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

Interim Guidance for the Public Health Management of Cases and Contacts of mpox – **Chapter 3 (Clade II Cases and their Contacts)**

Please note that this document should be used in tandem with other Interim Management of Mpox documents.

Readers should not rely solely on the information contained within these guidelines. Guidance information is not intended to be a substitute for advice from other relevant sources including, but not limited to, the advice from a health professional. Clinical judgement and discretion will be required in the interpretation and application of this guidance. This guidance is under constant review based upon emerging evidence at national and international levels and national policy decisions.

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VERSION HISTORY

Version History		
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V1.0	03/06/2022	Initial document
V1.1	07/06/2022	Updated to reflect contact tracing matrix
V1.2	13/06/2022	Updated to reflect contact tracing matrix Inclusion of Section 7.0 De-isolation Criteria Update to Section 4.0 regarding wild or domestic pets
V1.3	14/06/2022	Minor update to language
V1.4	15/06/2022	Added section on resumption of sexual activities under section 7.0
V1.5	17/06/2022	Update of high-risk contacts
V1.6	24/06/2022	Update to Section 7.0 resumption of sexual activities
V1.7	21/07/2022	Updated to reflect alignment with contact tracing matrices Changed recommendation on condom use post recovery from 8 weeks to 12 weeks as a precautionary approach. This may be reviewed as evidence emerges
V 1.8	02/08/2022	Update to include Mpox as a PHEIC Update to include proctitis as a symptom Review of IPC section
V1.9	04/10/2022	Update to Mpox guidance to reflect alignment with updates to contact tracing matrix
V2.0	18/01/2023	Update mpox guidance to align with update to contact tracing matrix. Update guidance with the term "mpox", in line with the recent World Health Organization recommendation.
V3.0	20/07/2023	Shortened considerably, focusing now on public health management, with removal of sections, substituting with links to other relevant sources of information. Inclusion of arrangements for sexual health services to undertake contact tracing of sexual

		contacts, with public health to manage non-sexual contacts. Thresholds for raising alert level in the event of an increase in cases, complexity or epidemiological characteristics included Title of document has been changed also
V3.1	05/11/2024	Updated title to reflect this document is relevant for Clade II confirmed cases only. Update to PEP for those who have been vaccinated (query)

Contents

1.0 Introduction

The purpose of this document is to summarise resources and link to relevant Irish guidance for public health on management of human mpox infection cases and their contacts (Clade II) (high, intermediate and low risk). This quick guide or checklist enables users to rapidly identify available resources to use when notified of an mpox case or contact.

It is mainly for use by the National Health Protection Office the Regional Departments of Public Health, together called the Health Protection Service (HPS) in this document.

It also provides infection prevention and control (IPC) advice for cases in households and other non-healthcare settings.

2.0 Key changes in this guidance

- This chapter has been updated to reflect alignment with the contact tracing matrix within Chapter 4: Interim Guidance for Contact Tracing of MPOX Cases and is relevant for MPXV Clade II only.

3.0 Presentation, testing and management of confirmed cases of Mpox in the household setting

A. Testing pathways: When mpox is suspected, assessment is undertaken in accordance with testing pathways developed for the community, acute hospital, HIV/STI/IS clinical settings, and also for paediatric and obstetric patients.

B. Case Definitions: These are the case definitions for probable and/or confirmed cases of mpox.

C. Health risk assessment: Newly identified cases of mpox will undergo an individual health risk assessment for severity and risk factors (e.g. underlying conditions [1]or medications affecting immune competence, untreated HIV infection, accommodation facilities etc). Those identified at increased risk of severe disease from mpox may require hospitalisation and/or treatment with antivirals. The majority of cases are managed in the home setting by the Sexual Health Service (SHS).

[1] see Chapter 5a, table 5a.2 of the National Immunisation Advisory Committee guidance

D. Comprehensive advice for those isolating at home (Clade II only): General advice for infected people who are self-isolating at home is available here. This includes general advice on self-isolation, cleaning, disinfection and waste disposal, avoiding close contact with others, pets, ending self-isolation, resumption of sexual activity and what to do if medical advice is required.

