

Considerations for the management of uncomplicated cases of mpox through home isolation

The WHO recommends that patients with suspected or confirmed mpox with mild, uncomplicated disease and not at high risk for complications can be isolated at home, for the duration of the infectious period, as long as a home assessment determines infection, prevention and control (IPC) conditions are fulfilled at home setting.

Clinicians managing a mild, uncomplicated case of mpox will have to consider the following on a case-by-case basis when deciding on whether home isolation is appropriate:

- Clinical severity, presence of complications, care needs, risk factors for severe disease (i.e. children, pregnant women or immunosuppressed) and access to referral for hospitalisation if condition deteriorates.
- Patients isolating at home should require minimal to no assistance from a caregiver who is in good health.
- Patients living with vulnerable people who are at risk for severe disease and where IPC requirements and adequate isolation cannot be guaranteed may require hospital admission for isolation.
- Vulnerable people who should be identified in the home of a patient at risk for severe disease if infected with mpox include young children, pregnant women and persons who are immunosuppressed, such as those living with unmanaged HIV.
- As a precaution patients with chronic skin conditions (e.g. atopic dermatitis) or acute skin condition (i.e. burns) should also be considered to be at higher risk for complications.

If home isolation is considered an assessment of the home should be conducted, with the following considerations:

- A health worker should assess whether the home of the patient is suitable for the isolation and provision of care of the patient with mpox, including whether the patient and/or other household members have the capacity and required provisions to adhere to home isolation.
- Limited or no access to water, sanitation or resources for personal hygiene and limited ability to maintain isolation and IPC measures pose risks for household and community members. This assessment can be done at the initial health-seeking visit or via telephone or telemedicine and does not require a home visit.
- The patient and designated person that is facilitating self-care should be counselled regarding the risks of transmission. It is preferred that the designated person be previously vaccinated against smallpox or mpox and not be a vulnerable person at risk for severe disease.

As adapted from: World Health Organization (WHO), Clinical management and infection prevention and control for monkeypox: Interim rapid response guidance (June 2022), <https://www.who.int/publications/i/item/WHO-MPX-Clinical-and-IPC-2022.1>