Interim MPXV CLADE I & II ASSESSMENT AND TESTING PATHWAY FOR USE ACUTE SETTINGS AND HIV/STI/ID CLINICS

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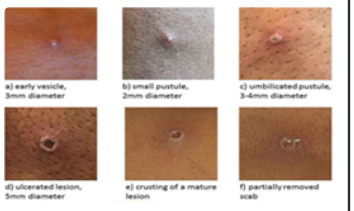
Clinical Pictures



A: Clinical Symptom(s) Considerations

A patient who has had, one or more of the following:

- Acute illness with fever (>38.5ºC), headache, myalgia, arthralgia, back pain, lymphadenopathy, asthenia.
- Unexplained recent onset generalised rash,
- An mpox compatible vesicular-pustular rash,
- Oro/ano-genital lesions,
- Proctitis (rectal pain/tenesmus),

AND one or more of

- An epidemiological link to a confirmed or probable case of mpox in the 21 days before symptom onset,
- Is gay, bisexual or other man who has sex with men (gbMSM),
- Reports a change in sexual partners in the 21 days prior to symptom onset (regardless of sexual orientation),
- **Travel history to countries with confirmed Clade I Mpox virus (DRC, Republic of Congo, Central African Republic, Burundi, Rwanda, Uganda, Kenya, Cameroon and Gabon) or a risk of Clade 1 virus (Angola, South Sudan, Tanzania, and Zambia)**

A clinician with experience in diagnosing MPXV may test individuals with a compatible clinical presentation in the absence of epidemiological criteria.

B: Operational Case Definitions

The following patients should be managed as **HCID cases** (pending confirmation of clade type where appropriate):

- Confirmed mpox case where clade I has been confirmed
- Confirmed or clinically suspected mpox case but clade not yet known and:
  - There is a travel history to the DRC or specified countries where there may be a risk of clade I exposure, or a link to a suspected case from those countries (**See Box A**), within 21 days of symptom onset and/or there is an epidemiological link to a case of Clade I mpox within 21 days of symptom onset.

The following patients should be managed as **non-HCID cases**.
Confirmed as Clade II MPXV, or

- Confirmed or clinically suspected mpox but clade not known, and all the following conditions apply:
  - There is no history of travel to the DRC or specified surrounding countries within 21 days of symptom onset.
  - There is no link to a suspected case from the DRC or specified surrounding countries within 21 days of symptom onset.

Also see NCEC IPC guidance here.

C: If Clade I MPXV infection is suspected based on travel history or contact with a confirmed/suspected case from the affected geographical area

Discuss situation with local ID/Micro. If concerns remain, clinician/Micro/ID contact NIU via Mater Switchboard to discuss patient management including possibility of transfer. If transfer to NIU agreed by the treating Clinician and NIU: NIU to trigger transfer protocol.

- Ensure that **enhanced PPE is used** as per CDC guidance.
- Follow steps 2-7 as per Box D.

D: If clinically suspected case definition (Clade II) is met the treating clinician should:

1. Ensure that **correct PPE is used**
2. Perform clinical assessment and test for mpox.
3. Sample will also be tested for Varicella and Herpes Simplex Virus.
4. Inform Local Laboratory (or NVRL if no local laboratory co-located) of probable case
5. Collect a swab of the lesion or lesion fluid in viral transport medium. If there is no lesion but mpox is still suspected please collect a throat swab in viral transport medium.
6. When testing for mpox, essential reading on this process should be reviewed, **please see sample collection and lab transport guidance here.**
7. Collect information on contacts in the setting to help contact tracing if the person becomes a confirmed case.

Hospital Management (Clade I)

- **STANDARD, CONTACT, DROPLET & AIRBORNE PRECAUTIONS** as per CDC guidance.
- Isolate in a single room with en-suite facilities (with negative pressure ventilation if available) while awaiting test results.

Hospital Management (Clade II)

- Treating clinician determines need for admission for care and discusses with locally agreed unit to arrange admission so they can prepare IPC measures and a named designated area.
- ISOLATE in a single room, if possible, even if the patient is vaccinated i.e. if given Imvanex on admission.
- **STANDARD, CONTACT, DROPLET & AIRBORNE PRECAUTIONS** as per NCEC and AMRIC guidance.
- Continue isolation in a single room with en-suite facilities (with negative pressure ventilation if available) while awaiting test results.
- If not already in acute setting, contact the National Ambulance Service (NAS) on 0818 501 999 and indicate status of patient including mpox probable case status and the exact designated location for transfer by NAS to hospital. If the person is critically unwell the clinician should call 112/999.

Home/Community Management (Clade II)

- Patients should be advised to remain in self-isolation pending test result.
- The patient may be driven home by a person who has already had significant exposure to the case.
- The patient may drive home if feeling well enough to drive.
- Where private transport is not available, public transport can be used but busy periods should be avoided. Any lesions should be covered by cloth (for example scarves or bandages) and a face covering must be worn. If public or private transport is not available, planned scheduled transport through the National Ambulance Service (NAS) (on 0818 501 999) is possible. This must only be triggered by ID/GUM or member of Department of Public Health, stating that it is a planned scheduled transport situation.
- Patient and household contacts are asked to adhere to Public Health advice on reducing their contacts and preventing infection.

LABORATORY TEST POSITIVE CLADE I

If Clade I MPXV infection is confirmed – link with clinical team, IPC and continue with HCID precautions.

- Laboratory to inform treating clinician and Department of Public Health.
- All patient management to be supported by input from ID Clinician/Microbiologist in line with IPC guidance.

LABORATORY TEST NOT DETECTED

Maintain IPC precautions until discussed with clinical team +/- IPC team.

See NCEC and AMRIC IPC guidance.

LABORATORY TEST POSITIVE CLADE II

If Clade II MPXV infection is confirmed – link with clinical team, IPC and continue with non-HCID precautions.

- Laboratory to inform treating clinician and Department of Public Health.
- All patient management to be supported by input from ID Clinician/Microbiologist in line with IPC guidance.

HSE Public Health: National Health Protection Office
FSS Sláinte Poiblí: An Oifig Náisiúnta um Chosaint Sláinte