E. Access to community isolation facility: If a case is well enough to be isolated outside hospital, but circumstances at home do not allow this, referral can be made to a community isolation facility. For information on contact details and referral form please see here.

F. Guidance for healthcare workers on infection prevention and control (IPC) precautions for mpox: This guidance, which ***is specific to West Africa (clade II) only***, is available here. The document provides specific guidance for healthcare workers on infection prevention and control precautions for the management of probable, suspected or confirmed mpox cases (Clade II). It provides detail on the management of IPC for mpox in different healthcare settings (acute healthcare and ambulatory settings).

G. High complexity mpox cases or pregnant contacts: The Health Protection Service (HPS) is available to advise the Sexual Health Services (SHS) on the management of highly complex mpox cases. The following scenarios are those which are likely to result in HPS remaining involved in the short-medium term due to their complexity (please note this list is not exhaustive):

- **Isolation concerns:**
    - Where cases are unable to isolate at home and need referral to the National Infectious Diseases Isolation Facility. SHS can make the referrals directly but engagement with HPS may be needed in addition to this in some circumstances.
    - Where cases are unwilling to isolate and may require involvement of public health and Medical Officer of Health (MOH) legislation powers
- **Testing:** Where suspect cases (high probability) are unwilling to be tested
- **Pregnancy:** Where cases or contacts are pregnant
- **Paediatric:** Where cases attend school/nursery, or are under 5 years of age
- **Congregate Settings[2]:** Where cases reside in congregate settings.

[2] *Please note the term congregate settings refers to a range of facilities where people (most or all of whom are not related) live or stay overnight and use shared spaces (e.g., common sleeping areas, bathrooms, kitchens) such as: homeless shelters, refuges, group homes and State-provided accommodation for refugees and applicants seeking protection.

- **International travel:** Where cases have travelled on international flights during their infectious period
- **Outbreaks:** Suspect/confirmed clusters or outbreaks including in sex-on-premises locations e.g. saunas, bathhouses, or other personal service settings. In this scenario, 2 or more cases linked to a setting within a short timeframe should be notified to HPS.

4.0 Identification and management of contacts

Contact tracing and post exposure prophylaxis (PEP) vaccination for sexual contacts of mpox cases are generally undertaken by the SHS. This will be set out in a memorandum of understanding (MOU), currently in development, to be agreed between Public Health and their local Sexual Health Services. Vaccines for post exposure prophylaxis (PEP) will also be available through the SHS. This is appropriate given the highly sensitive nature of contact tracing of sexual contacts, and the significant expertise which exists within SHS.

Enhanced surveillance forms and related protocols are in place to ensure effective delivery of contact tracing services and surveillance requirements. The Health Protection Service will remain involved in the investigation of non-sexual contacts via local Departments of Public Health. HPS will also remain available to advise SHS on the public health management of contacts of high complexity, as required. This may arise if the contact is pregnant as stated above.

Contact management: Community contacts should be managed as set out in the contact tracing matrix within Chapter 4: Interim Guidance for Contact Tracing of MPOX Cases here; related forms are in the appendices. Note scenarios provided relate to high medium and low risk contacts respectively.

Health and care worker contact management: This is set out in the contact tracing matrix within Chapter 4: Interim Guidance for Contact Tracing of MPOX Cases here; related monitoring forms are in the appendices.

