

# Isolation quick guide for cases of mpox Infection

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Background: case definition, assessment, testing, clinical guidance

Please see here for [case definitions](#) for probable and/or confirmed cases of mpox infection.

For advice on a probable case, please refer to the [Mpox Assessment and testing pathway for use in HIV/STI/ID Clinical Setting](#).

Assessment and testing pathways can be found here:

- [Mpox: Assessment and testing pathway for use in acute settings](#)
- [Mpox: Assessment and testing pathway for Clinical Settings in the Community](#)

## Signs and symptoms of mpox infection

Symptoms generally begin to develop about 1 to 2 weeks after exposure (but symptoms can take up to 3 weeks to appear). A person is infectious from the point at which they develop a fever (or just before the rash appears if they don't have a fever), until their rash is completely healed. People with mpox generally recover in 2 to 4 weeks, depending on the severity of their infection.

Mpox symptoms can appear in two stages, however, some people may only have a rash:

- **Initial symptoms:** The first stage usually begins with a sudden onset of fever (higher than 38.5°C) and chills, followed by a bad headache, swollen glands (in the neck, under the arms, in the groin) and exhaustion. There may also be muscle ache, backache, cough and runny nose, and gastrointestinal symptoms (vomiting and diarrhoea). Not everyone with mpox has these initial symptoms.
- **Rash:** 1 to 3 days after the fever starts, an itchy rash appears. It may first appear on the face and spread to other parts of the body. The rash generally is seen on the face, palms of the hands, soles of the feet and occasionally in the mouth. The rash starts like pimples, that grow and turn into sores. Scabs

then form, which eventually drop off. Following sexual contact, the rash can also be found in the genitals and around the anus (ano-genital) area, and may not spread elsewhere.

NB: In cases involving gay, bisexual and other men who have sex with men (gbMSM), the rash commonly involves only the anogenital area. Although an anogenital rash may frequently appear characteristic, it may also appear atypical or it may be modified in appearance, proctitis (rectal pain/tenesmus) has also been observed in cases.

The clinical course of mpox tends to be more severe in the case of infants, children under 12, pregnant women and in the immunosuppressed. Scabs/crusting may not be fully shed for more than three weeks. Cases are no longer infectious once all crusts have been shed, and scarred skin tissue is completely dry. The clinical course of cases associated with the latest May 2022 outbreak appear to have a modified clinical course, with milder systemic symptoms (fever may be absent) and a rash that is primarily, though not exclusively restricted to the anogenital region.

	Category of individual	Actions in regard to self-isolation
1	Positive mpox infection case (confirmed case)	<p>Newly identified cases of mpox will undergo an individual health risk assessment for severity and risk factors (e.g. underlying conditions<sup>1</sup> or medications affecting immune competence, untreated HIV infection, accommodation facilities etc). Those identified at increased risk of severe disease from mpox may require hospitalisation and/or treatment with antivirals.</p> <p>Confirmed cases who are clinically well should:</p> <ul style="list-style-type: none"> <li>• <b>Self-isolate</b> in the household setting until their rash has healed completely (which may last up to 4 weeks). You may be able to stop self-isolating following discussion and agreement with your treating clinician.</li> <li>• Remain in their own room in the household setting (if living with others), with a window they can open.</li> <li>• Use a different bathroom to others in their household, if possible. If this is not possible, please advise cases to practice hand hygiene prior to entering the bathroom, after using the toilet and before leaving the bathroom.</li> <li>• Cover their coughs and sneezes using a tissue – cleaning hands properly after. Hand hygiene should be performed regularly using soap and water or alcohol hand sanitiser.</li> <li>• Not share household items (clothes, bed linen, towels, eating utensils, plates, glasses), with other members of the household.</li> <li>• Avoid contact with immunosuppressed persons, pregnant women, and children aged under 13 until their rash heals completely.</li> <li>• Avoid close or intimate contact (hugging, kissing, prolonged face-to-face contact in closed spaces) with other people until their rash heals completely.</li> <li>• Abstain from sexual intercourse/intimacy for the duration of their self-isolation until their rash completely heals (which may last up to 4 weeks), and they have been medically certified as being fully recovered. As precautionary approach, <b>the use of condoms for 12 weeks</b> following mpox recovery is recommended. This will be updated as evidence emerges.</li> </ul>

