MONKEY POX

**SPECIES:** Nonhuman primates, primarily macaques

**AGENT:** Orthopoxvirus Disease in humans is indistinguishable from smallpox, (Variola) i.e., serologic & clinical syndrome.

**RESERVOIR AND INCIDENCE:** Animals: Nine reported outbreaks in captive NHP's, primarily rhesus and cynomolgus. Has also been reported in langurs, baboons, chimpanzees, orangutans, marmosets, gorillas, gibbons, and squirrel monkeys. The virus has been isolated from a wild squirrel. Man: The first human case of Monkey Pox was reported in 1970. Between 1970 and 1986, over 400 cases had been reported from tropical rain forested areas of West and Central Africa.

**TRANSMISSION:** Transmission can be via direct contact, aerosol, ingestion, or parenteral administration. Person to person transmission can occur.

**DISEASE IN NONHUMAN PRIMATES:** Usually exhibit a high morbidity and low mortality. Clinical signs may be inapparent or an animal may exhibit fever, lymphadenopathy, and cutaneous eruptions of the extremities, trunk, lips, or face. Cynomologus monkeys seem to be most severely affected. Death is uncommon except in infant monkeys.

**DISEASE IN MAN:** Signs in man include fever, sore throat, headache, and a vesiculopustular rash of peripheral distribution which clears up in 5 to 25 days. Severe complications include bronchopneumonia, vomiting, and diarrhea. Case fatality rate 10-15%. Although the disease is not common in man it is important from the standpoint of differentiating it from smallpox.

**DIAGNOSIS:** based on progression of lesions, histopathology and virus isolation. On histological examination epidermal cells contain eosinophilic cytoplasmic and intranuclear inclusions. ELISA

**TREATMENT:** Symptomatic.

**PREVENTION/CONTROL:** Sanitation, isolation. Vaccination with vaccinia virus is protective in both man and nonhuman primates.

**BIOSAFETY LEVEL:** BL-3

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