

Suspected Mpox Pathway for Patients self-presenting at Emergency Departments

Does the patient have clinical signs and symptoms of being a suspected case?

- Febrile prodrome (fever >38, chills, headache, exhaustion, myalgia, arthralgia and lymphadenopathy)
- Unexplained lesions compatible with mpox anywhere on the body (anywhere on the skin, oral, genital or ano-genital lesions or proctitis)

NO

Consider alternative diagnosis, seeking advice as required as part of normal clinical pathways

YES

Isolate as per local pathways and clinically assess in line with guidance using HCID PPE

Does the patient meet the operational case definition?

- Confirmed case of Clade 1 Mpox
- An epidemiological link to a confirmed or suspected case on Mpox in the 21 days before symptom onset
- Travel history to specified countries with a risk of Clade-1 exposure within 21 days of symptom onset
- Identifies as a gay, bisexual or other man who has sex with men (GBMSM)
- 1 or more sexual partners in the 21 days before symptom onset
- Has none of the above risk factors but has been discussed with local infection services and investigated locally for common diagnosis without a cause identified
- Has a relevant zoonotic link, including contact with a wild or captive mammal that is an African endemic species (including derived products e.g. game meat)

NO

Liaise with local infection specialists/microbiology if clinical suspicion remains to agree next steps – including assessment for conditions such as malaria which could also cause illness in a returning traveller

YES

Liaison with local infection specialist/Microbiology to discuss next steps, begin symptomatic treatment and ensure isolation and appropriate PPE is maintained throughout.

Local Infection Specialist/Microbiology to discuss risk assessment with Imported Fever Service (0844 778 8990)

Links & Guidance

Operational Mpox case definition - including countries of risk

Mpox case definition

National Infection Prevention & Control Manual (NIPCM)

Addendum on HCID PPE

Preparedness Actions

- Providers to ensure that all clinical services are aware of the public health messaging and that a differential diagnosis of Mpox should be considered in any patient that meets the operational case definition
- Providers should review current IPC plans, PPE availability, waste management and staff training to ensure that arrangements are in place to safely assess and treat patients presenting with suspected Mpox
- Providers should review existing plans and clinical pathways ensuring that staff are aware of the arrangements for isolation, clinical management, specialist infection advice, PPE and associated infection control measures

Emergency Department Mpox pathway checklist – probable or possible cases

	Tick
Have you isolated the patient?	<input type="checkbox"/>
Have you got access to the appropriate PPE (including donning & doffing procedures) to undertake a clinical assessment?	<input type="checkbox"/>
Speak to your Local Infection Specialist/Microbiologist for advice. Contact with the Imported Fever Service should be via your local infection specialist ONLY	<input type="checkbox"/>
Notify the relevant people in your department as per local pathways and agree clinical management plan whilst awaiting test results	<input type="checkbox"/>

Suspected Mpox Pathway for Patients referred to ED for clinical assessment and testing by a Health Care Professional

Patient has been identified as a suspected case of Mpox by a Health Care Professional (including designated medical contacts for Returning Workers)

HCP should contact ED to agree arrangements for transfer (e.g. likely time of arrival, arrival point, what to do on arrival, including phone number to notify of arrival)

Assessment indicates patient is clinically stable and can transport themselves to attend ED via their own transport, whilst maintaining isolation

Assessment indicates patient is clinically unwell and should be transported by ambulance, or is unable to self-transfer whilst maintaining isolation

Confirm with patient arrangements for transfer –

- Maintain isolation
- Where to present
- Who to contact upon arrival

HCP to contact regional ambulance service to arrange transfer, clearly stating the patient is a suspected Mpox case

Patient to be managed as per local pathways and in line with Suspected Mpox Pathway for Patients self-presenting at Emergency Departments

Links & Guidance

Operational Mpox case definition - including countries of risk

Mpox case definition

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Addendum on HCID PPE

Preparedness Actions

- Providers to ensure that all clinical services are aware of the public health messaging and that a differential diagnosis of Mpox should be considered in any patient that meets the operational case definition
- Providers should review current IPC plans, PPE availability, waste management and staff training to ensure that arrangements are in place to safely assess and treat patients presenting with suspected Mpox
- Providers should review existing plans and clinical pathways ensuring that staff are aware of the arrangements for isolation, clinical management, specialist infection advice, PPE and associated infection control measures

HCP Referral Mpox pathway checklist – probable or possible cases

	Tick
Have you isolated the patient?	<input type="checkbox"/>
Have you assessed the patient's ability to self-transfer?	<input type="checkbox"/>
Have you confirmed transfer/arrival arrangements with the receiving department?	<input type="checkbox"/>
Have you confirmed arrangements with the patient, including a phone number to contact upon arrival	<input type="checkbox"/>

Suspected Mpox Pathway for Patients who contact health services by phone or present at a community-based setting

Patient has been identified as requiring a clinical assessment to determine if they are a suspected case

