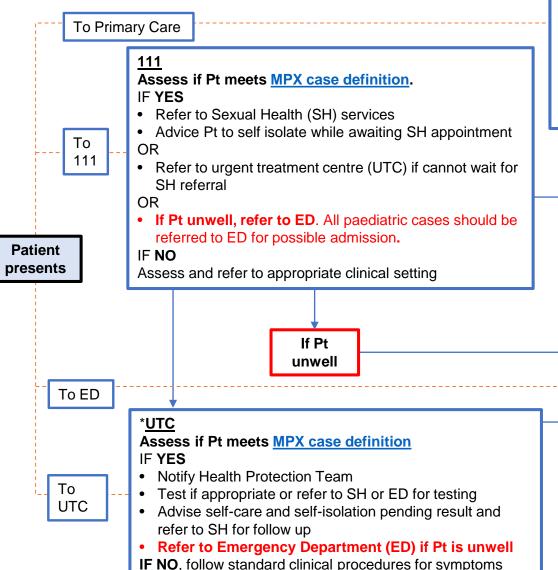
MonkeyPox (MPX) pathways for North East London

Non-Admitted pathway



Primary Care

Assess if patient (Pt) meets MPX case definition IF YES

 Refer to Sexual Health (SH) services or urgent treatment centre (UTC). All paediatric cases should be referred to ED for possible admission.

Referral to SH can be made via usual routes or via email

<u>Barts Health</u>: <u>bartshealth.monkeypoxsh@nhs.net</u> for non-urgent referral. Emails will be checked daily. <u>Homerton</u>: <u>huh-tr.sexualhealthadvice@nhs.net</u> for non-urgent referral.

Contact Tracing

lcrc@phe.gov.uk

to refer case via

BHRUT: bhrut.healthadvisers@nhs.net for non-urgent referral.

Advise Pt to self isolate while awaiting SH appointment and notify health protection team.

OR

• If Pt unwell, refer to Emergency Department (ED) and notify health protection team.

IF **NO**, follow standard clinical procedures for symptoms

SH services

Assess if Pt meets MPX case definition

- Assess whether needs admission(4)
- If admission not required Test & Refer to Virtual Management pathway*
- Advise self-care and self-isolation pending result
- If admission may be required Refer to ID for assessment (2)
- Notify Health Protection Team

Emergency Departments

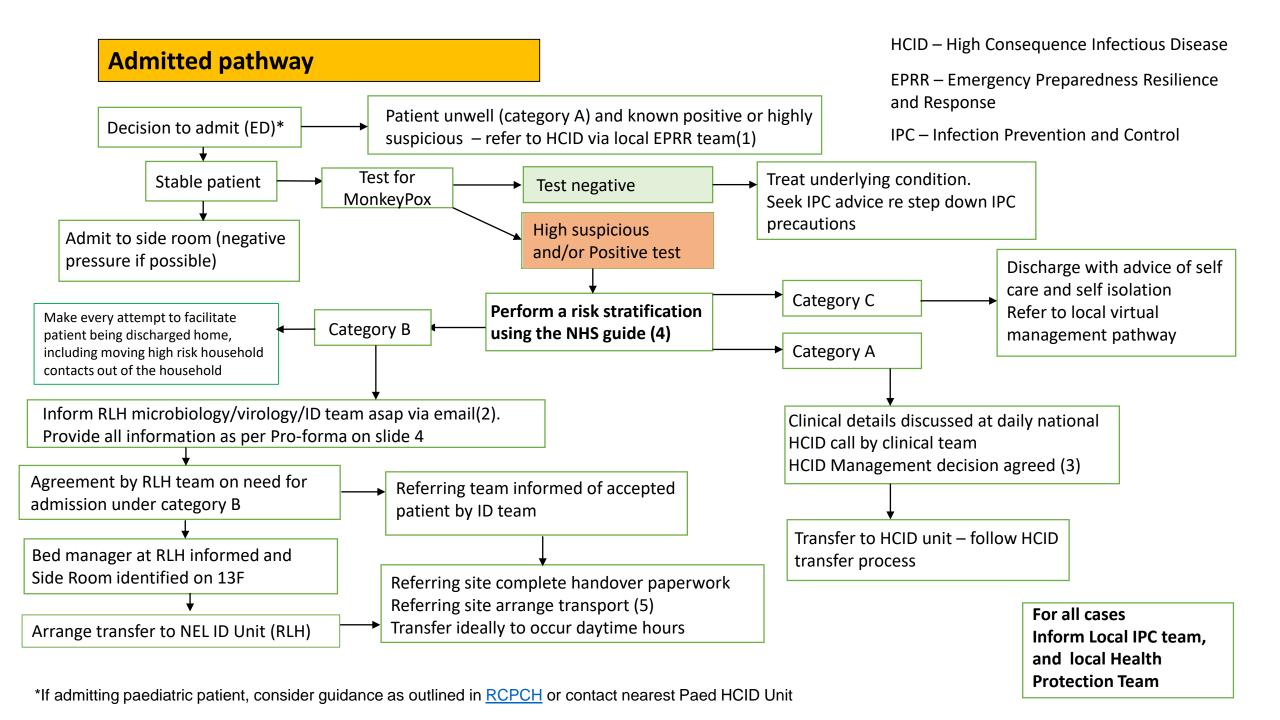
Assess if Pt meets MPX case definition

IF YES

- Assess whether needs admission(4)
- If admission not required Test & Refer to Virtual Management pathway*
- · Advise self-care and self-isolation pending result
- If admission may be required see Admitted pathway on next page

