

Human Monkey Pox Infection Assessment and testing pathway for use in HIV/STI/ID Clinical Setting



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

- Unexplained recent onset generalised rash,
- A monkeypox compatible vesicular-pustular rash,
- Oro/ano-genital lesions,
- Proctitis (rectal pain/tenesmus),
- One or more classical symptoms of Monkeypox infection†,

AND one or more of

- * An epidemiological link to a confirmed or probable case of Monkeypox in the 21 days before symptom onset,
- * Is gay, bisexual or other man who has sex with men (gbMSM),
- * Reports multiple (more than 1) sexual partners in the 21 days prior to symptom onset (regardless of sexual orientation),
- * Has a travel history to a monkeypox endemic country* in the 21 days before symptom onset.

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

*Monkeypox 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 or to areas/countries where there is an ongoing outbreak.



Differential diagnoses: Varicella, Herpes Simplex Virus, Early Infectious Syphilis.

STANDARD PRECAUTIONS at all times for all patients. **conduct point of care risk assessment and**

Contact, Droplet, Airborne Precautions

For suspected/confirmed cases of MPX

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

If probable case definition met, treating clinician should:

- Perform clinical assessment and test for Monkeypox (MPX)
- Sample will also be tested for Varicella and Herpes Simplex Virus
- Inform Local Laboratory (or NVRL if no local laboratory co-located) of probable MPX samples
- Collect a swab of the lesion or lesion fluid in viral transport medium. If there is no lesion but MPX is still suspected please collect a throat swab in viral transport medium.
- When testing for MPX, essential reading on this process should be reviewed, please see [sample collection and lab transport guidance](#)
- Collect information on contacts in the setting to help contact tracing if the person becomes a confirmed case
- Differentiate between need for Home/Community management or Acute Hospital Management

If probable case based on above criteria

Discharge to community

- Patients should be advised to remain in self-isolation pending test result
- The patient may be driven home by a person who has already had significant exposure to the case
- The patient may drive home if feeling well enough to drive.
- 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 are asked to adhere to Public Health advice on reducing their contacts and preventing infection.

Admission to hospital

- Treating clinician determines need for admission for care and discusses with locally agreed unit to arrange admission so they can prepare IPC measures and a named designated area.
- Contact the National Ambulance Service (NAS) on 0818 501 999 and indicate status of patient including MPX probable case status and the exact designated location for transfer by NAS to hospital. If the person is critically unwell the clinician should call 112/999
- ISOLATE in a single room if possible, even if the patient is vaccinated i.e. if given Imvanex on admission
- **STANDARD, CONTACT, DROPLET & AIRBORNE PRECAUTIONS**
- Continue isolation in a single room (with negative pressure ventilation if available) while awaiting test results.

LABORATORY TEST POSITIVE

- **Laboratory** to inform **clinician** and **Public Health**
- All patient management to be supported by input from **ID Clinician/Microbiologist in line with IPC guidance**

LABORATORY TEST NOT DETECTED
Maintain IPC precautions until discussed with IPC team.