Mpox Community Contact Tracing/Vaccination Matrix and PHRA

Exposure Risk	Examples	Surveillance	PEP	Monitoring Forms and
Category				Contact Advice
High Risk (Category 3) ¹	Sexual contacts ²	Provide monitoring form and instructions for contacting GP/health advisor No restriction on daily occupational and leisure activities Travel outside area of residence should be restricted. Sexual contacts of cases should abstain from sexual contact ¹ for a duration of 21 days	Offer PEP with MVA-BN vaccine (Imvanex®), ideally within 4 days (up to a maximum 14 days)	Use <u>Daily Mpox (Category 3)</u> <u>Contact Monitoring Form</u> If symptoms develop – immediately self-isolate, leave work, inform GP/health provider, and abstain from all sexual contact ¹ Scrupulous hand hygiene and respiratory etiquette
Intermediate Risk (Category 2) ¹	Sharing bed/bedroom with case Caring for case/cared for by case, or having skin/mucosal contact with a case's unwashed bedding, and personal items, subject to PHRA, etc. Prolonged continuous face to face contact (more than 6 hours within 1 metre of a case) Or Passengers seated directly next to a case on plane for more than 8 hours	Provide monitoring form and instructions for contacting GP/health advisor No restriction of activities No travel restrictions	Offer PEP with MVA-BN vaccine (Imvanex®), where supplies allow, ideally within 4 days (up to a maximum 14 days)	Use <u>Daily Mpox(Categories 1</u> and 2) Contact Monitoring Form If symptoms develop – immediately self-isolate, leave work, inform GP/health provider, and abstain from all sexual contact ¹ Scrupulous hand hygiene and respiratory etiquette

¹ Mpox contacts who have received two documented doses of vaccine (either through PrEP or PEP) no longer need to be considered contacts from fourteen days following their second vaccine dose

² Sexual contact includes sexual intercourse, intimate skin on skin contact, use of sex toys

³ Household contacts who are not considered Intermediate Risk contacts following PHRA will not undergo further monitoring/assessment

General Principles Guide to mpox Public Health Risk Assessment in a Community Setting

General Principles Specific Elements of Risk Assessment of Household Contacts³

- Mpox contacts who have received two documented doses of vaccine (either through PrEP or PEP) no longer need to be considered contacts from fourteen days following their second vaccine dose
- Mpox is not readily transmissible from person to person, except during sexual contact².
- Sexual contact², especially with multiple partners/having multiple sexual encounters or a change in sexual partners, and irrespective of setting, presents highest risk.
- Transmission requires close physical proximity or interaction with case. Those who have physical skin on skin contact/bed sharing, nursing/caring for cases will be at increased risk of infection
- Contact with case's intimate belongings/fomites (bedsheets, pillowcase, towels, personal toilet belongings, personal utensils) presents a lower risk of transmission.
- Infectiousness is proportional to the severity of symptoms
- Infectiousness begins with onset of symptoms (or if rash is the only symptom, from 24 hours before the onset of rash).

- In assessing household contacts for risk of secondary infection, the following provide indications as to when non-sexual, household contacts should be considered for monitoring as Intermediate Risk Contacts:
 - If a case has upper or lower respiratory symptoms (cough, coryza, sneeze)
 - If the case has oropharyngeal lesions,
 - If the case has a rash beyond the anogenital region, especially if present on hands and face. The more extensive, exudative or sloughing the rash, the greater the risk

³Household contacts who are not considered Intermediate Risk contacts following PHRA will not undergo further monitoring/assessment