

CREW HEALTH ADVICE

Monkeypox

The latest virus circulating is the rather attractively named Monkeypox. There's been a lot of information about Monkeypox in the media, and coming right on the back of COVID-19, it's inevitable that people will be concerned. This bulletin from Crew Health partner Red Square Medical aims to answer some of the questions about the virus.



What we need to know

- There are two strains (clades) of Monkeypox. The Congo Basin clade has a 10% fatality rate, and the West African clade runs at about 1% fatality rate. In this outbreak, all cases have been confirmed to be the West African clade. Fatalities are largely due to limited resources and poor access to healthcare.
- Fatalities outside Africa are rare as people have access to better healthcare and drugs.
- Monkeypox is zoonotic, which means it normally passes from monkeys and small mammals, such as rodents, to humans.
- Most outbreaks in humans can be traced back to travel in affected areas (Central/West Africa), consuming contaminated meat or importing exotic pets (generally illegal activity). For instance, an outbreak of 71 cases in the USA in 2003 was traced back to Gambian rats sold as exotic pets.
- It rarely passes from human to human, but it can.
- Monkeypox is completely different to COVID, mostly because we already know how it operates. We already have vaccines available if needed, and drugs such as Cidofovir can help with symptoms.
- Anyone who has had the smallpox vaccine (if you were born prior to 1971 in the UK) may already have some immunity. But, the effectiveness of vaccines does reduce over time and cases of monkeypox were predicted to increase to fill the gap left by the eradication of smallpox.

What to look for

One of the 'great' things about monkeypox is that people develop some very specific and distinctive symptoms before they become infectious. This helps massively in keeping cases contained.

The incubation period is a long 5 to 21 days from infection to the onset of symptoms and it generally starts (like so many viruses) with flu-like symptoms. So expect to see fever, aches and pains and distinctive swollen lymph nodes.

The rash will start within 1-3 days after the fever and it goes through 5 stages – macules, papules, vesicles, pustules and finally scabs that will fall off.

How it spreads

Pox viruses rarely transmit before the onset of symptoms, which helps to contain the spread. As we said earlier, Monkeypox is most likely to transmit through being scratched or bitten by something small and furry – rats, squirrels, non-human primates, black-tailed prairie dogs, African brush-tailed porcupines, pigs, shrews or rabbits.



CREW HEALTH ADVICE

But, it can spread from person to person through:

- Respiratory droplets and aerosols from prolonged face-to-face contact.
- Direct contact with bodily fluids or monkeypox lesions.
- Indirect contact with contaminated items such as clothing or bedding.

This means that the most common person to person infection is of people sharing a home with someone who has monkeypox, or healthcare workers. However, it takes a lot of virus (viral load) to transmit.

It's also what's known as an enveloped virus, which happily means that normal soap, detergent and disinfectants will kill it off nicely.

This most recent outbreak has been traced back to a large 'superspreader' festival in Antwerp. Monkeypox isn't sexually transmitted specifically, but if there's a lot of direct contact, and you're breathing all over each other, then it's likely to be passed on.

The word in medical circles is it's unlikely that the virus has mutated and it's thought that the outbreak is being driven by more environmental, social and behavioural factors.

What can you do?

Be vigilant and aware of the symptoms.

- Personal hygiene is paramount... something we already know from COVID. **Wash and/or sanitise your hands regularly.**
- Be careful with who you are in very intimate contact.
- If you're bitten or scratched by any African rodents or small mammals, seek medical advice.
- On ship, especially if you've called into port in West Africa, be alert for vermin onboard.
- If you suspect you are developing symptoms, isolate straightaway and seek medical advice.

Additional Resources

There is a useful free training course circulated from the World Health Organisation – **Monkeypox: Epidemiology, preparedness and response for African outbreak contexts** (openwho.org)

Additional information and FAQ on Monkeypox from the WHO ([who.int](https://www.who.int))

Red Square Medical

Crew Health partner Red Square Medical provides 24/7 Operational and Clinical support to shipping companies to help reduce their risk and take the hard work out of the provision of medical care onboard ships. As well as 24/7 services, they provide medical audits, medical preparedness plans and training courses/programs. Designed and delivered by seafarers for seafarers (redsquaremedical.com)

This document is for information purposes only and does not constitute or replace medical advice.

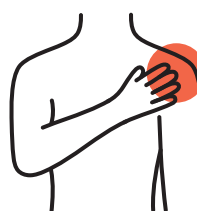
MONKEYPOX SYMPTOMS



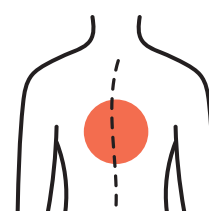
FEVER HEAT



HEADACHE



MUSCLE PAIN



BACKACHE



SWOLLEN LYMPH NODES



CHILLS



EXHAUSTION



RASH

CREW HEALTH PROGRAMME

The Club was the first to launch a crew health scheme in 1996 due to increasing crew illness claims and a lack of accountability of clinics. Since 1996, the Crew Health programme has become one of the Club's leading loss prevention initiatives. The aim of the programme is to reduce the volume and value of crew illness claims which are caused by a pre-existing illnesses or disease. These underlying conditions often impact on the crew member's fitness for service and can endanger not only the health of the seafarer but also the onboard safety of other crew.

Sophia Bullard

Crew Health Programme Director

Direct: +44 20 7204 2417

Email: sophia.bullard@thomasmiller.com



Sophia joined Thomas Miller in 1992 and from 1994 worked as a claims handler dealing mainly with French and Spanish Members. In 2004, Sophia became the Crew Health Programme Director. Sophia has undertaken a large number of clinic audits, implemented the standard medical form and clinic guidelines. She has also lead the scheme through the largest period of growth and development with a doubling of approved clinic facilities and a four fold member increase. Sophia is a Director of Thomas Miller & Co. Ltd.

Saidul Alom

Crew Health Fees Administrator

Direct: +44 20 7204 2968

Email: saidul.alom@thomasmiller.com



Saidul Alom joined Crew Health from the European Region Service Team in 2004. Saidul provides administrative support to the Crew Health programme and is responsible for liaison with the approved clinics on financial billing matters and ensuring prompt payment of all clinic fees

Stuart Last

Crew Health Member Administrator

Direct: +44 20 7204 2413

Email: stuart.last@thomasmiller.com



Stuart joined Thomas Miller in 1998 as a claims trainee for UK P&I Club's Greek Members. In April 2005 Stuart joined Crew Health as the Team Administrator. Stuart is responsible for co-ordination of Member entries and administration for the clinic approval process.