

Human Monkey Pox Infection Assessment Pathway for Clinical Settings in the Community**



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),
- Classical symptoms of Monkeypox infection†,

AND one or more of the following:

- * An epidemiological link to a confirmed or probable case of Monkeypox in the 21 days before symptom onset regardless of sexual orientation,
- * 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 (>38.5°C), headache, myalgia, arthralgia, back pain, lymphadenopathy, asthenia.

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



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

*Monkeypox endemic countries are: Benin, Cameroon, the Central African Republic

STANDARD PRECAUTIONS at all times for all patients.

Conduct IPC Point of Care Risk Assessment.

AND

For probable cases of MPX

1. Respirator Mask: FFP2/3, if patient has Respiratory Symptoms.
2. Surgical Face Mask: Type II R, if patient 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. 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.

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

Person phones primary healthcare setting and is determined by primary care clinician to meet probable case definition:

If the person is well:

- Contact local Infectious Disease (ID) service so that tele 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. (If unwell see panel on right)

Note: Following clinical assessment, if the ID clinical team determines the person requires testing, the person can drive themselves to be tested or may be driven 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 are 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.

The ID Clinician notifies:

- The testing centre in advance

* **OUT OF HOURS:** The patient should self-isolate at home and be referred to ID

Isolation & Quarantine advice in the community

Patients are advised to remain in self-isolation pending testing and test results.

Patient and household contacts are asked to adhere to Public Health advice on reducing their contacts and preventing infection.

Person presents to primary care and is determined by primary care clinician to meet probable case definition:

- Ensure all IPC precautions are immediately implemented
- Place patient in a room on their own
- **Refer to IPC precautions**
- 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, GP is to:

- Discuss with Local ID service 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.

***OUT OF HOURS:** The patient should self-isolate at home and be discussed with local ID services on the next available working day. ID services available Mon to Fri 9-5pm.

If the person is very unwell and may require hospitalisation, the GP is to:

- Provide appropriate supportive clinical care
- Contact local Infectious Disease (ID) service to discuss
- If **hospital admission is required**, ALERT the Receiving Hospital so they can prepare IPC measures and a named designated area
- Contact the National Ambulance Service 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 GP should call 112/999