

Mpox Assessment and testing pathway for use in acute settings**

A person who since 15th March 2022 has had, **one or more of the following**¹:

- Unexplained recent onset generalised rash,
- An mpox compatible vesicular-pustular rash,
- Oro/ano-genital lesions,
- Proctitis (rectal pain/tenesmus),
- Classical symptoms of mpox infection†,

AND one or more of

- * An epidemiological link to a confirmed or probable case of mpox in the 21 days before symptom onset,
- * Is gay, bisexual or other man who has sex with men (gbMSM),
- * Reports a change in sexual partners in the 21 days prior to symptom onset (regardless of sexual orientation),
- * Has a travel history to an mpox endemic country* in the 21 days before symptom onset.

† Acute illness with fever (>38.5OC), headache, myalgia, arthralgia, back pain, lymphadenopathy, asthenia

*Mpox endemic countries are: Benin, Cameroon, the Central African Republic, the Democratic Republic of the Congo, Gabon, Ghana (identified in animals only), Ivory Coast, Liberia, Nigeria, the Republic of the Congo, Sierra Leone, and South Sudan.

¹A clinician with experience in diagnosing MPXV may test individuals with a compatible clinical presentation in the absence of epidemiological criteria



STANDARD PRECAUTIONS at all times for all Patients. Conduct point of care risk assessment and Contact, Droplet, Airborne Precautions

For suspected/confirmed cases of mpox

1. Respirator Mask: FFP2/FFP3
2. Eye protection: Goggles/ Visor
3. Disposable nitrile gloves
4. Impervious Long-sleeved gown
5. Place patient in a single room with negative pressure ventilation (if available)

NOTE:

Waste: Handle as **Category B** waste

*Airborne precautions may be stepped down if deemed appropriate following a risk assessment

Any decision to change the level of IPC precautions will require a risk assessment undertaken by local IPC team in conjunction with clinical team

**** For anyone under 16 years of age contact on call Paediatric ID consultant at CHI in Crumlin**

Contact on-site Microbiologist/ ID (if service available)

If assessment deems **probable case**

Actions for treating clinician +/- ID

- Perform test for mpox. Further details in [Lab Pathway](#)
- Clinician should seek specialist advice from an ID centre
- Consider investigations for Varicella, Herpes Simplex Virus and Syphilis as appropriate
- Consider empiric treatment of Early Infectious Syphilis and Herpes Simplex Virus while awaiting test results
- Collect information on contacts in the setting to help contact tracing if the person becomes a confirmed case.

Actions for local microbiologist/laboratory/clinician*

- Inform NVRL of probable mpox samples
 - For information on sample transport see [Lab Pathway](#)
- *If test performed in setting with no microbiology or laboratory support

While awaiting test result, if admitted to hospital

- Continue isolation in a single room with **CONTACT, DROPLET & AIRBORNE* PRECAUTIONS** and limit HCW contacts.

LABORATORY TEST POSITIVE

- **Laboratory** to inform **Clinician who requested the test** and **Public Health MoH**
- If critically unwell, clinician to discuss with NIU (Call 01 803 2000 and ask for ID consultant on call)
- If transfer to NIU agreed by the treating Clinician and NIU: **NIU to trigger transfer protocol**
- Clinician to inform case and GP if case has been discharged to the community
- All patient management to be supported by input from **ID Clinician/**

LABORATORY TEST NOT DETECTED

- Maintain IPC precautions until discussed with IPC team.
- Inform patient and GP (if in community)

If discharged to community

Inform GP.
Patient to remain in self-isolation pending test result.
May self drive or be driven home by a person who has already had significant exposure to the case.
Where private transport is not available, public transport can be used but busy periods should be avoided. Any lesions should be covered by cloth (for example scarves or bandages) and a face covering must be worn. If public or private transport is not available, **planned scheduled transport** through the National Ambulance Service (on 0818 501 999) is possible. This must only be triggered by ID/GUM or Public Health clinician, stating that it is a planned scheduled transport situation.
Patient and household contacts to self isolate pending test result.