UK Health Security Agency

Contact tracing guidance for mpox

Contents

What this guidance is for

This guidance describes the risk assessment and categorisation of contacts of confirmed mpox cases to ensure they are offered appropriate isolation and vaccination advice.

Mpox is a viral zoonotic disease that is caused by the MPXV virus. There are 2 distinct clades of MPXV, clade I and clade II. Mpox was previously classified as a high consequence infectious disease (HCID). In January 2023, the Advisory Committee on Dangerous Pathogens (ACDP) advised that clade II mpox no longer met the criteria for an HCID. In February 2025, the ACDP recommended that clade I mpox should no longer be classified as an HCID. This guidance therefore covers the contacts of all cases of mpox, irrespective of clade, and replaces the clade-specific contact tracing guidance previously published.

Further information on the derogation of mpox is available in the Principles for the control of mpox in the UK consensus statement.

Mpox contact tracing

A contact is anyone who has been directly exposed to an infected person, their blood or other body fluids, excretions or tissues during their infectious period (see next section for details on the infectious period).

It is a public health responsibility:

- to identify, assess, and categorise contacts of a case of mpox
- to appropriately monitor contacts
- to arrange further evaluation for contacts who develop symptoms within 21 days of the last possible exposure

Contact tracing should be undertaken for any confirmed case of mpox, and any person with an epidemiological link to a confirmed case who has a rash compatible with mpox. Each potential contact should be assessed for risk of exposure and categorised appropriately for subsequent public health follow-up.

Risk assessment and follow-up of contacts

For the purposes of contact tracing, an individual with mpox is considered infectious from when their symptoms start, until their lesions have scabbed over, all the scabs have fallen off and a fresh layer of skin has formed underneath. This may take several weeks. See the guidance on de-isolation and discharge of patients with mpox for more information.

Public health professionals undertaking a risk assessment should use the matrix below. They may also take into account additional factors around the exposure. For example the risk of transmission will be higher if there were widespread lesions on uncovered areas (for example, the hands or face), or if the case was displaying respiratory symptoms at the time of contact. Principles regarding transmission and infectious and incubation periods have been published in the mpox technical briefing 9.

Guidance for personal protective equipment (PPE) to be used within healthcare settings is outlined in the national IPC manuals for England, Scotland, Wales and Northern Ireland. The guidance for non-HCID diseases should be followed for both clade I and clade II mpox. These include information on PPE to be used during cleaning and decontamination procedures. The PPE required when cleaning and decontaminating a non-healthcare setting is outlined in the guidance for environmental cleaning and decontamination in non-healthcare settings.

Classification of contacts and follow-up advice for mpox

This guidance provides principles for risk assessment and follow-up of contacts of confirmed mpox cases during their infectious period.