		<ul style="list-style-type: none"> <li>• Advise their high-risk contacts to immediately self-isolate <b>if symptoms develop</b> and contact their GP/healthcare provider. In the case of an emergency they should call 112/999 and advise that they have had contact with a case of mpox. If their symptoms worsen or deteriorate significantly, they should <ul style="list-style-type: none"> <li>○ Contact their treating clinician between the hours of 9-5pm. The treating clinician will determine the need for admission for care.</li> <li>○ Outside the hours of 9-5pm in the absence of any previous arrangements with the treating physician, they should contact the out of hours GP service or if necessary, contact emergency services (112/999).</li> <li>○ <b>It is important that they advise the GP/emergency services that they are a confirmed case.</b></li> </ul> </li> <li>• Avoid contact with wild or domestic pets if possible until their rash completely heals (which may last up to 4 weeks), and they have been medically certified as being fully recovered. It is important that they avoid touching and handling their pet. Do not let pets sleep in the bed with them. Hygiene precautions must be followed if it is not possible to avoid contact with pets, e.g., wear a mask and gloves, and avoid contamination from their rash/ lesions. <ul style="list-style-type: none"> <li>○ Hygiene precautions should be taken when preparing pet's food, bedding or litter, e.g., wear a mask and gloves, and avoid contamination from rash/ lesions</li> </ul> </li> </ul> <p>The following general advice also applies in the household setting:</p> <ul style="list-style-type: none"> <li>• People should not visit the home unless for essential circumstances</li> <li>• Household contacts who are not ill should limit contact with the confirmed case</li> </ul>
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<sup>1</sup> Severely immunosuppressed patients, as per Green Book definition and includes those with: solid organ cancer, haematological disease and/or stem cell transplant, Child's-Pugh class B or C liver cirrhosis, stage 4 or 5 chronic kidney disease, immune mediated inflammatory disorders (including neurological and rheumatological conditions) treated with B-cell depleting therapy within 12 months, uncontrolled HIV, solid organ transplant recipients

		<ul style="list-style-type: none"> <li>Individuals will be able to end self-isolation at home once clinical and lesion criteria have been met. See <a href="#">here</a> for further information.</li> </ul>
2	Person with mpox symptoms that meets the probable case definition	<p>The treating clinician should do the following and where necessary refer to relevant <a href="#">Assessment and Testing pathways</a>:</p> <p>Perform clinical assessment and test for mpox Infection. Advise individual to self-isolate as per section 1 (Confirmed case) pending test results.</p> <ul style="list-style-type: none"> <li>For people presenting at an HIV/STI Clinic setting, please see <a href="#">here</a>.</li> <li>For people presenting at an Acute setting, please see <a href="#">here</a>.</li> <li>For people presenting at a clinical setting in the community, please see <a href="#">here</a>.</li> <li>For children under the age of 13 presenting at any setting, please see <a href="#">here</a>.</li> </ul>
3	Close contacts (High risk or intermediate risk) of a confirmed mpox case if the contact develops symptoms <sup>2</sup> .	<p>All close contacts should immediately self-isolate if <b>symptoms develop</b>, inform their GP/healthcare provider, and abstain from sexual contact.</p> <p>Close contacts of a confirmed mpox case should follow advice from the <a href="#">Checklist for Public Health on management of mpox cases and their contacts</a>.</p>

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<sup>2</sup> Mpox contacts who have received two documented doses of vaccine (either through PrEP or PEP) no longer need to be considered contacts from fourteen days following their second vaccine dose