Table 2: Supportive and Symptomatic Treatment of Human Monkeypox

N	SYMPTOMS/SIGNS	MANAGEMENT	REMARKS
Protection of compromised skin and mucous membranes	Skin rash	I. Keep clean with simple antiseptic II. Cover with light dressing if extensive III. Patients are encouraged to not touch and scratch the lesions	
	Skin and genital ulcers	I. Antiseptic cleaning II. Warm saline sitz bath (for vulvovagina ulcers) III. Light Sofra-Tulle dressing	
	Oral sores	I. Warm saline gurgle II. Vitamin C and other multivitamins	
	Conjunctivitis	Most cases are self-limiting. Consult Ophthalmologist if severe or symptoms persist.	
Rehydration therapy	Dehydration can follow poor appetite, nausea, vomiting and diarrhea. Loss of skin integrity and exudation from extensive skin lesions may also result in dehydration	Give ORS in mild cases, especially in children Give intravenous fluids (normal saline or dextrose saline as necessary) Ensure cleaning and appropriate dressing/covering of skin lesions	
Alleviation of distressful symptoms	High grade fever	Tepid sponging Antipyretics such as Paracetamol	Chills and rigors were especially common in hospitalised Nigerian patients
	Itching/Pruritus	Warm bath/warm clothing Calamine lotion Antihistamines- (e.g. Loratadine)	This symptom was self-limiting in most Nigerian cases
	Pain	Paracetamol or non-steroidal anti-inflammatory drugs (NSAID)	Most cases improved on Paracetamol alone
	Nausea and persistent vomiting	Consider anti-emetics such as metoclopramide 10 mg IV/ orally every 8 hours until vomiting stops. For children aged 1-5years, give chlorpheniramine syrup 1mg twice daily	

N	SYMPTOMS/SIGNS	MANAGEMENT	REMARKS
	Headache	Consider Paracetamol if distressful	
	Malaise	Ensure adequate hydration, nutrition and treatment of secondary infection	
Provision of nutritional support	Poor appetite (inadequate feeding)	Ensure adequate feeding with diet containing carbohydrates, proteins and vitamins/minerals.	
Psychosocial support	See section on psychosocial support	See section on psychosocial support	
Treatment of complications	Secondary bacterial infection (boils, abscesses, skin dermatitis)	Antiseptic cleaning Empirical treatment with oral/parenteral cephalosporins (Cefuroxime 500mg bd for 5days or Ceftriaxone IV 1g daily for 5 days) OR B-lactam antibiotics (Amoxyl/Clavulanic acid-625mg twice daily for at least 5days)	Moist occlusive dressings are recommended to cover areas of the skin that have experienced epidermal loss.
	Bronchopneumonia	Give empiric antibiotics (Consider B lactams or Macrolides)	
	Sepsis	Full septic work-up Consider intravenous broad-spectrum antibiotic pending culture results	Culture may only be possible in biosafety level 2 laboratory
	Encephalitis	Pay attention to nutrition and hydration if unconscious Consider nasogastric (NG) tube feeding Control seizures with anticonvulsants Consider empirical broad spectrum antibiotics	
	Keratitis/corneal ulceration	Patients who wear contact lenses should abstain from wearing their contact lenses while ill, to prevent contact with the eyes Consult Ophthalmologist	Ocular infections with monkeypox virus can cause permanent corneal scarring and loss of vision
Treatment of comorbidities	Dependent on associated infections/conditions	Manage based on clinical findings and established treatment/management guidelines	