



PROTOCOL FOR THE MANAGEMENT OF MPOX



Ministry of Health & Wellness

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PROTOCOL FOR THE MANAGEMENT OF MPOX REPUBLIC OF MAURITIUS			
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ADDENDUM

- A. Throughout the document, the term Medical and Health Officer has been substituted to General Practitioner following change in the designation name in the publication of the Pay Research Bureau report 2026.
- B. Following concerns raised during a meeting on 27 January 2026 (list of attendees at annex 8), this addendum provides operational updates to the current national protocol.

1. Biological sampling for Mpox PCR

In addition to the provisions under Biological Sampling for Mpox PCR, specimen collection may be performed by trained Nursing Officers in accordance with the national sampling procedures and infection prevention and control requirements. They should receive standardised training in Mpox specimen collection, packaging and biosafety, which will be coordinated and delivered by the dermatologists at the regional level.

2. Designated isolation facility for cases from J. Nehru Hospital and SAJ Hospital health regions

For cases originating from JNH and SAJH health regions, isolation and inpatient clinical management shall be undertaken at the New Souillac Hospital (NSH), in accordance with national referral and patient transfer arrangements through the RRT.

All transfers shall be coordinated by the respective Medical Superintendents and Regional Public Health Superintendents and conducted in line with established infection prevention and control procedures and patient transport protocols.

3. Transmission of clinical images for case assessment

In all instances where a medical officer transmits photographs of skin lesions to a dermatologist for clinical assessment through a digital communication channel, explicit informed consent must be obtained from the patient prior to image capture and transmission.

Consent shall be documented in the patient's medical record and must specify the purpose of image transmission for clinical decision-making and public health management, in compliance with applicable ethical, and confidentiality requirements. In the eventuality of no consent from the patient, the later will be seen by the dermatologist.

4. Clinical care of a suspected/confirmed Mpox patient

Any suspected/confirmed Mpox patient shall be isolated in the hospital under the care of a dermatologist and any other relevant specialist as may be required. The Regional Public Health Superintendent shall continue to provide public health oversight.

If a dermatologist is required to leave the skin outpatient department (OPD) to attend to a suspected or confirmed Mpox case, the Medical Superintendent will ensure appropriate clinical cover for the OPD during the dermatologist's absence.

Whilst attending the patient, the dermatologist shall be accompanied by the medical officer (from the RPHS Office) and a nursing officer.

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PROTOCOL FOR THE MANAGEMENT OF MPOX (PUBLIC HEALTH ASPECT)

General Information about Mpox

On the 14th of August 2024, the World Health Organization (WHO) declared Mpox as a Public Health Emergency of International Concern (PHEIC) following the ongoing Mpox outbreak.

Mpox, formerly known as Mpox, is a viral zoonotic disease caused by the Mpox virus (MPXV), a member of the Orthopoxvirus genus. The disease has been endemic in Central and West Africa for decades but has recently seen a surge in cases across multiple continents, particularly in Africa. The outbreak is primarily driven by Clade 1b of the Mpox virus, which is known for higher transmissibility and severity.

Importance of Clades in Public Health

Understanding the different clades of the Mpox virus is crucial for public health efforts, as each clade has different implications for disease severity, transmission dynamics, and outbreak management. Clade I, with its higher severity, requires more aggressive public health interventions, while Clade II, despite being milder, has demonstrated the ability to cause widespread outbreaks. The emergence of Clade 1b highlights the virus's ability to mutate and spread in new contexts, necessitating vigilant surveillance and response efforts.

Case Definition

Suspected case

- i) A person who is a contact of a probable or confirmed Mpox case in the **21 days** before the onset of signs or symptoms, and who presents with any of the following: **acute onset of fever (>38.5°C), headache, myalgia** (muscle pain/body aches), **back pain, profound weakness, or fatigue.**

OR

- ii) Person presents with an unexplained acute skin rash, mucosal lesions, or swollen lymph nodes (lymphadenopathy).

The skin rash can have single or multiple lesions, appearing in the ano-genital region or elsewhere on the body.

Mucosal lesions may be present as single or multiple lesions in areas such as:

- Oral cavity
- Conjunctiva
- Urethra
- Penis
- Vagina
- Anorectal region

Ano-rectal lesions may also appear as:

- ⇒ Inflammation (proctitis)
- ⇒ Pain
- ⇒ Bleeding

AND

The clinical picture is not fully explained by the following common causes of acute rash or skin lesions:

- Varicella zoster (chickenpox)
- Herpes zoster (shingles)
- Measles
- Herpes simplex
- Bacterial skin infections
- Disseminated gonococcus infection
- Primary or secondary syphilis
- Chancroid
- Lymphogranuloma venereum
- Granuloma inguinale
- Molluscum contagiosum
- Allergic reactions (e.g., to plants)
- Any other locally relevant common causes of papular or vesicular rash

N.B. It is **not necessary to obtain negative laboratory results** for listed common causes of rash illness in order to classify a case as suspected. Further, if suspicion of Mpox or MPXV infection is high due to either history and/or clinical presentation or possible exposure to a case, the identification of an alternate pathogen which causes rash illness should not preclude testing for MPXV, as co-infections have been identified.