Initial assessment of patient to determine whether they are clinically stable or require immediate intervention, in community/outpatient settings (e.g. WIC and community pharmacies)
 Patients should be isolated/socially distanced and a virtual assessment should take place (e.g. by phone) staff should not physically assess the patient without PPE

Assessment indicates patient is clinically stable and can remain at home (or return home via their own transport) whilst maintaining isolation

Patient should be advised to return home, maintain isolation and contact 111

111 pathway implemented

Assessment indicates patient is clinically unwell and should be transported by ambulance, or is unable to self-transfer whilst maintaining isolation

Advise the patient to dial 999 if urgent, or contact regional ambulance service to arrange transfer, clearly stating the patient is a suspected Mpox case

Emergency Department Pathway implemented

Links & Guidance

Operational Mpox case definition - including countries of risk

Mpox case definition

National Infection Prevention & Control Manual (NIPCM)

Addendum on HCID PPE

Preparedness Actions

- Providers to ensure that all clinical services are aware of the public health messaging and that a differential diagnosis of Mpox should be considered in any patient that meets the operational case definition
- Providers should review current IPC plans, PPE availability, waste management and staff training to ensure that arrangements are in place to safely assess and treat patients presenting with suspected Mpox
- Providers should review existing plans and clinical pathways ensuring that staff are aware of the arrangements for isolation, clinical management, specialist infection advice, PPE and associated infection control measures

Community based Mpox pathway checklist – probable or possible cases

	Tick
Where possible isolate/socially distance from the patient	<input type="checkbox"/>
Have you assessed the patient's ability to self-transfer (maintaining self-isolation)?	<input type="checkbox"/>
Seek advice from local Infection Prevention & Control as required (e.g. cleaning requirements)	<input type="checkbox"/>

Local IPC Guidance contact:

Suspected Mpox Pathway for Patients self-presenting in Primary Care

Patient presents to primary care and is identified as at risk of possible Mpox

Does the patient have clinical signs and symptoms of being a suspected case?

- Febrile prodrome (fever >38, chills, headache, exhaustion, myalgia, arthralgia and lymphadenopathy)
- Unexplained lesions compatible with mpox anywhere on the body (anywhere on the skin, oral, genital or ano-genital lesions or proctitis)

NO

Consider alternative diagnosis, seeking advice as required as part of normal clinical pathways

YES

Isolate the patient in a treatment room with access to a phone and undertake a clinical assessment of the patient

- Where appropriate PPE is available this can be done in person, where appropriate PPE is **not** available this should be done virtually

Where suspected cases present in primary care, General Practitioners should isolate the patient in a single room and contact their local infection service for advice, including immediate precautions in the setting – clinical staff should wear face fit tested FFP3 masks, eye protection, long-sleeved fluid resistant gowns and gloves to provide care if immediately required.

Does the patient meet the operational case definition?

- Confirmed case of Clade 1 Mpox
- An epidemiological link to a confirmed or suspected case on Mpox in the 21 days before symptom onset
- Travel history to specified countries with a risk of Clade-1 exposure within 21 days of symptom onset
- Identifies as a gay, bisexual or other man who has sex with men (GBMSM)
- 1 or more sexual partners in the 21 days before symptom onset
- Has none of the above risk factors but has been discussed with local infection services and investigated locally for common diagnosis without a cause identified
- Has a relevant zoonotic link, including contact with a wild or captive mammal that is an African endemic species (including derived products e.g. game meat)

NO

Liaise with local infection specialists/microbiology if clinical suspicion remains to agree next steps – including assessment for conditions such as malaria which could also cause illness in a returning traveller

YES

Follow the suspected case of Mpox identified by a Health Care Professional Pathway

Local IPC Guidance contact:



Links & Guidance

Operational Mpox case definition - including countries of risk

Mpox case definition

National Infection Prevention & Control Manual (NIPCM)

Addendum on HCID PPE

Preparedness Actions

- Providers to ensure that all clinical services are aware of the public health messaging and that a differential diagnosis of Mpox should be considered in any patient that meets the operational case definition
- Providers should review current IPC plans, PPE availability, waste management and staff training to ensure that arrangements are in place to safely assess and treat patients presenting with suspected Mpox – this should include identifying a suitable room and access & egress arrangements
- Providers should review existing plans and clinical pathways ensuring that staff are aware of the arrangements for isolation, clinical management, specialist infection advice, PPE and associated infection control measures

HCP Referral Clade 1 Mpox pathway checklist – probable or possible cases

	Tick
Have you isolated the patient?	<input type="checkbox"/>
Have you assessed the patient's ability to self-transfer?	<input type="checkbox"/>
Have you confirmed transfer/arrival arrangements with the receiving department?	<input type="checkbox"/>
Have you confirmed arrangements with the patient, including a phone number to contact upon arrival	<input type="checkbox"/>
Seek advice from local Infection Prevention & Control as required (including cleaning)	<input type="checkbox"/>