



## Monkeypox: Recommendations for diagnosis and prevention

Wrestlers are at higher risk of skin infections because of direct body contact during exercise and competitions. A new outbreak of Monkeypox disease has triggered significant concerns due to its rapid spread and difficult treatment. The following information aims to provide an insight into the disease and its prevention in sports. Monkeypox, as a zoonotic disease, occurs primarily in central and west Africa. Since January 1, 2022, more than 19 000 cases have been confirmed in 78 countries. For the first time, a high proportion of these cases and sustained chains of transmission have been reported in non-endemic countries.

On July 23, 2022, WHO declared the current monkeypox outbreak a Public Health Emergency of International Concern.

The **incubation period** can range from 5 to 21 days but is usually 6-13 days.

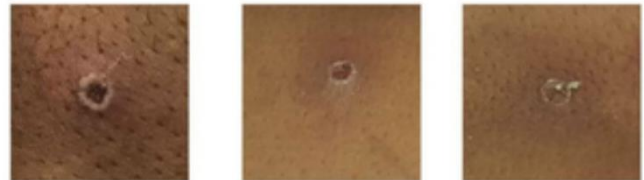
### Signs and symptoms

Initially, signs and symptoms can include fever, headache, exhaustion, and myalgia. Lymphadenopathy can distinguish this disease from other initially similar diseases (chickenpox, measles, smallpox).

Skin lesions typically appear 1-3 days after the fever onset. The rash is present on the face in 95 % of cases, where it first appears, according to [ ]; on the palms and soles in 75%, and on the oral mucous membrane in 70% of cases. The rash evolves from macules to papules, vesicles, pustules, and crusts. Lesions are similar in size and at the same stage of development on a particular part of the body, often described as painful until the recovery phase. The symptoms usually last from 2 to 4 weeks.

Some patients have lesions in the genital area (in atypical cases, it may be the only location), indicating transmission likely occurred during sexual intercourse.

The confirmed case is considered contagious from the onset of symptoms until the rash entirely disappears.



### Transmission

Monkeypox spreads through:

- Close, skin-to-skin contact with lesions, including sexual contact or body fluids from a person with monkeypox.
- Contact with contaminated objects such as bedding, towels, clothing, and contaminated surfaces.
- Respiratory droplets, usually requiring prolonged face-to-face contact.



## Diagnosis

The Real-Time PCR test is the method of choice to confirm the diagnosis. Swab samples should be taken directly from the skin lesions and the throat.



## Prevention

In non-endemic countries, a small proportion of the population vaccinated against smallpox could have some immunity (depending on a country's health policy and when vaccination against smallpox ended). In countries where vaccines against monkeypox or smallpox are available, they can be administered for pre-and post-exposure prophylaxis.

Non-specific measures:

- Avoid skin-to-skin contact and contact with contaminated objects, surfaces and body fluids.
- Wash hands routinely with soap and water or use an alcohol-based hand sanitizer.
- Use personal protective equipment (PPE) for suspected and confirmed cases during medical procedures.

## Recommendations for medical staff and OC during the competition:

- Ensure the arrangement with the reference laboratory is made before the competition.
- Share information about signs and symptoms of the disease during the meeting with the national selection representatives.
- Provide rapid case identification - pay close attention to the skin lesions and fever during the examination before the measurement.
- The suspected case should be isolated and tested.
- The confirmed case should be isolated for 21 days.
- The epidemiological investigation should be performed and close contact identification done as soon as possible

## Close contact tracing:

- Close contacts should be identified during the first 24 hours.
- Each close contact should remain under health surveillance for 21 days.
- Body temperature needs to be monitored twice a day.
- No additional restrictions are to be imposed on the athletes - they can continue with the competition until the first symptoms appear.
- The close contact who develops symptoms without rash should be isolated and followed for the next 7 days.
- The isolation can end if the rash does not appear in the following 7 days, and health surveillance should continue for two weeks (21 days in total).
- Each close contact who develops the rash should be tested.

These recommendations are in accordance with current knowledge and are subject to change.

More information regarding the confirmed case, close contact definitions, and surveillance are available on:

<https://www.who.int/news-room/fact-sheets/detail/monkeypox>