

Mpox contact tracing guidance: classification of contacts and follow-up advice for non-HCID strains of MPXV

This guidance provides principles for risk assessment and follow-up of contacts of symptomatic mpox cases that are caused by non-HCID (clade II) strains of MPXV.

All cases meeting the [operational definition of an HCID](#) (clade I) mpox case should be managed as an HCID. Separate guidance for contact tracing and management of contacts of HCID cases is available via UKHSA.

An mpox case is defined as a case that meets the confirmed or highly probable case definition as per the [UKHSA case definitions](#). The infectious period is taken to be from the onset of prodromal symptoms until the complete resolution of symptoms.

Health professionals undertaking the risk assessment should take into account the extent of lesions at the time of exposure, as the risk of transmission will be higher if there are widespread uncovered lesions on uncovered areas (for example, hands or face) compared with, for example, a small number of localised genital lesions or if the case was displaying respiratory symptoms at the time of contact, compared to an asymptomatic or pre-symptomatic individual.

[Further information on mpox](#) is available online.

Information regarding recommendations for post exposure vaccination can be found in the [Green Book](#).

| Exposure risk | Description | Example scenarios | Public health advice | Information sheets |
|---|--|--|---|---|
| High (category 3) Unprotected direct contact or high-risk environmental contact. | Direct exposure of broken skin or mucous membranes to mpox case, their body fluids or potentially infectious material (including clothing or bedding) without wearing appropriate PPE ¹ . Penetrating sharps injury (including to cleaning or laboratory staff). | Sexual or intimate contact with or without a condom. Higher risk household contacts who have had close skin to skin contact, for example frequent touching or cuddling, or who have shared bedding, clothing or towels with the case. Body fluid in contact with eyes, nose or mouth. Penetrating sharps injury from used needle. Person in room during aerosol-generating procedure without appropriate respiratory PPE ¹ . Changing a patient's bedding without appropriate PPE ¹ . | Passive monitoring. Provide information sheet. Avoid sexual or intimate contact and other activities involving skin to skin contact for 21 days from last exposure. Avoid contact with immunosuppressed people ² , pregnant women, and children aged under 5 years where possible for 21 days from last exposure. Consider exclusion from work following a risk assessment for 21 days if work involves skin to skin contact with immunosuppressed people ² , pregnant women or children aged under 5 years (not limited to healthcare workers). Contacts who are children do not require exclusion from school. International travel is not advisable. | See information sheet for category 3 contacts |
| Medium (category 2) | Intact skin-only contact with an mpox case, their body fluids or potentially infectious material or contaminated fomite | Clinical examination of patient before diagnosis without appropriate PPE ¹ . | Passive monitoring. Provide information sheet. | See information sheet for category 2 contacts |

| Exposure risk | Description | Example scenarios | Public health advice | Information sheets |
|---|---|---|--|--------------------|
| Unprotected exposure to infectious materials including droplet or airborne potential route | <p>or</p> <p>passengers seated directly next to mpox case on plane</p> <p>or</p> <p>no direct contact but within one metre for at least 15 minutes with an mpox case without wearing appropriate PPE¹.</p> | <p>Entering patient's room without wearing appropriate PPE¹ and within one metre for at least 15 minutes with the case.</p> <p>Lower risk household contact: Individuals who live in the same household but do not meet the criteria of category 3.</p> <p>Sharing a car with case, or sitting next to case on plane.</p> <p>Subsequent patients in consulting room after an mpox case was seen and prior to room cleaning.</p> <p>Spillage or leakage of laboratory specimen onto intact skin.</p> | <p>Avoid sexual or intimate contact and other activities involving skin to skin contact for 21 days from last exposure.</p> <p>International travel is not advisable.</p> <p>Contacts who are children do not require exclusion from school.</p> | |
| <p>Low (category 1)</p> <p>Protected physical or droplet exposure.</p> <p>No physical contact, unlikely droplet exposure.</p> | <p>Contact with mpox case or environment contaminated with MPXV while wearing appropriate PPE¹ (with no known breaches)</p> <p>or</p> <p>healthcare worker involved in care of an mpox case not wearing appropriate PPE¹ without direct contact and maintained a distance between 1 and 3 metres and no direct contact with contaminated objects</p> <p>or</p> <p>community contact between 1 and 3 metres of an mpox case</p> <p>or</p> <p>passengers seated within 3 rows from an mpox case on plane.</p> | <p>Healthcare staff wearing appropriate PPE¹.</p> <p>Healthcare staff entering patient room without PPE¹ and:</p> <p>a. without direct contact with patient or their body fluids and</p> <p>b. maintaining a distance of more than one metre from patient</p> <p>Person undertaking decontamination of rooms where an mpox case has stayed, while wearing appropriate PPE¹.</p> <p>Passengers who have been seated within 3 rows, but not directly next to, a case on plane.</p> | None | Not applicable |

Notes

1. For clinical care of a confirmed or highly probable case of mpox, appropriate PPE is a fit-tested FFP3 respirator, eye protection, long-sleeved, fluid repellent disposable gown, and gloves per the [Principles for control of non-HCID mpox in the UK](#). For assessment of a suspected case of mpox, appropriate PPE is a fluid resistant surgical mask (FRSM), gloves and apron. This is on the assumption that healthcare worker exposure during assessment will be shorter and more distant than for, for example, providing nursing care. If the patient has respiratory symptoms, including cough, and/or changes on their chest X-ray indicate lower respiratory tract infection, then eye protection and an FFP3 respirator should be worn. Eye protection is also required if there is a risk of splash injury to the face and eyes (for example, if taking diagnostic samples such as throat swabs). The use of long-sleeved single use disposable gowns may be considered where extensive manual handling or unavoidable skin-to-skin contact is anticipated.
2. Immunosuppressed patients, as per the [Green Book](#) definition, includes those with primary or acquired immunodeficiency, or individuals on immunosuppressive therapy, and includes those with: solid organ cancer, haematological disease and/or stem cell transplant, Child's-Pugh class B or C liver cirrhosis, stage 4 or 5 chronic kidney disease, immune mediated inflammatory disorders (including neurological and rheumatological conditions) treated with B-cell depleting therapy within 12 months, uncontrolled HIV, solid organ transplant recipients.