



Government of Nepal
Ministry of Health and Population
Department of Health Services
Epidemiology and Disease Control Division

Standard Operating Procedure for Mpox Surveillance-2024

1. Background and epidemiology:

Globally, since January 1, 2022, cases of mpox have been reported to WHO from 127 Member States across all six WHO regions. As of November 30, 2024, a total of 117,663 laboratory-confirmed cases and two probable cases, including 263 deaths, have been reported.

Mpox, caused by the monkeypox virus (MPXV), is a viral zoonotic disease that primarily occurs in tropical rainforest areas of Central and West Africa and is occasionally exported to other regions. The virus is transmitted to humans through close contact with an infected animal, human, or contaminated materials. Human-to-human transmission occurs primarily through direct contact with body fluids, lesion material, or contaminated surfaces. The incubation period typically ranges from 6 to 13 days but can range from 5 to 21 days. The disease is generally self-limiting, with symptoms lasting from 2 to 4 weeks. However, severe cases can occur, especially in children, pregnant women, and immunocompromised individuals.

Nepal reported its first mpox case on June 16, 2023, in a foreign national residing in Nepal with a travel history. Subsequently, two additional cases were detected in December 2024, involving two migrant workers who had recently returned from Saudi Arabia. The cases were reported on December 20 and December 29, 2024, respectively. These incidents highlight the importance of further strengthening the surveillance system for Mpox in Nepal to early detect and prevent further transmission of the disease.

In Nepal, the potential risk of mpox introduction and transmission is heightened by increased international travel and the return of migrant workers from countries with ongoing outbreaks. Given the recent detection of cases and WHO's declaration of mpox as a Public Health Emergency of International

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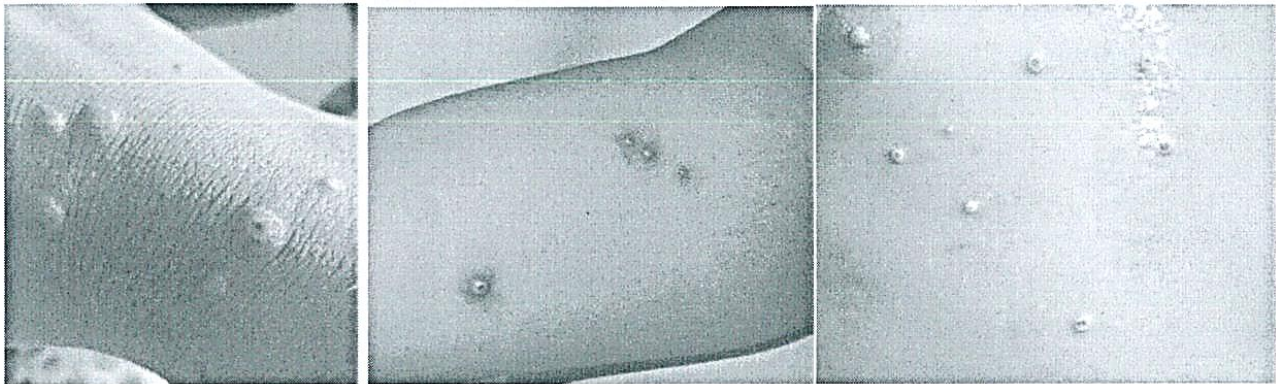
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Concern (PHEIC) on 14 August 2024, there is a pressing need for a robust surveillance and response mechanism to detect and manage cases promptly.

2. Clinical description:

Mpox presents with characteristic features, including deep-seated and well-circumscribed lesions, often with central umbilication. Lesions progress through specific stages: macules, papules, vesicles, pustules, and scabs. Other symptoms include fever, lymphadenopathy, headache, muscle aches, and fatigue.

Image of Active lesions




Source: WHO Atlas of mpox lesions, version 1.0, 28 April 2023

3. Objective of surveillance:

- 1) To detect and respond to mpox cases early to prevent further transmission.
- 2) To monitor the trend and epidemiological characteristics of mpox.
- 3) To ensure timely reporting and management of suspected, probable, and confirmed cases.

