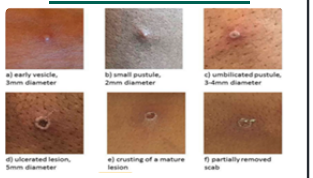
Interim Mpox (MPXV CLADE I & II) ASSESSMENT AND TESTING PATHWAY FOR ADULTS IN ACUTE SETTINGS AND HIV/STI/ID CLINICS

Version 1.7 (21/02/2025)

Clinical Pictures



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

A: Adult patient presents with[1]:

One or more of:

- Unexplained recent onset rash which may include single or multiple lesions in the ano-genital region or elsewhere on the body.
- Mucosal lesions – single or multiple lesions which may be oral, conjunctival, urethral, penile, vaginal or anorectal.
- Proctitis (rectal pain/tenesmus/rectal bleeding).
- One or more classical symptom(s) of mpox (monkeypox) infection - acute illness with fever (>38.5◦C), headache, myalgia, arthralgia, back pain, lymphadenopathy, asthenia, fatigue.

AND one or more of

- **Travel history to countries where Clade I Mpox virus is currently endemic, where there is evidence of sustained human to human transmission of Clade I Mpox virus, or where there is a risk of Clade I virus[2,3] OR**
- **An epidemiological link to a confirmed or suspected case of mpox from Clade I Mpox virus affected countries[2,3] in the 21 days before symptom onset**

OR

- Reports a change in sexual partners in the 21 days prior to symptom onset, regardless of sexual practice[4] OR
- An epidemiological link to a confirmed or probable case of mpox in the 21 days before symptom onset

[1]***Differential diagnosis:*** *VZV (chickenpox/shingles), HSV, Enterovirus (Coxsackie/Hand Foot & Mouth), Influenza-like illness (ILI), EBV, CMV*
[2]Up to date information regarding the global distribution of reported mpox clades may be found on the WHO website
[3] Up to date information regarding the global distribution of reported mpox clades and a list of "at risk" countries can be found on the UKHSA website
[4]*Noting that Clade II infection is more likely in gbMSM with recent partner change*

A clinician with experience in diagnosing Mpox may test individuals with a compatible clinical presentation in the absence of epidemiological criteria

B: Operational Case Definitions

The following patients should be managed as **HCID cases** (pending confirmation of clade type where appropriate):

- Confirmed mpox case where clade I has been confirmed
- Confirmed or clinically suspected mpox case but clade not yet known and one or more of:
  - **Travel History to an area where** there is evidence of sustained human to human transmission of clade I MPXV OR where clade I MPXV is currently endemic OR where there is a current risk of clade I MPXV (See WHO and UKHSA websites)
  - **Close or intimate in-person contact** with individuals in a social network currently experiencing clade I MPXV activity OR An epidemiological link to a confirmed or suspected case of mpox from clade I affected countries (See UKHSA website)

The following patients should be managed as **non-HCID cases**.
Confirmed as Clade II MPXV, or

- Confirmed or clinically suspected mpox but clade not known, and all the following conditions apply:
  - There is no history of travel to Clade I MPXV affected countries within 21 days of symptom onset.
  - There is no link to a suspected case from Clade I MPXV affected countries or specified surrounding countries within 21 days of symptom onset.

C: If Clade I MPXV infection is suspected based on travel history or contact with a confirmed/suspected case from the affected geographical area

- Receiving team to make a clinical assessment with prompt input from local ID/Clinical Micro.
- Treating Physician to give immediate preliminary notification to Public Health to facilitate timely Public Health action.
- ID/Clinical Micro/Treating Physician to contact either Paediatric ID on call in CHI (patients <16 years or age) or NIU (patients 16 years and over) for clinical advice and potential of transfer.
- Ensure that **enhanced PPE is used** as per *HCID IPC guidance*.
- Follow steps 2-7 as per Box D.

D: If clinically suspected case definition (Clade II) is met the treating clinician should:

1. Ensure that correct PPE is used. See NCEC and AMRIC IPC guidance.
2. Perform clinical assessment and test for mpox.
3. Sample will also be tested for Varicella and Herpes Simplex Virus.
4. Inform Local Laboratory (or NVRL if no local laboratory co-located) of probable case
5. Collect a swab of the lesion or lesion fluid in viral transport medium. If there is no lesion but mpox is still suspected please collect a throat swab in viral transport medium.
6. When testing for mpox, essential reading on this process should be reviewed, **please see sample collection and lab transport guidance here.**
7. Collect information on contacts in the setting to help contact tracing if the person becomes a confirmed case.

Hospital Management (Clade I)

- **Isolate in a single room** with en-suite facilities (with negative pressure ventilation if available) while awaiting test results.
- **STANDARD, CONTACT, DROPLET & AIRBORNE PRECAUTIONS** as per *HCID IPC guidance*.

LABORATORY TEST POSITIVE CLADE I

If Clade I MPXV infection is confirmed – link with clinical team, IPC and continue with HCID precautions. Contact the NIU via Mater Switchboard to inform them of the result

- Laboratory to inform treating clinician and Department of Public Health.
- All patient management to be supported by input from ID Clinician/Microbiologist in line with IPC guidance.

Hospital Management (Clade II)

- Treating clinician determines need for admission for care and discusses with locally agreed unit to arrange admission so they can prepare IPC measures and a named designated area.
- ISOLATE in a single room, if possible, even if the patient is vaccinated e.g. if patient has received Imvanex®.
- **STANDARD, CONTACT, DROPLET & AIRBORNE PRECAUTIONS** as per NCEC and AMRIC guidance.
- Continue isolation in a single room with en-suite facilities (with negative pressure ventilation if available) while awaiting test results.
- If not already in acute setting, contact the National Ambulance Service (NAS) on 0818 501 999 and indicate status of patient including mpox probable case status and the exact designated location for transfer by NAS to hospital. If the person is critically unwell the clinician should call 112/999.

LABORATORY TEST NOT DETECTED

- Maintain IPC precautions until discussed with clinical team +/- IPC team.
- See NCEC and AMRIC IPC guidance.

LABORATORY TEST POSITIVE CLADE II

If Clade II MPXV infection is confirmed – link with clinical team, IPC and continue with non-HCID precautions.

- Laboratory to inform treating clinician and Department of Public Health.
- All patient management to be supported by input from ID Clinician/Microbiologist in line with IPC guidance.

Home/Community Management (Clade II)

- Patients should be advised to remain in self-isolation pending test result.
- The patient may be driven home by a person who has already had significant exposure to the case.
- The patient may drive home if feeling well enough to drive.
- 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.