

# IPC Guidance: Management of Patient with suspected/confirmed Mpox

v2 October 2024

Patient/resident develops any of the following symptoms

The illness begins with:

- fever
- swollen lymph nodes
- headache
- chills
- muscle aches
- exhaustion
- backache
- joint pain

Within 1 to 5 days after the appearance of fever, a rash develops, often beginning on the face then spreading to other parts of the body.

The rash changes and goes through different stages before finally forming a scab which later falls off – **see image**

1. Take a photo of the rash/lesion and upload it to EPR
2. Refer to Tissue Viability Nurse and Medical/GP service (office hours) or Clinical Response Service (out of office hours) for clinical assessment and ruling out of Tissue viability issue.

If tissue viability issue is ruled out, please contact IPC service or Clinical Response service (out of office hours) for further assessment

Is Mpox suspected?

**For IPC/TVN/CRS use only**

## Images of individual mpox lesions



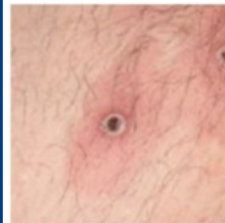
a) Early vesicle, 3mm diameter



b) Small pustule, 2mm diameter



c) Umbilicated pustule, 3-4mm diameter



d) Ulcerated lesion 5mm diameter



e) Crusting of mature lesions



f) Partially removed scab

### Testing for Mpox

- Obtain the following samples for Mpox investigation:
- x2 green-top viral swab of skin lesion (de-roof lesion with green needle then swab the freshly de-roofed ulcer)
- 1 sample for Varicella screen
- 1 sample for Mpox

### Important to note:

1. Please use the correct Microbiology form – appendix 1 Varicella/ appendix 2 Mpox
2. Inform IPC service that a Mpox test was sent for the suspected patient



# Actions

1. Isolation	Suspected cases MUST be put on isolation immediately Single room allocation and ISOLATION door signage
2. PPE	<p>For possible/probable cases, the minimum PPE is:</p> <ul style="list-style-type: none"> <li>• gloves</li> <li>• fluid repellent surgical facemask (FRSM) (an FRSM should be replaced with an FFP3 respirator and eye protection if the case presents with a lower respiratory tract infection with a cough and / or changes on their chest x-ray indicating lower respiratory tract infection)</li> <li>• apron</li> <li>• eye protections is required if there is a risk of splash to the face and eyes (for example when taking diagnostic tests)</li> </ul> <p>For confirmed cases requiring ongoing clinical management (e.g., inpatient care or repeated assessment of an individual who is clinically unwell or deteriorating), the minimum recommend-ed PPE for healthcare workers is:</p> <ul style="list-style-type: none"> <li>• fit-tested FFP3 respirator</li> <li>• eye protection</li> <li>• long sleeved, fluid repellent, disposable gown</li> <li>• gloves</li> </ul> <p>The above PPE will be used as the basis for contact classification.</p>
3. Waste management	All clinical waste MUST be disposed of in the ORANGE clinical waste
4. Laundry management	Patient's laundry MUST be placed in a red alginate bag first before placing it to correct laundry plastic bag (WHITE or BLUE depending on the item for washing).
5. Equipment	Use a Chlorine based solution – Tristel to clean and disinfect all equipment used by the patient
6. Environment	Request for Chlorine based room cleaning from Domestic services for 4 weeks
7. Visitors	Discuss visiting arrangements with IPC service
8. IPC standard practice	5 moments of hand hygiene

## References

<https://www.nhs.uk/conditions/monkeypox/>

<https://www.gov.uk/guidance/monkeypox#transmission>

<https://www.who.int/news-room/fact-sheets/detail/monkeypox>

<https://www.gov.uk/government/publications/principles-for-monkeypox-control-in-the-uk-4-nations-consensus-statement/principles-for-monkeypox-control-in-the-uk-4-nations-consensus-statement>

**MICROBIOLOGY**

Telephone 020 8725 5693



NHS NUMBER

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SURNAME

FORENAME

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
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REQUESTING GP

GP CODE

SURGERY

SURGERY CODE

CONTACT NUMBER FOR SIGNIFICANT RESULTS

SPECIMEN TYPE

**Lesion swab**


HOSPITAL NUMBER

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PATIENT ADDRESS



POSTCODE:

PATIENT TELEPHONE NUMBER

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CLINICAL DETAILS

**VARICELLA SCREEN**

DATE OF ONSET/EXPOSURE

DRUG/ANTIMICROBIAL THERAPY

RECENT TRAVEL

NHS

PRIVATE

CAT II

**BACTERIOLOGY**

- MC + S  
 MYCOLOGY  
 CHLAMYDIA/GC PCR  
 OCP stool microscopy  
 (must include clinical details)

**VIROLOGY AND SEROLOGY**

- HIV Ag/Ab       HIV, HEPB, HEPC       ACUTE HEPATITIS SCREEN  
 ANC (including HIV)       ANC (excluding HIV)       EBV/CMV SEROLOGY  
 SYPH       ANTI HBS (hep B vac response)

VIRUS DETECTION (Please specify):

**FAO: VIROLOGY**

OTHER TESTS REQUIRED :

SPECIMEN DATE

D	D	M	M	Y	Y	Y	Y
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TIME

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PHLEBOTOMIST NAME

PHLEBOTOMIST SIGNATURE

REFER TO [WWW.SWLPATH.NHS.UK](http://WWW.SWLPATH.NHS.UK) FOR SAMPLE TUBE AND SAMPLE COLLECTION REQUIREMENTS

IF CLINICAL DETAILS DO NOT JUSTIFY THE REQUESTED TESTS THEY MAY NOT BE PERFORMED

**MICROBIOLOGY**

Telephone 020 8725 5693



NHS NUMBER

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SURNAME

FORENAME

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
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REQUESTING GP

GP CODE

SURGERY

SURGERY CODE

CONTACT NUMBER FOR SIGNIFICANT RESULTS

	<b>07471511436</b>	
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SPECIMEN TYPE

**Lesion swab**


HOSPITAL NUMBER

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PATIENT ADDRESS



POSTCODE:

PATIENT TELEPHONE NUMBER

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CLINICAL DETAILS

**MPOX SCREEN**

DATE OF ONSET/EXPOSURE

DRUG/ANTIMICROBIAL THERAPY

RECENT TRAVEL

NHS

PRIVATE

CAT II

**BACTERIOLOGY**

- MC + S
- MYCOLOGY
- CHLAMYDIA/GC PCR
- OCP stool microscopy  
(must include clinical details)

**VIROLOGY AND SEROLOGY**

- HIV Ag/Ab
- ANC (including HIV)
- SYPH
- HIV, HEPB, HEPC
- ANC (excluding HIV)
- ANTI HBS (hep B vac response)
- ACUTE HEPATITIS SCREEN
- EBV/CMV SEROLOGY

VIRUS DETECTION (Please specify):

**FAO: VIROLOGY****URGENT SAMPLES for Mpx screening**

OTHER TESTS REQUIRED :

SPECIMEN DATE

D	D	M	M	Y	Y	Y	Y
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TIME

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PHLEBOTOMIST NAME

PHLEBOTOMIST SIGNATURE

REFER TO [WWW.SWL.PATH.NHS.UK](http://WWW.SWL.PATH.NHS.UK) FOR SAMPLE TUBE AND SAMPLE COLLECTION REQUIREMENTS

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