4. Surveillance Gateways:

- 1) Surveillance through 14 sentinel hospitals and other health facilities
- 2) Surveillance through media monitoring
- 3) Surveillance through Hello Swasthya 1115 Call Centre
- 4) Surveillance through Points of Entry (PoE) - Tribhuvan International Airport (TIA) health desk







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5. Case definitions for Surveillance

Suspected case

Any person presenting with new characteristic rash (deep seated and well circumscribed lesions often with central umbilication and lesion progression through specific sequential stages- macule, papule, vesicles, pustules and scabs) anywhere in the body

(for every suspected case, the treating physician shall take the sample and transport the sample to NPHL for PCR testing and enter the information report into EWARS portal through medical recorders)

Probable case

A suspected case who has a contact to a confirmed case of mpox and/or had multiple and /or casual sexual partners in the 21 days before symptom onset

Confirmed case

A suspected or probable case with laboratory confirmed MPXV by real time PCR

6. Recommended Recording and Reporting Arrangements

Recording Arrangement

- Enter cases in the existing recording system (OPD, emergency, or inpatient) at EWARS sentinel sites and other health facilities.
- A minimum recording template is provided in Annex 1.

Reporting Arrangement

1. Hello Swasthya 1115 Call Centre

- Notify the Director General, Director, Surveillance Section, and relevant IHR focal point.

2. Media Monitoring

- Verify information through Hello Swasthya 1115 Call Centre and disseminate verified information to all relevant stakeholders.

3. Sentinel Hospitals

- Immediate reporting of suspected/probable/confirmed cases.

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- Weekly reporting in EWARS.
 - Weekly zero reporting (if no cases).
4. **Other Health Facilities**
- Immediate reporting obligation by contacting Hello Swasthya 1115 Call Centre.
 - Inform 14 sentinel hospitals (contact details in Annex 2).
5. **Points of Entry (PoE)**
- Report cases to EDCC/Hello Swasthya 1115 Call Centre.

Definition of Immediate Reporting:

Immediate reporting refers to the obligation to report any suspected, probable, or confirmed case of mpox within 24 hours.

7. Roles and Responsibilities

1) Epidemiology and Disease Control Division (EDCD)

- Coordinate overall mpox surveillance activities.
- Ensure timely dissemination of information to stakeholders.
- Mobilize Rapid Response Teams (RRTs) as needed.

2) National Public Health Laboratory (NPHL)

- Ensure prompt testing of samples for mpox by real-time PCR.
- Maintain a database of laboratory-confirmed cases.

3) Provincial Health Directorate (PHD)

- Mobilize RRTs at the provincial level.
- Coordinate with district-level health authorities for case investigation and management.

4) Provincial Public Health Laboratory (PPHL)

- Facilitate sample collection and transportation to NPHL.
- Support diagnostic activities at the provincial level.

5) Sentinel Hospitals

- Identify and report suspected, probable, and confirmed cases.
- Collect samples and ensure timely transportation to NPHL.
- Record and report cases in EWARS.

6) Other Health Facilities

- Report suspected and probable cases to Hello Swasthya 1115 Call Centre.

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- Coordinate with sentinel hospitals for sample collection and transportation.

7) Points of Entry (PoE)

- TIA health desk to report suspected cases to the Hello Swasthya 1115 Call Centre and EDCD.
- Ensure timely referral of suspected cases to designated hospitals via ambulance.

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A handwritten signature in blue ink, consisting of a stylized 'D' followed by a checkmark.

Director



Annexes

Annex 1: Minimum Data need for recording and reporting

Mpox Case Reporting template																				
Reporting Health Facility																				
Attending physician																				
Reporting Officer/Contact number:																				
Sno	Date of reporting	Name of Patient	Age (month/year)	Gender (M/F/O)	Place of residence	Occupation	Pregnancy (Y/N)	Date of first symptoms onset	Date of Fever onset	Date of Rash onset	Site of Rash onset	Any other symptoms specify	Received small pox vaccine (Y/N)	International Travel in the past 21 days (Y/N) Specify	Recent exposure to confirmed case in the past 21 days (Y/N)	Date of Hospitalization (Y/N)	Date of sample collection (Skin lesion material for PCR)	PCR report for Mpox (positive/negative)	Other etiology specify	Health status (Recovered/Healthy, not recovered, LAMA, Referred, Death, unknown)

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