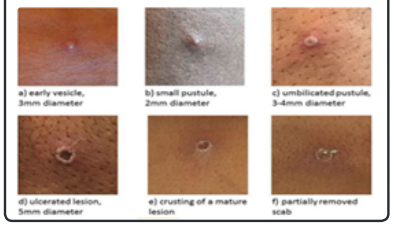
Interim Mpox (MPXV CLADE I & II) ASSESSMENT PATHWAY FOR CLINICAL SETTINGS IN THE COMMUNITY *Version 3.2 30.10.24*

Clinical Pictures



A: Person phones or 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

If YES to travel history OR Epi link AND has compatible clincal symptoms (Possible Clade I)

If YES to compatible clinical symptoms but NO to travel history and NO to Epi link (Possible Clade II)

IMMEDIATE ACTIONS (Possible Clade I)

- Contact local Infectious Disease (ID)/Clinical Micro to discuss clinical scenario, including travel history and/or link with confirmed case. ID/Clinical Micro will advise on next steps and arrangements for transfer to receiving hospital, and testing. ID/Clinical Micro will inform **Public Health** if concerns that history fits potential Clade I case. ID/Clinical Micro/Treating Physician may contact Paediatric ID on call in CHI (patients <16 years or age) or NIU (patients 16 years and over) for further advice.
- Alert the receiving hospital so they can prepare IPC measures and a named designated area. Allow adequate time for controlled admission to receiving hospital.

If person phones primary care

- Arrange remote/virtual clinical assessment.
- Advise to remain in situ and self-isolate in a single room (with en-suite if possible) until arrangements for transfer to receiving hospital and testing are discussed with ID/Clinical Micro.

If person presents to primary care setting:

- Conduct a Point of Care Risk Assessment. Place the person in a room on their own until transfer to receiving hospital arranged.
- Use STANDARD CONTACT and AIRBORNE PRECAUTIONS (Box B.)
- Assess clinical status of the person
- Collect information on contacts in the primary care setting to help contact tracing if the person becomes a confirmed case.
- Once person has left the primary care facility: Do not use the room until appropriate environmental cleaning and disinfection has taken place. Refer to IPC precautions.
- Advance communication with the receiving hospital regarding suspected Mpox Clade I requiring assessment/management

Transport

Planned scheduled transport through the National Ambulance Service (NAS) is possible. This must only be triggered by ID/Clinical Micro or Public Health clinician, stating that it is a planned scheduled transport situation. Contact NAS on 0818 501 999 and indicate status of person including **Mpox Clade 1** 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.

If person phones primary care/GP OOH* (Possible Clade II)

If the person is well:

- Contact local ID/GU service so that remote/virtual 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. Consider referral to the National Infectious Diseases Isolation Facility for patient management if the environment is challenging. Queries regarding the referral process and suitability for isolation can be raised with the nursing team on a 24-hour basis, by calling **(01) 921 0158 or (087) 721 9164.**
- ID clinician should notify the testing centre in advance

***If presenting out of hours**, the person should continue to self-isolate and be discussed with on call local ID/clinical micro services.

If person presents to primary care/GP OOH* setting (Likely Clade II)

- Conduct a Point of Care Risk Assessment. Place the person in a room on their own
- Use **STANDARD CONTACT, DROPLET and AIRBORNE PRECAUTIONS** (Box B.)
- 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. Refer to Box B for advice on precautions.

If the person is well:

- 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. Check with ID services regarding advice.

***OUT OF HOURS:** The person should self-isolate at home and be discussed with on call local ID/clincal micro services.

If the person is very unwell and may require hospitalisation

- 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.

Isolation & Quarantine advice

All persons with suspected Mpox should 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.

B: STANDARD PRECAUTIONS at all times for all patients.

Conduct IPC Point of Care Risk Assessment.

AND

For probable cases of mpox

1. Respirator Mask: FFP2/3, if person has respiratory symptoms.
2. Surgical Face Mask, Type II R, if person 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. Disposable 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.

Transport (Likely Clade II)

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 is not available, planned scheduled transport through the **National Ambulance Service (NAS)** is possible. This must only be triggered by ID/GUM or Public Health clinician, stating that it is a planned scheduled transport situation.

Contact 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.

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