



[Affected countries link](#)

[Mpox: guidance on when to suspect a case of mpox - GOV.UK \(www.gov.uk\)](#)

Any patients discharged with potential monkeypox should be provided with a patient information sheet (page 3)

RIE ED MPOX Guideline

PPE

All patients initially:

- FFP3 mask & visor
- Surgical gown
- Gloves

• PPE then dependant on suspected clade of MPX:

- Suspected or confirmed clade Ib MPX requires enhanced PPE as an HCID.
- Suspected or confirmed clade II MPX requires:
 - Gloves
 - Surgical gown
 - FRSM (surgical mask) & Visor
- Switch to FFP3 if cough or evidence of pneumonia.

Care provider

Where possible, **pregnant women** and **severely immunosuppressed** individuals should not assess or clinically care for individuals with suspected or confirmed monkeypox. This will be reassessed as evidence emerges.

Severely Immunocompromised (via green book chapter 6):

- Primary or acquired immunodeficiency
- Current or recent immunosuppressive or immunosuppressive biological therapy

Sampling:

Request ID advice

All samples of possible/probable cases need to be sent **via porter** in a biohazard container (kept in the control room and basement)

DO NOT USE POD SYSTEM

Unless told otherwise by ID.

See separate guide

Placement:

Minimum requirements = a single room with toilet/commode.

Ideally RIDU - capacity permitting.

If specialty requirements (maternity) admit to specialty HCID room in specialty
Admit ICU if requiring ICU care.

Transport:

Clade II: Patients should use private transport where possible

If unavoidable public transport can be used:

- Avoid busy times
- Skin lesions should be covered up with bandages or dressings
- Patient should wear a face covering

Clade Ib – SORT transfer between sites. Could be directed back to own car if well.

Cleaning:

Once patient has left leave the room empty for 10 mins with door shut.

Domestics can then clean the room with chlorclean 1000ppm wearing same PPE care the treating doctor/nurse.

Waste:

All patient waste including linen can go into an orange bin (category B)

Commode allocated to room with thickener used for liquid waste.

MPOX Patient information - 31/05/22

See NHS Inform for most recent guidance.

Anyone can get mpox.

There are broadly 2 types of mpox, Clade 1 and Clade 2.

Clade 1 mpox is usually more severe. It has occurred in parts of central and west Africa, but recently cases have increased and started to spread to nearby African countries.

An outbreak of Clade 2 mpox occurred in 2022 and currently most cases in Europe and the UK have been in gay, bisexual and other men who have sex with men.

If you're infected with mpox, symptoms usually start 5 to 21 days after infection. The symptoms often get better by themselves over 2 to 4 weeks.

Symptoms of mpox can include:

- high temperature (fever), headache, flu-like symptoms, including muscle and back aches, shivering and tiredness, swollen glands that feel like new lumps (in the neck, armpits or groin)
 - A blistering rash appears 1-5 days after the other symptoms.
- Lesions predominate on the face but may develop on the palms, soles, and dorsal hands and feet (the latter being unusual in chickenpox)
- Genital and peri-genital lesions have been conspicuous in the recent 2022 outbreak
 - Oropharyngeal lesions – erythema, oedema, and ulcers.

The skin lesions (pox) go through 4 phases:

1. Flat spots -> Raised spots -> Blisters with fluid -> Healing by scabbing or crusting over

How monkeypox is spread

Mpox does not spread very easily between people. However, you can catch it from close contact with an infected person through:

- touching blisters or scabs and having any skin contact (including sexual contact)
- touching clothes, bedding, towels or personal items used by a person who has a monkeypox rash, blisters or scabs
- coughs or sneezes from a person with monkeypox

To reduce your risk of exposure to mpox you should:

- avoid close contact, including sexual contact, with someone who may have mpox
- avoid touching the clothes, bedding or towels of a person who may have mpox
- avoid coughs and sneezes from a person who may have mpox
- practice careful hand hygiene if visiting or caring for ill friends and relatives who may have mpox.

Treating monkeypox

Mpox is usually a mild illness. Most people recover in 2 to 4 weeks. However, in some cases a patient may require hospital treatment in a specialist unit.

People who are diagnosed with mpox will need to self isolate.

Isolation advice:

People with possible, probable or confirmed mpox should avoid contact with other people **until their lesions have healed and the scabs have dried off.**

Cases can reduce the risk of transmission by following cleaning and laundry advice on NHS Inform.

While you're self-isolating, you should refrain from sexual activity to reduce the risk of infection to your partner. It's not known how long mpox virus remains present in semen and other genital fluid.

If you wish to resume sexual activity after your self-isolation has ended, you should use a condom for 12 weeks after your rash has scabbed over and scabs have fallen off. This is a precaution to reduce the risk of infection to your partner.

If people with possible, probable or confirmed mpox infection need to travel to seek healthcare, they should ensure any lesions are covered by cloth and wear a face covering and avoid public transport where possible.

Within non-domestic residential settings (for example adult social care, prisons, homeless shelters, refuges), individuals who are clinically well should be managed in a single room with separate toilet facilities where possible

Contacts of someone with monkeypox will also be risk assessed and told to isolate for 21 days if necessary

[Scottish Sexual Health Clinic Directory \(online\)](#)

Chalmers Sexual Health Services Edinburgh:

0131 536 1070

Phone lines are open Monday to Friday, 9am to 3pm.

[Useful info \(online\)](#)

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