



# 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 (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
- in addition, 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).

### Consider alternative diagnoses and request testing such as:

- a mpox PCR test
- document clinical features and epidemiological risk factors on the pathology request form
- 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

Instruct people with suspected mpox to stay at home (unless for essential activities) until a negative result is received or public health provides additional advice.

They should wear a mask, be diligent with hand hygiene, cover lesions where possible, abstain from sexual contact and maintain physical distancing. 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 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](http://health.wa.gov.au/mpox)