

Suspected Mpox Virus Pathway for Patients self-presenting in General Practice

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

Does the patient have clinical signs 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 the patient in a treatment room with access to a phone and undertake a remote clinical assessment

- 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.
- Where a face-to-face assessment is required, General Practitioners should don gloves, apron, a well-fitting fluid resistant surgical mask (and visor/goggles where possible), ensuring there is **no direct patient contact**, and assessment is undertaken at a distance **greater than 1 metre**.
- If there is a need to provide immediate clinical care (direct contact/<1m) clinical staff should wear face fit tested FFP3 masks, eye protection, long-sleeved splash resistant gowns and gloves, similar to that used in acute care settings

Does the patient meet the operational case definition?

- Confirmed case of 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

Contact your local infection specialist for advice. Do not test for Mpox in community settings.

Local IPC Guidance contact: (insert below)



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 – 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"/>