



Animal &
Plant Health
Agency

Advice for Veterinarians (and their clients) on Pets and Monkey Pox (MPX)

June 2022



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APHA is an Executive Agency of the Department for Environment, Food and Rural Affairs and also works on behalf of the Scottish Government, Welsh Government and Food Standards Agency to safeguard animal and plant health for the benefit of people, the environment and the economy.

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General information on pets and MPX

We have a significant likelihood that pet animals may come into close contact with people infected by Monkey Pox (MPX). MPX virus (MPXv) doesn't easily spread person to person. It can enter the body through broken skin, the respiratory tract, or mucous membranes. It is likely that animals are not easily infected by a positive person either, but infection would be via the same routes.

Worldwide there is little data on the potential for MPXv to infect (or be carried by) many animal species, including those commonly kept as pets in the UK. Animal species at known risk of infection are: primates (New and Old world monkeys and apes) and rodents including rats, mice, dormice, cotton rats, prairie dogs and squirrels, while some rodents such as guinea pigs, hamsters, white mice and white rats and other species such as rabbits are less susceptible (see annex for links giving information on some of these species and respective clinical findings and also a general review on animal infection). There is little evidence to date that dogs and cats are productively infected with MPXv, and no evidence of reptiles, amphibians, fish or invertebrates becoming infected. There is no evidence of MPXv currently affecting pets in the UK and human-to-human transmission is likely to be responsible for the burden of disease in people in the UK. Pets, which have been in contact with an infected owner or other infected person, may act as a carrier (fomite) of the virus on their fur for some time, just as the virus can persist in a suitable environment.

UKHSA have published advice and an individual person's Health Protection Team (HPT) will give specific instructions and guidance to a person affected by MPXv to help stop other people from becoming inadvertently infected. Similar precautions should be taken to stop individual animals becoming infected or contaminated, including those living in the household where an infected person is isolating. In addition, for people risk assessed as category 2 (who should not attend work if it may involve contact vulnerable people) by the Health Protection Team then if such an individual's job involves close contact with and/or care for the higher risk animal species (primate and rodent species) listed above they may need to stop work or have their duties changed. All isolating individuals should wash their hands regularly, including before and after coming into contact with animals and pets and in general, should minimise contact with their pet and their pet's items such as bedding, bowls, water bottles, feeders and toys. MPXv can be transmitted via droplets or from shed skin lesions and can survive in the environment for a period of time, so steps to not only minimise direct contact with their pet(s) but also to avoid contaminating their environment are critical.

Links to UKHSA advice to minimise transmission of infection:

- [Monkeypox: background information - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/monkeypox-background-information)
- [and self-isolation guidance:](#)
- <https://www.gov.uk/guidance/guidance-for-people-with-monkeypox-infection-who-are-isolating-at-home>

Pets from households with someone isolating due to MPXv

During the initial risk assessment by the Health Protection Team (HPT) an infected person will be asked if they have animal contact such as having a pet in the household, so this information can be passed to the relevant government Duty Vet in the respective administrative region by the HPT.

This guidance is to provide information about what a veterinary practice should do if a client contacts them about a pet living in a household with a person infected by MPXv. If the pet is ill or injured (for any reason, not necessarily due to infection with MPXv) the owner may need to seek veterinary advice and/or treatment. Pet owners remain responsible for ensuring the welfare of their animal(s) and for seeking veterinary advice even if ill themselves. In this circumstance, the owner should make telephone contact with their veterinary practice first and at the same time alert them to the household's MPXv status. This will allow practice staff to triage and determine the need for the pet to be seen urgently and then agree with the owners on who will be moving the pet and how this will happen.

The suggested order of preference for seeking advice or treatment from veterinary practices is set out in the scenarios below, but it may need to be adapted to the particular circumstances of a specific case. It is also recognised that there may well be emergency situations such as accidents, where there may be no option but an urgent visit to the surgery, and possibly subsequent hospitalisation, and you may wish to consider how you would apply biosecurity measures at your practice in such circumstances. For further advice on protecting the health of practice employees refer to UK Health Security Agency (UKHSA) guidance on infection prevention and control (or equivalent public health guidance if available and you are not located in England). Bear in mind you may have staff members who are pregnant or immunocompromised and for whom extra precautions are appropriate.

Post-COVID 19 lockdown, most practices have returned to exclusively face-to-face consultations. For a non-emergency, animals from a household with a person infected by MPXv may need to have a consultation using virtual means. Alternatively, and where appropriate, a veterinary telehealth provider may be able to provide advice to a pet owner isolating for MPX reasons.

(a) Provide telephone or video consultation advice if appropriate to the situation.

