



UK Health
Security
Agency

Mpox classification and appropriate infection prevention and control (IPC) pathways

Information about the high consequence infectious disease (HCID) status of mpox is available in the [HCID status of mpox guidance](#). If the clade is unknown, all cases meeting the [HCID mpox case definition](#) should be managed as per an HCID case. (Numbered notes refer to the notes beneath the table.)

Type of mpox: World Health Organization (WHO) designation	Type of mpox: previous designation	Advisory Committee on Dangerous Pathogens (ACDP) Hazard Group [note 1]	Transportation of samples [note 2]	Transportation of viral cultures	Categorisation of waste2 [note 2]	HCID pathway [note 3]	IPC measures for clinically suspected and confirmed cases of mpox in healthcare settings [note 4]
Clade I Two subclades: • clade Ia • clade Ib	Congo basin or Central African clade	3	Category B	Category A	Category B in a clinical setting In domestic and non-health settings, use usual waste stream	Yes	Table 1: personal protective equipment (PPE) requirements for clinically suspected and confirmed clade I mpox
Clade II Two subclades: • clade IIa • clade IIb [note 5]	West African clade	3	Category B	Category A	Category B in a clinical setting. Those isolating at home can dispose of their waste in the domestic waste stream see Mpox: people who are isolating at home	No	Table 2: personal protective equipment (PPE) requirements for clinically suspected and confirmed clade II mpox

Notes

Note 1: See [The approved list of biological agents](#). Advisory Committee on Dangerous Pathogens and Health and Safety Executive (HSE).

Note 2: See [Multilateral Agreement M347 under section 1.5.1 of ADR on the carriage of monkeypox virus](#). By derogation of paragraph 2.2.62.1.4.1, Section 3.2.1. (Table A, 'Dangerous goods list') and Chapter 4.1 of 'Accord relatif au transport international des marchandises dangereuses par route' (ADR), infectious substances containing MPXV except for cultures of MPXV may be carried under UN 3373 or UN 3291, as appropriate.

Note 3: See [High consequence infectious diseases \(HCID\)](#).

Note 4: See [Infection prevention and control measures for clinically suspected and confirmed cases of mpox in healthcare settings](#).

Note 5: Variants from the Clade IIb, B.1 lineage were the cause of most cases during the 2022 global outbreak.

Waste

Clinical setting

Waste from someone suspected or confirmed as having mpox can be treated as healthcare (clinical) category B waste. It can be disposed of in an orange bag for alternative treatment and does not have to be sent for incineration. The waste is assigned to UN 3291, clinical waste.

If there is any chemical or pharmaceutical contamination, the waste must be consigned in a yellow container (or purple if cytotoxic/cytostatic), and either incinerated or sent to a permitted site for disposal as per national regulation.

Waste management should follow the [\(HTM 07-01\) Management and disposal of healthcare waste](#) guidance.

Domestic setting

Waste generated by someone with mpox who is self isolating at home can be placed in the usual domestic waste stream.

Waste created by a healthcare worker in a domestic setting should be disposed of as per their routine practice, the waste is classified as category B clinical waste (UN 3291).

If waste is generated by a specialist cleaning service commissioned to undertake the decontamination of a property, the waste is classified as category B clinical waste (UN 3291).

Diagnostic samples

Diagnostic samples from all suspected or confirmed mpox cases should be transported as Category B samples.

This is as per the Department for Transport Multilateral Agreement M347 under section 1.5.1 of ADR on the carriage of MPXV.

See the [diagnostic testing guidance](#) for information on how to submit samples for testing.

Culture samples

Laboratory cultures of MPXV (any clade or lineage) will continue to be assigned to Category A. These will be carried under UN 2814 and packing instruction P620.

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