

## MONKEYPOX – MILK BANK BRIEFING, v3: 20/06/2022

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**Purpose:** To inform milk bank staff on the current status of Monkeypox infections in the UK, and suggested donor recruitment considerations and internal milk banking processes; to plan responses. This briefing is based on UK Health Security Agency (UKHSA), Department of Health and Social Care (DHSC) and World Health Organisation guidance, as well as communications with HMF Screening Advisor, Dr Jim Gray, and up-to-date literature reviews.

**Background:** Monkeypox is a rare virus, characterised after spread to human populations from close contact with infected wild animals in parts of west or central Africa. It is closely related to the smallpox virus.

The incubation period is between 5-21 days.

It does not spread easily from person to person but can be spread through:

- touching clothing, bedding or towels used by someone with monkeypox
- touching monkeypox blisters or scabs
- the coughs or sneezes of a person with monkeypox
- close personal contact with a person who has monkeypox

### Early symptoms of monkeypox include:

- Fever
- Headache
- Muscle aches
- Backache
- Swollen glands
- Shivering
- Extreme tiredness

A rash appears after 1-5 days, which can look like chickenpox. Initially, raised spots appear which then develop into blisters. These eventually scab over and fall off. The rash often appears on the face, hands or genitals.

Although most people recover within weeks from monkeypox, young children and infants, immunocompromised individuals and pregnant women are more at risk of experiencing severe symptoms.

### Infant feeding recommendations and monkeypox management

- It is currently unknown if the monkeypox virus or antibodies are present in the breast milk of lactating women.
- Infant feeding practices, including whether to stop breastfeeding for a mother with monkeypox should be assessed on a case-by-case basis.



- Donors may be advised to suspend breastfeeding and isolate from their baby. In these cases, donors will be vulnerable to anxiety and depression symptoms. A compassionate and respectful approach is essential.
- Donors will need comprehensive support to manage their supply during, and following their monkeypox infection, including re-establishing lactation and recommencing breastfeeding.
- Donors may be prescribed antiviral treatments if they are at risk of or experience severe monkeypox symptoms.
- Donors may be prescribed antibiotic therapy for bacterial skin infections from monkeypox lesions.
- The World Health Organisation recommends infants less than 6 months old that are separated from their mother with a monkeypox diagnosis should be fed with donor human milk or appropriate breast milk substitutes informed by feasibility, safety, sustainability, cultural context, acceptability for the mother and service availability.

### **Donor deferral recommendations**

- All donors should be asked about close contacts and screened for symptoms.
- A donor who is an asymptomatic contact of a known or suspected case can continue expressing milk.
- Milk should not be collected until 21 days after the date of contact, and only if the donor has remained asymptomatic.
- A donor who is symptomatic should not donate until the final crusts have fallen off the skin lesions. Nobody from the milk bank, including volunteer couriers, should visit the house during this period.
- Donors who are symptomatic with early signs of infection (i.e., fever) should not express milk for donation as per standard advice to donors. Support can be offered to these donors on a case-by-case basis, and in relation to the advice they receive from their health care team.
- Donors may have suspended breastfeeding and may benefit from support to maintain their lactation during their infection.
- Donors may have been prescribed antiviral and antibiotic therapy treatments. These will need to be discussed with Wendy Jones before the donor can recommence expressing to donate.
- Otherwise carry on as normal.

### **Recipient recommendations**

- Donors and potential recipient families may contact to seek access to donor milk due to a monkeypox diagnosis.
- Usual processes should take place to support families with allocation of donor milk as indicated and managed by availability, safety, and feasibility.
- Risk assessment should be undertaken to plan the handover of donor milk to the family where a monkeypox infection is suspected or diagnosed.

### **Internal milk bank processes**

- Consider placing incoming raw milk into a milk isolation freezer for 7 days before pasteurisation, after confirmation of the donor being well. This should not be prioritised above milk going out of date before pasteurisation.
- Technical and logistics teams to continue with routine hygiene, handwashing, wearing gloves, etc. Masking remains optional.
- Continue to discuss internal processes regarding milk that is received / processed that mother then reports a diagnosis within 3 weeks of expressing.
- Communicate with other UK milk banks, update UK milk bank response WhatsApp group.

### **Is monkeypox transmissible through human milk?**

There is no data to address this question directly. Transmission is likely via skin if direct breastfeeding.

There is no available data on anti-monkeypox antibodies in human milk.

### **Vaccination**

Specific vaccination against monkeypox (MVA-BN) is not contraindicated in breastfeeding.

It is not known whether MVA-BN is excreted in human milk, but it is unlikely as the vaccine virus does not replicate effectively in humans.

Smallpox vaccination, if offered as prophylaxis, is contraindicated in breastfeeding and therefore milk donation for 28 days due to the live nature of this vaccine.

### **Ongoing responses**

GAMBA Virtual WhatsApp Network to share and request information on local practices, research, ongoing studies.

EMBA, HMBANA and other national associations aware and will disseminate briefing and advise of new research.

Continue search for data on pasteurisation and breastfeeding guidance.

Consider updates to this policy and staff updates / training on a weekly basis.

Refer to <https://www.gov.uk/guidance/monkeypox> for UKHSA guidance, and screening advisors for specific implications for milk bank processes.



## References

UKHSA. Monkeypox guidance. <https://www.gov.uk/guidance/monkeypox>

UKHSA, May 2022. Recommendations for the use of pre and post exposure vaccination during a monkeypox incident. <https://www.gov.uk/government/publications/monkeypox-vaccination>

CDC. Vaccination Safety for Breastfeeding. <https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/vaccinations-medications-drugs/vaccinations.html>

WHO, June 2022. Clinical management and infection prevention and control for monkeypox – Interim rapid response guidance. <https://www.who.int/publications/i/item/WHO-MPX-Clinical-and-IPC-2022.1>