

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

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 compatible symptoms and is sexually active.

Assess for mpox symptoms, including:

- a rash or lesion on any part of the body, including the mouth or rectum; may be maculopapular, vesicular, pustule, ulcer or scab
- proctitis (which may present with anal or rectal pain, bloody stools or diarrhoea) or urethritis (unexplained by other causes)
- prodromal symptoms may or may not be present (lymphadenopathy, fever ($\geq 38^{\circ}\text{C}$), headache, myalgia, arthralgia, back pain and sore throat).

Who to test

Men who have sex with men (MSM) are at highest risk of mpox. Test for mpox and other sexually transmitted infections (STIs) in a sexually active person with symptoms, particularly those with the following risk factors:

- contact with a case of mpox
- sex or intimate contact with men who have sex with men
- casual or anonymous sexual encounters including at sex-on-premises venues or meeting new partners through dating or hook-up apps.

Testing and diagnosis

When collecting specimens for mpox PCR testing (during consultation);

- use a sterile dry swab (preferred) 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
- obtain either a throat or nasopharyngeal swab
- use a rectal swab if proctitis only and no skin lesions
- collect a dry urethral swab if urethritis present (alternatively first void urine if swab declined by patient)
- 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 (avoid freezing)
- document clinical features and epidemiological risk factors on the pathology request form.

Consider alternative diagnoses and request testing such as:

- test for other STIs (syphilis, HSV, HIV, gonorrhoea and chlamydia) if the person is sexually active
- consider testing for varicella, molluscum or bacterial infection.

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

Infection prevention and control

Advise people with suspected Australian-acquired mpox to:

- cover and avoid touching their lesions
- abstain from sexual activity
- wash hands often with soap and water or hand sanitiser
- cover their nose and mouth when coughing or sneezing
- wear a surgical mask if they have oral lesions, pharyngitis or respiratory symptoms
- work from home if possible
- avoid physical contact, particularly with immunosuppressed people, pregnant people and young children
- avoid high-risk settings such as childcare centres, schools, aged care facilities and health services unless medical care is required
- avoid sharing personal items such as bedding, clothes, towels and eating/drinking utensils
- clean and wash their own personal items and do their own laundry.

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 within 24 hours, but ideally at the time or soon after consultation.

Public health contact details:

Boorloo (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) 1800 434 122

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 not already requested.

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 [WA Health Respiratory Protection program](#). To see the latest [WA Health Clinician alerts and updates](#). For further information visit health.wa.gov.au/mpox