*Virtual management pathway by **regular** calls from SH or ED for positive cases SH contact patients when open for negative results

If Pt has presented in person, seek Infection, Prevention and Control Guidance and decontaminate areas



MPX Assessment – Hospital Setting

Notes:

- 1) EPRR HCID referral
- 2) email RLH infection team with positive category B cases that may need admission (before 09h30 please) bartshealth.allmicrobiologyandvirologyconsultants@nhs.net
- 3) daily HCID call at 10h00 for category A patients only. (Guide to stratification of positive cases for isolation and admission purposes <u>B1690-monkeypox-risk-stratification-tool-v1.pdf</u> (england.nhs.uk))
- 4) Transfer arrangements. Interhospital transfer should follow local policy. Where possible use Non-emergency Patient Transport under local agreement
- 5) Transport teams must be made aware this is an HCID patient
- Local Health Protection Teams need to be contacted regarding all positive cases
- Daily bed state calls submitted to national EPRR team
- Ensure local Infection Prevention and Control teams are informed of any admitted patients
- Definitions of a Category B patient (see ref 4) are clearly defined. All effort must be made to identify alternative options for isolation for well patients in the community before referring for admission to the ID unit.
- Once a patient has been accepted for transfer to RLH ID team they should remain on tertiary transfer list until transferred. Patients for whom a bed
 cannot be identified need to be escalated for mutual aid on HCID call (ID team)
- Local IPC teams to ensure policies reflect prioritisation for patients needing admission with monkeypox to a side room. Guidance states negative pressure rooms are preferred but a neutral pressure room can be used

Pro-forma information required prior to referral to RLH ID team for patients needing admission

Referral Details

Daytime responsible clinician managing patient (for reply)

- Name
- Phone number

Patient Details

- Name
- DOB __/__/__
- NHS number
- Hospital Number

Details of isolation/household situation

- Own bed
- Own bathroom
- How many in household
- Any children in the household? If yes age/s
- Any pregnant women in the household

Clinical Information

- Date of onset of Prodrome __/_/__
- Date of onset of Rash / /
- Summary of symptoms, including sites of rash
- Estimate of number of lesions
- Any lesions that effect function (e.g. oropharynx, urethra, cornea)
- Are the lesions requiring analgesia for pain relief
- Is there any associated with cellulitis
- NEWS score
- Relevant PMH eg: HIV (including CD4 count) / immune suppression
- List co-morbidities and current medications

Risk assessment category A/B/C

MPX Assessment – Primary Care Settings

- All patients must be assessed as per the DHSC Monkey Pox case definitions.
- All staff assessing probable cases must use appropriate PPE
- Registered medical practitioners (RMPs) have a statutory duty to notify the 'proper officer'
 at their local council or local health protection team (HPT) of suspected cases of certain
 infectious diseases. If you are an RMP, report the case using your standard procedures or
 this guidance.
- In-person presentation to Primary Care: If monkeypox is considered likely and the patient is referred to hospital, the room should not be used following transfer and the nearest HPT should be contacted for advice about cleaning and decontamination (details in following slides).

Links to UKHSA national guidelines

- Monkeypox: guidance GOV.UK (<u>www.gov.uk</u>)
- Monkeypox: case definitions GOV.UK (www.gov.uk)
- Monkeypox: information for primary care GOV.UK (www.gov.uk)
- Monkeypox: background information GOV.UK (www.gov.uk)
- Monkeypox: infected people who are isolating at home GOV.UK (www.gov.uk)
- B1690-monkeypox-risk-stratification-tool-v1.pdf (england.nhs.uk)
- Monkeypox outbreak 2022 guidance | RCPCH

UKHSA North East and North Central London Health Protection Team Details

3rd Floor Nobel House, 17 Smith Square, London, SW1P 3JR

Email: necl.team@phe.gov.uk

Phone: 020 3837 7084 (option 0, then option 2)

Urgent out of hours advice for health professionals only: 0151 434 4319 or 020 3837 7084 Never send personally identifiable information (PII) in the subject line of an email. Encrypt any PII you send by email. If you are using an NHS.net address, phe.nenclhpt@nhs.net Coronavirus Response Cell, telephone: 0300 303 0450 or email: LCRC@phe.gov.uk