5.0 Escalation thresholds for mpox

Escalation thresholds for raising concern re mpox cases have been agreed as follows:

1. the number of cases in any transmission network (gbMSM or otherwise), is increasing (e.g. average frequency greater than one case a week over a 4-week period)
2. the geographical pattern of gbMSM cases is changing

Action: Enhanced review within Public Health to see if change continues over time, and is experienced elsewhere too

If any of the following are seen:

3. community transmission outside the main networks of transmission with no identifiable link to another case (no travel history or links)
4. evidence of re-infection or vaccine failure (individual cases of)
5. clear evidence that cases are rising (e.g. consistent increase in weekly average number of cases)
6. clear evidence that community transmission is occurring across wider geographical areas
7. a larger cluster or outbreak (e.g. following a particular event, or with a rapid increase in a short period)
8. increase in severity of cases

ACTION:

The HPSC should alert national partner organisations including Clinical Lead Sexual Health, STI/ID Clinicians, Infectious Disease and Clinical Microbiology Clinicians, Paediatricians, General Practitioners, NGOs etc, update Dynamic Risk Assessment and consider reconvening the National Incident Management Team (N-IMT) mpox. This should be led by Public Health.

6.0 Infection Prevention and Control Advice

Guidance for healthcare workers on infection prevention and control (IPC) precautions for mpox, which ***is specific to West Africa (clade II) only***, is available here.

Individuals who do not require hospitalisation for medical indications may be isolated in the household setting and other non-healthcare settings using appropriate infection, prevention and control precautions. Prevention of transmission of infection by respiratory and contact routes is also required in the household setting. Scabs are also infectious, and care must be taken to avoid infection through handling bedding, clothing etc.

The ability to implement infection, prevention and control precautions in a household setting is likely to vary and should be based on a Public Health Risk Assessment. The following factors should be taken into consideration:

- Type of household setting e.g. in the home setting, apartment complex, direct provision centre, hostel, etc.
- The nature and extent of lesions in each case
- Unable to avoid contact with immunosuppressed people, pregnant women, and children aged under 13 years
- The presence of additional infected or uninfected persons or pets in the home
- Social and psychological dependency factors
- If an individual is a child or adult
- The following principles should be considered and adopted to the greatest extent possible in the household setting.

6.1 Hand Hygiene

- Careful hand and respiratory hygiene are recommended for the case and everyone in the household
- Hand hygiene (i.e., hand washing with soap and water or use of an alcohol-based hand rub) should be performed by infected persons and household contacts after touching lesion material, clothing, linens, or environmental surfaces that may have had contact with lesion material
- Refer to hand hygiene poster here.

6.2 Use of Personal Protective Equipment

- All confirmed cases **should wear a medical grade[3] (surgical) mask**, especially those who have respiratory symptoms (e.g., cough, shortness of breath, sore throat) when they come into close contact (<1m) with other household contacts. If this is not feasible (e.g., a child with mpox), other household members should be advised to wear a medical grade (surgical) mask when in the presence of the person with mpox.
- The person caring for or supporting the person with mpox should wear disposable gloves for direct contact with lesions and handling soiled personal clothing or linen.
- Skin lesions should be covered (if tolerated) to the best extent possible (e.g., long sleeves, long pants) to minimize risk of contact with others.
- Materials from infected individuals (e.g., dermal crusts) or fomites (e.g., bed linens) are high risk for onward transmission. Gloves and masks should be worn by those changing bed linens and they should be advised not to shake the linen to prevent dispersal of skin scales and virus particles.

[3] https://www.ecdc.europa.eu/sites/default/files/documents/Monkeypox-multi-country-outbreak.pdf

- Recommend opening windows to ensure the area is well ventilated (during these activities), bearing in mind the person's comfort.

