# MPOX (MPX CLADE I & II) ASSESSMENT AND TESTING PATHWAY FOR USE IN COMMUNITY HEALTHCARE SETTING (Version: 4.0 – 12/06/2025)

## A: Clinical Symptom(s) Considerations in person/virtual consultations

**Consider assessment for mpox in anyone with (suspected case definition):**

(1) A prodrome (fever (i.e. > 38.5°C), chills, headache, exhaustion, myalgia, arthralgia, backache, lymphadenopathy), in an individual with contact with a confirmed or suspected case of mpox in the 21 days before symptom onset. (***In children, mpox may only present as a non-specific febrile illness in prodromal stage***).

**OR**

(2) An mpox-compatible rash (i.e. generalised or vesiculopustular) anywhere on the skin (face, limbs, extremities, torso), mucosae (including oral, genital, anal), or symptoms of proctitis, and at least one of the following in the 21 days before symptom onset: contact with known or suspected case of mpox; a travel history to a **country where mpox is currently common** - this does not include people transiting through the affected country where they do not leave the airport; and link to an infected animal or meat.

**OR**

(3) An mpox-compatible rash (i.e. generalised or vesiculopustular) anywhere on the skin (face, limbs, extremities, torso), mucosae (including oral, genital, anal), or symptoms of proctitis, where there is no known risk factor and no alternative common differential diagnosis*. These patients should be reviewed by local Clinical services (but additional support should be obtained by contacting local IPC and on call Clinical Microbiologist and/or ID) to determine the approach to investigation and management. For anyone under 16 years of age, contact on-call Paediatric ID in CHI for assistance.

**** Alternative common differential diagnoses include varicella zoster virus (which causes chickenpox and shingles), herpes simplex virus, enterovirus (which causes hand, foot and mouth disease), and bacterial infections such as staphylococcal, streptococcal, and syphilis infections.***

## C: If clinically suspected case definition is met the assessing clinician should:

**SCENARIO A:** in person assessment (Primary Care/OOH Setting)

- Conduct a **Point of Care Risk Assessment**. Place the person in a room on their own.
- Use **STANDARD CONTACT, DROPLET and AIRBORNE PRECAUTIONS** ( Review Box B).
- Assess clinical status of the person.
- Collect information on contacts in the healthcare setting to help contact tracing if the person becomes a confirmed case.

**If the person is well:**

- Discuss with local ID/Clinical Microbiology services (for anyone under 16 years of age, contact on-call Paediatric ID in CHI or local Paediatric Services) so that clinical assessment, testing (if appropriate) and follow up can be arranged.
- Advise the person to **self-isolate at home** pending further clinical assessment and testing arrangements. Consider referral to the **National Infectious Diseases Isolation Facility** for patient management if the domestic environment is challenging. Queries regarding the referral process and suitability for isolation can be raised with the nursing team on a 24-hour basis, by calling **(01) 921 0158 or (087) 721 9164.**

***OUT OF HOURS:** The person should self-isolate at home and be discussed with on call local ID/Clinical Microbiology/Paediatric services.

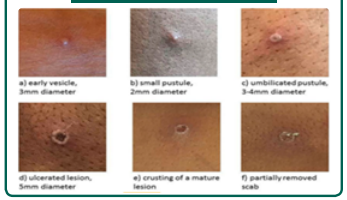
**SCENARIO B:** virtual assessment (Primary Care/OOH Setting)

**If the person is well:**

- Contact local ID/Clinical Microbiology services (for anyone under 16 years of age, contact on-call Paediatric ID in CHI or local Paediatric Services) so that remote/virtual clinical assessment, testing (if appropriate) and follow-up can be arranged.
- Advise the person to **self-isolate at home** pending further clinical assessment and testing. Consider referral to the **National Infectious Diseases Isolation Facility** for patient management if the domestic environment is challenging.

***OUT OF HOURS:** The person should self-isolate at home and be discussed with on call local ID/Clinical Microbiology/Paediatric services.

## Clinical Pictures




**For care of those less than 16 years of age, see Paediatric pathway.**

### Home/Community Management

- Caregivers of suspected case(s) should be advised to consider self-isolation pending test result if PHRA identifies interaction with high-risk individuals.
- The individual may 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 (NAS) (on 0818 501 999) is possible. This must only be triggered by ID/GUM or member of Department of Public Health, 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.

## B: Operational Considerations

**Confirmed Case Definition:**

- An individual with laboratory confirmed MPXV infection by detection of unique sequences of viral DNA by real-time polymerase chain reaction (PCR) and/or sequencing.

**Contact Definition:**

- An individual who has been exposed to an infected person during the infectious period i.e., the period beginning with the onset of the index's first symptoms and ending when all scabs have fallen off, and who has one or more of the following exposures with a probable or confirmed case of mpox: direct skin-to-skin and/or skin-to-mucosal physical contact (such as touching, hugging, kissing, intimate or sexual contact); contact with contaminated materials such as clothing or bedding, including material dislodged from bedding or surfaces during handling of laundry or cleaning of contaminated rooms; prolonged face-to-face respiratory exposure in close proximity (i.e. at least 15 minutes); respiratory exposure (i.e., possible inhalation of) or eye mucosal exposure to lesion material (e.g., scabs/crusts) from an infected person; and the above also apply for health workers potentially exposed in the absence of proper use of appropriate personal protective equipment (PPE).

**Infection Prevention and Control (IPC) Measures:**

- All health & care workers should conduct **Point of Care Risk Assessment** (PCRA) prior to any interaction with a suspected or confirmed case.*
- Standard precautions are advised at all times for patient interactions, and contact, droplet & airborne** precautions as per **NCEC** and **AMRIC** guidelines.
- **Waste:** should be managed as Category B.
- **Linen:** dispose of disposable sheets as per Category B healthcare waste. Re-usable linen should be laundered as foul/infected linen, avoid shaking of any linen and wear PPE as per PCRA.

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

*****Airborne precautions can be stepped down, if it has been deemed appropriate following PCRA. Any decisions to change the level of IPC precautions will require a risk assessment undertaken by Clinical Team in conjunction with local IPC/Clinical Microbiology.***

## D: If suspected case becomes unwell or is unwell in person/virtually and requires hospitalisation

- The assessing clinician determines the need for admission for care and discusses with locally agreed hospital to arrange admission so they can prepare IPC measures and a named designated area, if local support(s) are not available or case requires additional medical expertise, link with Consultant in **NIU** (Mater) Contact: 01 803 2063 (Mater Switchboard).
- Contact the National Ambulance Service (NAS) on 0818 501 999 and indicate status of patient including suspicion of mpox, and the exact designated location for transfer by NAS to hospital.
- **If the individual is critically unwell - the GP should call 112/999.**

HSE Public Health: National Health Protection Office
FSS Sláinte Poiblí: An Oifig Náisiúnta um Chosaint Sláinte