This might allow non-prescription medication (if needed) to be collected from the surgery, without the need for the animal to attend. However, such collection should not be by any member of a household where someone is self-isolating due to MPXv infection. They should arrange for the medicine to be collected on their behalf by a friend, neighbour, or family member from an unaffected household (who should not enter the isolating household when they deliver the medication). If it is not possible to organise collection, consider posting the medication. In non-urgent cases, it may be possible to defer an

examination until the infected person is no longer viewed as being infectious and the household's 21-day isolation period has passed.

(b) If the pet needs to be examined. The pet should not be accompanied by anyone infected by MPXv. In households observing isolation because of contact with an infected person but where no one is actually infected, other members of the household are not in isolation and so could bring the pet to your clinic. The handler should wash their hands before and after handling the pet, and may be able to minimise direct contact with the pet by use of a pet carrier.

The following options should be considered for how the animal can be examined when no one in the household can bring the pet to the clinic without breaking their isolation requirement:

1. Pet examination at the household

Vet surgery staff come to the house to assess the pet and wearing appropriate PPE as necessary ([National infection prevention and control manual](#)). This may be necessary for a large pet or one that can't be moved easily but may not be appropriate for severe illness that requires interventions that can only be delivered in the veterinary surgery. If pursued, and if the animal can be examined outside the house (such as in a secure yard or in a shed etc) you should consider the possibility and practicality of carrying out the examination there, which means you do not have to enter the premises. This would lessen the potential contact of the vet team with virus during the visit. Carry out appropriate cleaning and disinfection of any equipment used during your visit before returning it to your vehicle, referring to the cleaning and disinfecting section below for current guidance. Similarly, the staff involved should remove all contaminated PPE and cleanse and disinfect it or securely double bag it for subsequent disposal, ensuring the vehicle is not inadvertently contaminated.

2. Pet collected from household for examination

A staff member from the private veterinary surgery collects the pet from the home – not entering the home or having direct contact with the infected person, but collecting the pet from outside in a carrier or tied up on its lead ready to be collected. Vet team members must wear appropriate PPE as necessary ([National infection prevention and control manual](#)) and clean and disinfect the vehicle afterwards.

3. Pet taken to vet practice for examination

Another member of the household (who will be a contact in isolation). They should not travel to the vet surgery if they have developed symptoms consistent with MPXv. Advice on precautions that they should take on leaving the house should align with UKHSA advice on leaving isolation for medical emergencies. ([Guidance Monkeypox: infected people who are isolating at home](#)). Carry out appropriate cleaning and disinfection of equipment used and the consulting room before other clients and pets are seen.

4. Pet brought to vet practice (emergency)

If no-one else is available, then the infected person should cover any skin lesions and take the pet to the vet surgery in private (i.e. not public) transport. The infected person should remain outside the veterinary surgery. Advice on precautions to take

on leaving the house should align with UKHSA advice on leaving isolation for medical emergencies. ([Guidance Monkeypox: infected people who are isolating at home](#)). This may occur in the case of a veterinary emergency such as an accident when the owner's focus is not on the appropriate precautions, so ensure you consider you and your staff's personal health. Carry out appropriate cleaning and disinfection of equipment used and the consulting room before other clients and pets are seen.

A third party (e.g., friend or neighbour) should not take the pet to the vet surgery as this would potentially put someone who is completely unexposed at risk, whereas veterinary staff will have access to appropriate PPE and have the necessary training on how to use it effectively.

If the pet from the isolating household is coming to the practice consider:

- a visit at a quiet time during the day and ask that they wait in the car park on arrival.
- whether it is feasible to examine the pet outside the main surgery or in an annex away from other clients and pets
- minimising the risk of fomite spread from or to the handler, carry out the examination independent of their input with support from practice staff if needed.

Before undertaking the examination, make sure you have considered the UKHSA guidance (or equivalent public health guidance if available and you are not located in England) in relation to protecting your and your staff's personal health with respect to MPXv. Bear in mind you may have staff members who are pregnant or immunocompromised and for whom extra precautions are appropriate.

Keep in mind risks posed by droplets and fomites such as a pet carrier and adhere to good hygiene practices, including:

- Wear disposable gloves, a long-sleeved water-resistant gown and a FRSM-type face mask (Fluid Resistant Surgical Mask).
- For a smaller pet such as a rodent it should be moved to the clinic in a smaller carry cage if possible, with fresh bedding put in to avoid already contaminated bedding being brought into the vet practice.
- Carry out appropriate cleaning and disinfection of the consulting room, annex or other separate area used to examine the pet before other clients and pets are seen there or it is used by other staff.

