

## Suspected Mpox Virus Pathway for Patients self-presenting at Emergency Departments

**Does the patient have clinical signs and symptoms of being a possible or probable case?**

- Febrile prodrome (fever >38, chills, headache, exhaustion, myalgia, arthralgia and lymphadenopathy)
- Suspicion of Mpox (e.g. new characteristic rash, unexplained lesions, ulcers)

**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
- Travel history to DRC or specified countries, with a risk of Mpox exposure within 21 days of symptom onset
- Contact with a confirmed Mpox case within 21 days of symptom onset
- Close or intimate in person contact/epidemiological link to a Mpox case within 21 days of symptom onset

**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

UKHSA Public Health Messaging for NHS Service Providers

Operational Mpox (Clade 1) 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 Clade 1 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 Clade 1 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 <b>ONLY</b>	<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"/>