

MPXV Risk Assessment for Ambulance Service

TALK BUT DO NOT TOUCH (Keep distance of > 1 METRE)

Version 1.3 31/10/24



Clinical Pictures



A: Person presents with¹:

One or more of:

- Unexplained recent onset rash which may include single or multiple lesions in the ano-genital region or elsewhere on the body.
- Mucosal lesions – single or multiple lesions which may be oral, conjunctival, urethral, penile, vaginal or anorectal.
- Proctitis (rectal pain/tenesmus/rectal bleeding).
- One or more classical symptom(s) of mpox (monkeypox) infection - acute illness with fever (>38.5°C), headache, myalgia, arthralgia, back pain, lymphadenopathy, asthenia, fatigue.

AND one or more of

- **Travel history to countries where Clade I Mpox virus is currently endemic, where there is evidence of sustained human to human transmission of Clade I Mpox virus, or where there is a risk of Clade I virus^{2,3} OR**
- **An epidemiological link to a confirmed or suspected case of mpox from Clade I Mpox virus affected countries^{2,3} in the 21 days before symptom onset**

OR

- Reports a change in sexual partners in the 21 days prior to symptom onset, regardless of sexual practice⁴
- An epidemiological link to a confirmed or probable case of mpox in the 21 days before symptom onset

¹Differential diagnosis: VZV (chickenpox/shingles), HSV, Enterovirus (Coxsackie/Hand Foot & Mouth), Influenza-like illness (ILI), EBV, CMV

²Up to date information regarding the global distribution of reported mpox clades may be found on the [WHO website](#)

³Up to date information regarding the global distribution of reported mpox clades and a list of "at risk" countries can be found on the UKHSA website [here](#)

⁴Noting that Clade II infection is more likely in gbMSM with recent partner change

A clinician with experience in diagnosing Mpox may test individuals with a compatible clinical presentation in the absence of epidemiological criteria

B: STANDARD PRECAUTIONS at all times for all patients.

Conduct IPC Point of Care Risk Assessment. AND

For probable cases of mpox

1. Respirator Mask: FFP2/3, if person has respiratory symptoms.
2. Surgical Face Mask, Type II R, if person has NO respiratory symptoms (and Chickenpox unlikely)
3. Eye protection (Goggles/Visor), if there is a risk of splash to the face and eyes e.g. taking diagnostic tests.
4. Disposable nitrile gloves
5. Disposable plastic apron. Impervious Long-sleeved gown may be required as determined by the IPC point of care risk assessment.

NOTE: Waste: Handle as Category B healthcare risk waste.

Linens: Dispose of disposable sheets as per Category B healthcare risk waste. Reusable linen—launder as foul/infected linen.

If YES to travel history OR Epi link from Clade I affected countries AND has compatible clinical symptoms (possible MPXV Clade I)

If YES to compatible clinical symptoms but NO to travel history and NO to Epi link from Clade I affected countries

Immediate actions Possible MPXV Clade I

- NAS **MPXV Clade I** Procedures should be activated.
- Ensure that **enhanced PPE is used** as per [HCID IPC guidance](#)
- Receiving National Ambulance Service (NAS) team to make a preliminary assessment, and to alert National Emergency Operations Centre (NEOC) to notify the receiving hospital.
- Consultant ID/Clinical Micro at receiving hospital to make arrangements of arrival to the hospital, and allow time for controlled admission for assessment at receiving hospital so they can prepare IPC measures and a named designated area. There is also need to give immediate preliminary notification to Public Health* to facilitate timely Public Health action.
- **Patient should be isolated in a single room** with en-suite facilities (with negative pressure ventilation if available) while awaiting test results. Refer to [Interim Mpox \(MPXV CLADE I & II\) ASSESSMENT AND TESTING PATHWAY FOR ADULTS IN ACUTE SETTINGS AND HIV/STI/ID CLINICS](#).
- Consultant ID/Clinical Micro/Treating Physician may contact Paediatric ID on call in CHI (patients <16 years or age) or NIU (patients 16 years and over) for further advice.

Immediate actions Possible MPXV Clade II

- Use **STANDARD CONTACT, DROPLET and AIRBORNE PRECAUTIONS** as per [NCEC](#) and [AMRIC](#) guidance (Box B).
- Receiving NAS team to make a preliminary assessment, and to alert National Emergency Operations Centre (NEOC) to notify the receiving hospital.
- Consultant ID/Clinical Micro at receiving hospital to make arrangements of arrival to the hospital, and allow time for controlled admission for assessment at receiving hospital so they can prepare IPC measures and a named designated area. There is also need to give immediate preliminary notification to Public Health* to facilitate timely Public Health action.
- **Patient should be isolated in a single room**, if possible, even if the patient is vaccinated e.g. if patient has received Imvanex®. Refer to [Interim Mpox \(MPXV CLADE I & II\) ASSESSMENT AND TESTING PATHWAY FOR ADULTS IN ACUTE SETTINGS AND HIV/STI/ID CLINICS](#).
- Consultant ID/Clinical Micro/Treating Physician may contact Paediatric ID on call in CHI (patients <16 years or age) or NIU (patients 16 years and over) for further advice.

*PUBLIC HEALTH CONTACT DETAILS

- **Public Health HSE Dublin and North East:** (046) 928 2700
- **Public Health HSE Dublin and Midlands:** (057) 9359891
- **Public Health Dublin and South East:** (056) 770 4301
- **Public Health HSE South West:** (021) 4927601
- **Public Health HSE Mid West:** (061) 483 338
- **Public Health West and North West:** (091) 775 200/(0)71 917 4750
- **NIU (Mater) Contact:** 01 803 2063
- **CHI (Paeds ID oncall) Contact:** 01 409 6100

OOH contact for PUBLIC HEALTH - via NEOC and ask to be connected to Public Health on call.

IF ATTENDING PATIENT ON AIRCRAFT ACTIVATE THE PUBLIC HEALTH ALERT

AMBULANCE PERSONNEL should:

- **DON PPE** before entering.
- **DISTRIBUTE and COLLECT completed Passenger Locator Cards** for (i) PASSENGERS SEATED THREE SEATS in each direction from the ill person (ii) persons who reported direct contact with patient, (iii) crew serving that section.
- **FORWARD** these completed passenger locator cards with report copy directly to **PUBLIC HEALTH**.
- **REQUEST CABIN CREW** to: (i) Announce the Travel Health Alert Announcement (ii) Distribute and collect Passenger Locator Card from ALL OTHER passengers and crew (iii) Distribute a copy of the Travel Health Alert Announcement leaflet to all passenger and crew. (iv) **Completed Passenger Locator Cards** should be provided to local Department of Public Health.
- **ALL WELL PASSENGERS** should then be allowed to DISEMBARK, using exits without passing the patient.