the impact of vaccination on the outbreak.

Conclusions and advice

13. Based on the currently available vaccine supply and advice from JCVI, UKHSA recommends (https://www.gov.uk/guidance/monkeypox-outbreak-vaccination-strategy) that the available doses of MVA-BN vaccine should be used as a selective vaccine strategy with the aim of interrupting transmission in the subset of individuals at increased risk i.e. high risk healthcare staff and GBMSM.

14. The JCVI concluded that this would be the best way to bring the current outbreak under control.

15. I would be grateful if you could ensure the content of this letter is drawn to the attention of the relevant staff and that you ensure arrangements are in place to

identify and vaccinate staff and GBMSM who are eligible for pre-exposure vaccination and that arrangements to vaccinate eligible close contacts remain in place.

Yours sincerely

PROFESSOR SIR MICHAEL McBRIDE
Chief Medical Officer

Circulation List

Director of Public Health/Medical Director, Public Health Agency
(*for onward distribution to all relevant health protection staff*)
Assistant Director Public Health (Health Protection), Public Health Agency
Director of Nursing, Public Health Agency
Assistant Director of Pharmacy and Medicines Management, SPPG
(for onward distribution to Community Pharmacies)
Directors of Pharmacy HSC Trusts
Director of Social Care and Children, SPPG
Family Practitioner Service Leads, SPPG *(for cascade to GP Out of Hours services)*
Medical Directors, HSC Trusts
(for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads)
Nursing Directors, HSC Trusts
(for onward distribution to all Community Nurses, and Midwives)
Directors of Children's Services, HSC Trusts
RQIA (*for onward transmission to all independent providers including independent hospitals*)
Joe Brogan, Assistant Director, Head of Pharmacy and Medicines Management, Strategic Planning and Performance Group (SPPG)
(*for onward distribution to SPPG Pharmacy and Medicines Management Team and community pharmacists*)
Regional Medicines Information Service, Belfast HSC Trust
Regional Pharmaceutical Procurement Service, Northern HSC Trust
Professor Donna Fitzsimons, Head of School of Nursing and Midwifery QUB
Professor Sonja McIlfatrick, Head of School of Nursing, University of Ulster
Heather Finlay, CEC
Donna Gallagher, Open University
Professor Paul McCarron, Head of School of Pharmacy and Pharmaceutical Sciences, UU
Professor Colin McCoy, Head of School, School of Pharmacy, QUB
Professor Colin Adair, Postgraduate Pharmacy Dean, NI Centre for Pharmacy Learning and Development, QUB
Michael Donaldson, Head of Dental Services, SPPG

(for distribution to all General Dental Practitioners)
Raymond Curran, Head of Ophthalmic Services, SPPG
(for distribution to Community Optometrists)
Trade Union Side
Clinical Advisory Team
Louise McMahon, Director of Integrated Care, SPPG

This letter is available on the Department of Health website at https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications