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:

UKHSA - 0300 3038162 (choose option 2)
IPC Team - somicb.infectionpreventioncontrolteam@nhs.net

NHS England

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