6.3 Laundry

- Cleaning of domestic settings should be carried out in the following order
    - Contaminated clothing and linens should be collected first before the room is cleaned. Personal clothing or linen items should not be shaken or handled in a manner that may disperse infectious particles
- Items that have been in direct contact with the skin of an infected person and are not easily washed in a domestic washing machine such as duvets, pillows, or blankets, can be placed in a bag and sealed.
- Care should be taken when handling soiled laundry, such as bedding, towels and personal clothing, to avoid direct contact with contaminated material. Disposable gloves should be worn, hands should be cleaned immediately after removing the gloves. This should be undertaken by the confirmed case where possible.
- Place linen in a disposable bag for transfer to the washing machine to avoid dispersal of virus particles and skin scales
- Contaminated clothing and linens should be washed at 60°C cycles using an extended washing cycle. Do not overload the washing machine (aim for half or two-thirds full) and avoid shorter 'economy cycles' (those which reduce water and save energy) until the individual has fully recovered
- Whenever possible, confirmed mpox cases should do their own laundry and keep their laundry items separate from the rest of the household's laundry and wash them using their normal detergent, following manufacturer's instructions
- Washed items should not be placed into areas where they may be re-contaminated during the cleaning process
- If an individual does not have a washing machine, they can handwash their laundry using warm water and normal detergent. This might be more effective in a large sink or bathtub. It is important to clean and disinfect all surfaces when finished wearing disposable gloves. Take extra care if using bleach to clean these surfaces afterwards.

6.4 Environmental Cleaning

- Carpets, curtains and other soft furnishings can be steam cleaned
- Dishes and other eating utensils should not be shared unless they are properly washed
- Individuals should handle their own used dishes and other eating utensils, and if they have one, use a dishwasher with hot water (over 60^{o}C) and detergent to clean and dry

these items. If this is not possible, dishes and other eating utensils should be washed using their usual washing up liquid and warm water and leave them to air dry

- If an individual has lesions on their hands and no access to a dishwasher, they should be advised to wear single use disposable gloves or reusable washing up gloves while washing up. Any reusable gloves should not be shared and should be discarded at the end of their isolation period
- Regularly clean frequently touched surfaces, such as door handles and light switches and use a damp cloth to prevent dust from accumulating on surfaces, especially in the bedroom
- Contaminated surfaces should be cleaned and disinfected. Single-use disposable cleaning cloths are recommended for cleaning surfaces. If single use cloths are not available, wash cloths at the highest temperature possible e.g. at least 60°C cycle
- Standard household cleaning/disinfectants may be used in accordance with the manufacturer's instructions
- Particular attention should be paid to the cleaning of toilets and frequently touched surfaces especially if shared by other household contacts
- Carpets etc. can be cleaned using a HEPA filtered vacuum cleaner (if available); care must be taken when disposing of the vacuum cleaner bag/contents to minimise dispersal of dust particles. Vacuum cleaner waste should be carefully emptied into a disposable rubbish bag.
- Personal waste (such as used tissues) and disposable cleaning cloths can be disposed of in disposable rubbish bags and secured pending collection
- As an additional precaution, all disposable rubbish bags should be placed into a second disposable bag, tied securely, before being disposed of as usual with domestic waste. All rubbish bags should be stored securely until bin collection. Waste should not be put into recycling bins until the period of self-isolation has ended.

7.0 Ending self-isolation (de-isolation) in the household setting

This guidance relates to individual cases who have been either diagnosed and managed at home throughout their illness, or who have been discharged from hospital to isolate at home (MPXV Clade II). Arrangements for individuals should be considered on a case-by-case basis.

7.1.1 Ending self-isolation

Individuals may be able to end self-isolation at home once the following clinical and lesion criteria have been met.

The individual:

- has not had a high temperature for at least 72 hours
- has had no new lesions in the previous 48 hours
- all lesions have scabbed over
    - In addition, any lesions on the face, arms and hands have scabbed over, all the scabs have fallen off and a fresh layer of skin has formed underneath
- has no lesions in the mouth

If all of the points above are met, the individual may be able to stop self-isolating, but should contact their medical team for further advice.

The individual should continue to avoid close contact with young children, pregnant women and immunosuppressed people until the scabs on all their lesions have fallen off and a fresh layer of skin has formed underneath. This is because they may still be infectious until the scabs have fallen off.

After their self-isolation has ended, they should cover any remaining lesions when leaving the house or having close contact with people in their household until all the scabs have fallen off and a fresh layer of skin has formed underneath.

References

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