

Mpox HCW Contact Tracing/Vaccination Matrix and Risk Assessment

Exposure Risk Category	Exposure Examples	Surveillance	PEP	Monitoring Forms and Contact Advice
<p>High Risk Category 3^{1,2,3,4}</p> <p>Unprotected direct contact with patient or high risk environmental contact</p>	<p>Direct exposure of broken skin or mucous membranes to patient (once symptomatic), their body fluids (incl. droplets/aerosol), skin squames/lesion fluid or potentially infectious material (including clothing, personal bathroom/toileting belongings or bedding) without appropriate PPE.¹ This includes:</p> <ul style="list-style-type: none"> • Penetrating sharps injury from contaminated device incl. through contaminated gloves • Mucosal exposure to splashes • Inhalation of droplets/lesion material/dust during cleaning of contaminated room • Being present in room during aerosol generating procedure without appropriate respiratory PPE¹ 	<p>Passive Monitoring</p> <p>Provide monitoring form and instructions for contacting GP/health advisor</p> <p>No restrictions on activities</p> <p>Travel outside area of residence should be restricted.</p>	<p>Offer PEP with MVA-BN vaccine (Imvanex®) ideally within 4 days (up to a maximum 14 days)</p>	<p>Use Daily Mpox Category 3 contact monitoring form</p> <p>If symptoms develop – case should immediately self-isolate, leave work, inform GP/health provider, and abstain from all sexual contact⁵</p> <p>Scrupulous hand hygiene and respiratory etiquette</p>
<p>Intermediate Risk Category 2</p> <p>Other unprotected indirect exposure to contact</p>	<p>No direct contact with symptomatic patient or potentially contaminated surroundings, but within 1 metre of patient in a health care setting without wearing appropriate PPE¹</p> <p>Initial clinical assessment/examination of patient before diagnosis without appropriate PPE¹</p> <p>AND</p> <p>a. coming within a distance of 1 metre of the patient BUT</p> <p>b. with no direct contact with patient or their body fluids/lesion material</p>	<p>Passive Monitoring</p> <p>Provide monitoring form and instructions for contacting GP/health advisor</p> <p>No restriction on activities</p> <p>No travel restrictions</p>	<p>Offer PEP with MVA-BN vaccine (Imvanex®) where supplies allow, ideally within 4 days (up to a maximum 14 days)</p>	<p>Use Daily Mpox Categories 1 and 2 contact monitoring form</p> <p>If symptoms develop – case should immediately self-isolate, leave work, inform GP/health provider, and abstain from all sexual contact⁵</p> <p>Scrupulous hand hygiene and respiratory etiquette</p>

Exposure Risk Category	Exposure Examples	Surveillance	PEP	Monitoring Forms and Contact Advice
Low Risk Category 1	HCW entering patient room without appropriate PPE ¹ AND a. without direct contact with patient or their body fluids/lesion material AND b. maintaining a distance greater than 1 metre from patient	Passive Monitoring Provide monitoring form and instructions for contacting GP/health advisor No restriction of activities No travel restrictions	PEP not usually required	Use Categories 1 and 2 Contact Form If symptoms develop – case should immediately self-isolate, leave work, inform GP/health provider, and abstain from all sexual contact ⁵ Scrupulous hand hygiene and respiratory etiquette
Zero Risk Category 0	Any patient contact wearing appropriate PPE ¹	None	N/A	See general mpox factsheet on HPSC website

Notes

1. See the [Assessment and Testing Pathways](#) for details of PPE recommendations
2. Certain Category 3 HCW occupational contacts may, on the basis of a risk assessment, warrant quarantine for 21 days from the date of their last contact, if the level of, or nature of exposure (direct contact of infected patient's tissue/fluids with contact's mucosal surfaces etc), or where the severity of the patient's symptoms are considered to significantly increase the risk of disease acquisition.
3. If a high risk HCW contact following significant exposure, is considered to be at greater likelihood of conversion, but does not require quarantine, consideration should be given to risk assessing the need to limit contact with known severely immunosuppressed patients, small children and pregnant women
4. Mpx 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
5. Sexual contact includes sexual intercourse, intimate skin on skin contact, use of sex toys

General Principles guiding a Mpox Health Risk Assessment in a Clinical Setting

<ul style="list-style-type: none"> • Mpox is not readily transmissible from person to person, except during sexual contact - appropriate PPE will protect against mpox exposure • Transmission requires close physical proximity or interaction with patient, or the patient’s intimate belongings (bedsheets, pillowcase, towels, personal toilet belongings, personal utensils). • Risk increases with length of contact time, and degree of physical proximity. • Infectiousness begins with onset of symptoms (or if rash is the only symptom, from 24 hours before the onset of rash), and increases with the progressive development of symptoms (cough/sneezing, rash development with weeping/desloughing). • The infectious period ends with final desloughing of crusted lesion scabs and the appearance of health skin beneath (generally 2-3 weeks but can take as long as 4 weeks). 	<ul style="list-style-type: none"> • In healthcare settings, regarding the risk of transmission: <ul style="list-style-type: none"> ○ The presence of a rash increases the potential for spread - the more extensive, exudative or sloughing the rash, the greater the risk ○ If patient has upper or lower respiratory symptoms (cough, coryza, sneeze) the greater the risk of droplet spread (most likely in those with oropharyngeal lesions/bronchial or pulmonary involvement) ○ AGPs increase the risk of airborne spread ○ Disseminated environmental skin squames, particularly during changes of bed linen, will also increase the risk • Mask-wearing by patient with respiratory symptoms in presence of others, will reduce the potential for spread - even in the absence of respiratory symptoms may reduce the risk of transmission. • Immediate self-isolation following the development of any symptoms is the most effective measure - after vaccination - to contain the spread of mpox.
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