For probable and infected individuals (human or animal) that you will have direct contact with, the minimum PPE is outlined in the section below.

c) What if the pet needs to visit the surgery and separate facilities are not available at the premises (such as a small, branch clinic)? Directing the client to a larger clinic within the practice that has more appropriate facilities may be the best option. However, this should be done following the agreement of the proposed recipient vet clinic.

PPE (Personal Protective Equipment)

PPE to protect from droplets and direct contact from contaminated pets, owners and materials is required for the scenarios outlined above, you should follow the UKHSA infection prevention and control guide (or equivalent public health guidance if available and you are not located in England).

For possible/probable cases, the minimum PPE is:

- gloves
- fluid repellent surgical facemask (FRSM) (an FRSM should be replaced with an FFP3 respirator and eye protection if the case presents with a lower respiratory tract infection with a cough and / or changes on their chest x-ray indicating lower respiratory tract infection)
- long-sleeved water-resistant gown
- eye protection is required if there is a risk of splash to the face and eyes (for example when taking diagnostic tests)

[Principles for monkeypox control in the UK: 4 nations consensus statement - GOV.UK](https://www.gov.uk/government/news/principles-for-monkeypox-control-in-the-uk-4-nations-consensus-statement)
(www.gov.uk)

Cleansing and Disinfection

Cleansing and disinfection of equipment and structures in the practice should be undertaken using the cleaning products and virucidal disinfectants that you currently use around the practice. These should be applied at virucidal dilution, in accordance with manufacturer's instructions for use, to ensure effectiveness against MPXv.

Pet owners and anyone handling pets should be told to observe normal hygiene measures after handling pets as the animal could potentially carry the virus on its fur after being touched by a person with MPX, in the same way that any other object or surface can. Viruses in the same family as MPXv are resistant to drying and in the right circumstances contamination on environmental surfaces, including fabrics, can remain infectious after many weeks. They should NOT use household and commercial cleaning products, anti-viral sprays or wipes or other disinfectants on pets. The owner guidance advises the owner to seek veterinary advice on suitable products for bathing or cleaning animals.

There is no scientific evidence that washing animals is necessary to control the spread of MPXv but when a household is de-contaminated after a MPXv case then we anticipate animals in the house may need to be washed at the same time (in part dependant on the species but also on the degree of contact with the infected person).

If owners wish to wash their pet at other times in addition, they should use a pet-safe shampoo, following the manufacturer's instructions. The owner guidance highlights that too-frequent bathing can be detrimental to their pets' skin and coat.

For households with pets where people have confirmed or suspected MPXv, pet bedding, crates, cages etc. and other items such as leads, bowls, water bottles etc should be cleaned in the same way as other parts of the household. Detailed guidance can be found on the UKHSA website ([Monkeypox: infected people who are isolating at home - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/monkeypox-infected-people-who-are-isolating-at-home)).

A brief overview:

- *fomites (cages, bedding)*

The monkeypox virus will be destroyed through the use of hospital detergents followed by disinfection with 1000ppm available chlorine (sodium hypochlorite). As an alternative, 5000ppm available chlorine may be used on its own.

- *Blankets, towels*

*After removing clothing and linens from the rooms as described above, they must be washed in a standard washing machine with hot water (over 60° C) and detergent; bleach may also be added but is not necessary. **Don't shake soiled laundry.***

- *Waste*

Incineration: i.e., treat as other clinical waste from your practice

- *Infected animal cleaning*

There is not much information, even for cleaning human skin. Any pet shampoo or medicated wash should be appropriate. Lesions in vulnerable areas can be covered with a 'moist occlusive dressing'.

If owners (or veterinarians) are worried about any chemicals or other substances an animal may have come into contact with, they should call their veterinary surgeon or the Animal Poison Line on 01202 509000 (fees may be charged) for advice.

Cleaning around pet rodents can be more challenging, in part as they can carry other infections that can affect people. Therefore, additional guidance on safe cleaning may need to be considered and is available:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322016/Guidance_on_reducing_the_risk_of_human_infection_from_pet_rodents.pdf

Potential clinical signs and treatment

The appearance of clinical signs, including the presence of visible skin lesions, will depend on the species and age of the animal. Species known as possible "reservoirs" may not present any clinical signs of infection. Detailed clinical signs per animal species can be consulted [HERE](#).

In species that present clinical signs of infection with monkeypox virus, animal health professionals should be on the lookout for:

- Increase in body temperature
- Appetite changes
- Conjunctivitis and/or ocular discharge
- Coughing or sneezing
- Abnormal sounds during auscultation of the lungs (*this is not possible with the required PPE!*)
- Skin lesions with or without pruritus
- Palpable lymph nodes

See attached Annex for further information on clinical signs.