Exposure risk	Description	Example scenarios	Public health advice	Recommendation for PEP
High (category 3) Unprotected direct contact or high-risk environmental contact	Direct skin-to-skin exposure to/around the area of a case's mpox lesions, or skin exposure to the case's body fluids. Or: Prolonged or frequent exposure to potentially infectious material contaminated by the case (including clothing or bedding) without wearing appropriate PPE. This includes: • inhalation of droplets or dust from cleaning contaminated rooms • mucosal exposure to splashes • penetrating sharps injury from contaminated device or through contaminated gloves • people who have shared a residence (shared kitchen and/or bathroom and/or living space) either on a permanent or part time basis with a person who has been diagnosed with mpox and who have spent at least one night in the residence during the period when the case was infectious	Household contact (shared kitchen and/or bathroom and/or living space). Sexual or intimate contact (including kissing) with or without a condom. Body fluid in contact with eyes, nose, or mouth. Penetrating sharps injury from used needle. Cleaning a setting where a case has had exposed lesions and pose the risk of contamination (including domestic settings) without appropriate PPE. For example, this would include a patient bay where a case has been examined, but not a waiting room if all lesions were covered. Person in room during aerosol generating procedure without appropriate respiratory PPE. Changing a patient's bedding without appropriate PPE.	Passive monitoring. Self-isolation is not required. Avoid close contact with other people within their household, including skin to skin contact. See contact information sheet for full advice. Avoid sexual or intimate contact and other activities involving skin to skin contact for 21 days from last exposure. Avoid contact with immunosuppressed people [note 1], pregnant women, and children aged under 5 years for 21 days from last exposure. Following a risk assessment redeploy or exclude from work for 21 days if work involves direct contact with individuals who are immunosuppressed, pregnant or aged under 5 years. Children aged under 5 years should be excluded from all settings attended by other children aged under 5 for 21 days from last exposure. Children aged 5 years and over may not require exclusion from educational setting. A risk assessment should be undertaken to include age, vulnerable setting, additional caring needs. Individuals should be advised not to travel internationally for 21 days after last exposure. Provide contact information sheet.	Recommend PEP with MVA-BN vaccine (Imvanex®), as soon as possible after exposure and within 4 days from first exposure. Vaccination may be offered up to 14 days after first exposure, in those at higher risk of serious mpox infection (immunosuppressed people, pregnant women and children aged under 5). Refer to the Green Book for further information. Ring vaccination may be considered as part of a local risk assessment or discussed in an IMT setting
Medium (category 2) Unprotected exposure to infectious materials	Direct contact with a case, but not mpox lesions (excluding household and sexual/intimate contacts, as above). Or:	Clinical examination of patient, but not their mpox lesions or around the area of their mpox lesions, without appropriate PPE.	Passive monitoring. Self-isolation is not required. Avoid sexual or intimate contact and other activities involving skin to skin contact for 21 days from last exposure.	PEP not routinely recommended but may be considered for the following: • if there is a high concern about respiratory transmission (for

Exposure risk	Description	Example scenarios	Public health advice	Recommendation for PEP
including droplet or airborne potential route	Brief or infrequent intact skin-only contact with items or surfaces potentially contaminated by a case (excluding household contacts, as above). Or: No direct contact but within 1 metre of a case without wearing appropriate PPE, for 15 minutes or more.	Direct skin contact with surfaces (such as door handles, light switches and so on) in a patient's room, where a patient has or had exposed lesions. Subsequent patients in consulting room after a case was seen and prior to room cleaning, where case had exposed lesions. Spillage or leakage of laboratory specimen onto intact skin. Face-to-face contact for 15 minutes or more within 1 metre of the case (without barrier or screen). Within 1 metre of a case and for 15 minutes or more, in a community setting, only where the case had exposed lesions (for example passengers seated next to a case on a plane, shared taxi).	Where possible, avoid contact with immunosuppressed people [note 1], pregnant women, and children aged under 5 years for 21 days from last exposure. Occupational Health or the employer should carry out a risk assessment to consider the implications for the contact's work, which may include redeployment or exclusion. Children do not routinely require exclusion from educational setting. Individuals should be advised not to travel internationally within 21 days of last exposure. Provide contact information sheet.	example the case has lesions in the upper respiratory tract or respiratory symptoms) • if the contact is at higher risk of serious mpox infection (immunosuppressed people, pregnant women and children aged under 5 years)
Low (category 1) Protected physical or droplet exposure Or: No physical contact, unlikely droplet exposure	Contact with a case or contaminated environment while wearing appropriate PPE (with no known breaches). Or: Healthcare worker not wearing appropriate PPE, but without direct contact **and** maintained a distance over 1 metre **and** no direct contact with body fluids or potentially infectious material Or: Face-to-face contact with a case less than 1 metre distance apart with a barrier or screen in between case and contact Or: Passengers on bus, train or plane, or cabin crew Or: Community contact over 1 metre from a case and/or for less than 15 minutes	Healthcare staff wearing appropriate PPE. Person undertaking decontamination of rooms where a confirmed case has stayed, while wearing appropriate PPE. Entering patient room not wearing PPE, without direct contact with the patient, their body fluids or any potentially contaminated surfaces, and maintaining a distance of more than 1 metre from the patient. Driver and passengers in shared car or taxi with case where the case did not have exposed lesions. Passengers seated next to case on a plane or other mass transport where the case did not have exposed lesions.	No follow-up required. Contacts can be directed to NHS mpox pages if they self identify to HPTs/other services Can continue with routine activities and travel as long as asymptomatic.	No PEP required

Note 1: 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.

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