



Mpox (monkeypox) quick guide for primary healthcare workers: Assessing and testing for mpox

All suspected cases must be notified by telephone to your local Public Health Unit at the time of consultation

Assessment

Wear the appropriate PPE including:

- fluid repellent surgical mask, gloves, disposable fluid resistant long-sleeved gown and face shield or goggles
- a fit-checked* P2/N95 mask if the patient has respiratory symptoms, if varicella or measles is suspected, or aerosol-generating procedures (e.g. conducting procedures involving oropharynx).

Suspect mpox if the patient has clinical AND epidemiological evidence.

Assess for clinical evidence, including:

- a rash or lesion on any part of the body, including the mouth or rectum; may be maculopapular, vesicular, pustule, ulcer or scab
- prodromal symptoms may or may not be present (lymphadenopathy, fever ($\geq 38^{\circ}\text{C}$), headache, myalgia, arthralgia, back pain).

Assess for epidemiological evidence:

In the 21 days before symptom onset:

- contact with a case of mpox, or
- ~~overseas travel, or~~
- sexual and/or physical intimate contact with a gay, bisexual or other man who has sex with men, or
- Sexual and/or intimate contact at events associated with mpox activity (e.g. sex-on-premises venues, festivals).

Testing and diagnosis

When collecting specimens (during consultation):

- use a sterile dry swab to vigorously rub the base of the lesion
- sample at least 2 lesions (skin, mouth or rectal) using individual swabs
- collect and send scabs if present
- in addition, obtain either a throat or nasopharyngeal swab
- use a rectal swab if proctitis only and no skin lesions
- avoid using swabs with transport medium
- double-bag the specimen in a biohazard bag to protect against leakage
- refrigerate specimen if delay in transporting specimen to the laboratory is anticipated (do not freeze).

Consider alternative diagnoses and request testing such as:

- a mpox PCR test
- document clinical features and epidemiological risk factors on the pathology request form
- consider testing for syphilis, varicella, herpes zoster, herpes simplex, measles, molluscum contagiosum, and bacterial infection, if clinically compatible presentation, in addition to mpox PCR test.

Where there is uncertainty about testing, advice can be obtained from an Infectious Disease Physician or Clinical Microbiologist.

Infection prevention and control

People with suspected mpox must be instructed to wear a mask, be diligent with hand hygiene, cover lesions where possible, abstain from sexual contact, maintain physical distancing from others and stay at home until a negative result is received.

A suspected case can leave home for essential activities only. They should avoid crowded settings, high-risk persons and high-risk settings (including schools, childcare, health care and aged care settings).

Clean and disinfect the clinical workspace after the consultation by:

- removing PPE worn during consultation and apply a new set of PPE before cleaning and disinfecting the room
- following or combining cleaning with a disinfectant process using a 2-in-1 step clean (using a combined TGA listed detergent/disinfectant wipe or solution) or alternatively 2-step clean (detergent followed by TGA listed disinfectant)
- not reusing cloths, and avoiding dry dusting, sweeping and vacuuming, to prevent dispersal of infectious particles
- pay attention to frequently touched surfaces
- once surfaces are dry, the room can be safely used for the next patient consultation.

Notification

Contact your local Public Health Unit (PHU) by telephone to notify suspected cases (after collecting specimens).

Office hours (weekdays):

Metropolitan Perth
9222 8588 or 1300 623 292

Pilbara 9174 1660 Kimberley 9194 1630

South West 9781 2359 Goldfields 9080 8200

Great Southern 9842 7500 Midwest 9956 1985

Wheatbelt 9690 1720 After hours (on-call) 9328 0553

Advise patient that mpox is notifiable to Public Health and patient may be contacted by the PHU.

If mpox result is negative, inform patient of their result and consider offering testing for BBVs and STIs.

If mpox result is positive, inform patient of their result. The PHU will provide further guidance.

Call the Clinical Microbiologist at your referring laboratory (private or PathWest) to inform them of specimens referred for mpox testing to facilitate safe handling and expedite testing.

*a 'fit-check' should be performed each time a P2/N95 respirator is used (and is independent of 'fit-testing'). See ww2.health.wa.gov.au/Articles/N_R/Respiratory-Protection-Program
For clinical alerts and updates visit ww2.health.wa.gov.au/Articles/F_I/Health-alerts-infectious-diseases. For further information visit ww2.health.wa.gov.au/Articles/J_M/Monkeypox