Caring for sick pets in households where individuals are self-isolating

Pet owners or people living with pets who are infected by MPXv are being asked as part of the initial risk assessment to notify their respective Health Protection Team (UKHSA in England, PHS in Scotland, PHW in Wales or PHA NI) that they have a pet or pets. The Health Protection Team can in turn contact the appropriate government veterinarian via the phone numbers below. Due to the uncertainty around each individual case, a triage system carried out by an official vet has been set up to help make a decision about the pet. As far as possible, the pet will remain in the household with the self-isolating cases, on the understanding it will not be taken or allowed out of the house while anyone is still self-isolating at home and that the owner will let officials know if it develops any clinical signs that may be due to MPXv. If the owner contacts you about possible clinical signs that may be due to MPXv, unless you can rule out this possibility, please remind them to contact an official too. Every infected person who is isolating will have a contact number for the Health Protection Team who will notify APHA accordingly, but if they have already been contacted by an APHA vet in relation to MPXv then they can alternatively contact that vet directly.

In the event that no one is available to care for the pet, alternative arrangements may need to be made for its care. The owner guidance directs owners to consult their private vet in these circumstances in case arrangements can be made for someone to visit regularly to feed and care for a home-alone pet or if the animal may need to be moved to board in isolation. In exceptional situations (most likely for rodents) a decision may be taken to move the pet to the safety of a government facility for monitoring for a period of 21 days. Testing may also be considered for pets. If you need to contact an official vet about a situation where an animal's welfare appears to be likely to be compromised and the owner

is unwilling to employ their vet to resolve this, the APHA contact numbers in Great Britain are:

- England - the Defra Rural Services Helpline on 03000 200 301
- Scotland - **Ayr** 03000 600703
Galashiels 03000 600711
Inverness 03000 600709
Inverurie 03000 600708
Perth 03000 600704
- Wales - 0300 030 8268

In Northern Ireland the contact number for an official vet is 0300 200 7840.

Pets resident in households where there are confirmed or contact cases in isolation should be cared for at home, ideally kept isolated from the infected person and cared for by asymptomatic household members. You may be asked to provide veterinary advice on what is best for the animal's health and welfare in circumstances where there is no one left in the home to care for them.

Advice where pet owners are in vulnerable groups

If a vulnerable person (e.g. immunocompromised) lives in a household where an infected person is isolating due to MPXv and there are pets present it is especially important that the pet is managed to observe the isolation too. Generally, the pet should be kept away from direct contact with the infected person and be looked after by other household members, including if necessary, the vulnerable individual (if permitted by the Health Protection Team). If they are the sole remaining occupant due to MPXv hospitalisation of other household members and it is not medically appropriate for them to care for the pet then the Animal and Plant Health Agency may be able to assist with alternative animal accommodation. (The Health Protection Team have access to the appropriate APHA contact number for your area but they are listed above should you need to contact officials directly. They are not listed to provide to clients).

Annex A

General Information

[HAIRS risk assessment: monkeypox - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/hairst-risk-assessment-monkeypox)

[Principles for monkeypox control in the UK: 4 nations consensus statement - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/principles-for-monkeypox-control-in-the-uk-4-nations-consensus-statement)

[Monkeypox: background information - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/monkeypox-background-information)

[Monkeypox: case definitions - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/monkeypox-case-definitions)

<https://www.cdc.gov/poxvirus/monkeypox/veterinarian/examination.html#:~:text=Symptoms%20that%20were%20observed%20in,monkeypox%20virus%20in%20research%20studies>

<https://www.nj.gov/agriculture/divisions/ah/diseases/monkeypox.html>

<https://www.cdc.gov/poxvirus/monkeypox/veterinarian/index.html>

[A review of experimental and natural infections of animals with monkeypox virus between 1958 and 2012 - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/2012/01/1958-and-2012-a-review-of-experimental-and-natural-infections-of-animals-with-monkeypox-virus-between-1958-and-2012/)

[Monkeypox \(iastate.edu\)](https://www.iastate.edu/monkeypox)

Monkeypox: UKHSA Guidance for tracing infected people, self-isolation and for environmental cleaning and decontamination

[Monkeypox contact tracing guidance: classification of contacts and advice for vaccination and follow up \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/guidance/monkeypox-contact-tracing-guidance-classification-of-contacts-and-advice-for-vaccination-and-follow-up)

It is anticipated that vets and their staff would be risk-assessed by UKHSA as category 1 A or B (unless closely associated with an infected person whilst not using PPE). For those categories there is no proactive action, just passive monitoring would be required. (This guidance discusses PEP, which stands for Post Exposure Prophylaxis)

<https://www.gov.uk/guidance/guidance-for-people-with-monkeypox-infection-who-are-isolating-at-home>

Annex B

Advice for pet owners

Advice for pet owners can be found on the [APHA Vet Gateway](#).