Probable case

A person presenting with an unexplained acute skin rash, mucosal lesions or lymphadenopathy (swollen lymph nodes). The skin rash may include single or multiple lesions in the anogenital region or elsewhere on the body. Mucosal lesions may include single or multiple oral, conjunctival, urethral, penile, vaginal, or anorectal lesions. Anorectal lesions can also manifest as anorectal inflammation (proctitis), pain and/or bleeding.

AND

One or more of the following:

- has an epidemiological link to a probable or confirmed case of Mpox in the 21 days before symptom onset
- has had multiple and/or casual sexual partners in the 21 days before symptom onset
- has a positive test result for orthopoxviral infection (e.g., OPXV-specific PCR without MPXV-specific PCR or sequencing)

Confirmed case

A person with laboratory confirmed MPXV infection by detection of unique sequences of viral DNA by real-time polymerase chain reaction (PCR)^c and/or sequencing. For further guidance on testing please refer to Laboratory testing for the Mpox virus: Interim guidance.

Discarded case

A suspected or probable case for which laboratory testing of lesion fluid, skin specimens or crusts by PCR and/or sequencing is negative for MPXV. Conversely, a retrospectively detected probable case for which lesion testing can no longer be adequately performed (i.e., after the crusts fall off) and no other specimen is found PCR-positive, would remain classified as a probable case. A suspected or probable case should not be discarded based on a negative result from an oropharyngeal, anal or rectal swab or from a blood test alone.

Mode of Transmission

Transmission Routes: Mpox is a zoonotic disease, meaning it can be transmitted from animals to humans, as well as from human to human. The primary modes of transmission include:

Animal-to-Human Transmission:

- Direct contact with the blood, bodily fluids, or cutaneous or mucosal lesions of infected animals.
- Handling or consumption of infected animals, especially in regions where eating bushmeat is common.
- Certain animals, such as rodents and non-human primates, are thought to be the natural reservoirs of the virus.

Human-to-Human Transmission:

- **Direct Contact:** Transmission occurs through direct contact with body fluids or lesion material from an infected person. This can happen during physical contact, including sexual contact, with someone who has Mpox.
- **Respiratory Droplets:** Transmission can occur through large respiratory droplets, which require prolonged face-to-face contact. This is more common in household settings or during intimate contact.
- **Indirect Contact:** The virus can spread through contact with contaminated materials, such as bedding, clothing, or surfaces that have been in contact with an infected person's lesions or fluids.

Channels for Symptomatic Patients to Enter the Health System

Patients with symptoms may enter the healthcare system in several ways:

- A. Within Hospital premises: e.g. Through emergency services and during hospitalization for another health issue in a Regional Hospital.
- B. From Primary Health Care Institution {Area Hospital, Mediclinic, Area Health Centre (AHC), or Community Health Centre (CHC)} and Specialised Hospital.
- C. At home: isolated contacts of a confirmed case.
- D. Upon arrival at the airport.
- E. Upon arrival at the seaport.
- F. In a private Health care facility.

Pathways for Patients with Symptoms into Healthcare Services

For any suspected or probable Mpox case presenting with skin lesions, the lesions must be covered, if feasible, and the patient is required to wear an N95 mask

A. Identification of Mpox Cases Within Hospital Premises: Through Emergency Services and during Inpatient Care for another Health.

Patients identified by the Medical Officer within the hospital as suspected or probable Mpox cases must be immediately transferred to a designated isolation room specifically reserved for Mpox cases.

The examining Medical Officer is required to forward an image of the patient's lesions to the Dermatologist using a secure digital communication channel. The Dermatologist will then determine whether a PCR test is necessary. If a PCR test is deemed necessary, the Dermatologist, together with the Public Health General Practitioner (the General Practitioner posted at the RPHS office) and a trained Nursing Officer Medical, will examine the patient in the isolation room while wearing full Personal Protective Equipment (PPE). Refer to **Annex 1**.

B. Identification of Mpox Cases in Primary Health Care Settings: Including Area Hospitals, Mediclinics, Area Health Centres (AHCs), Community Health Centres (CHCs), and Specialized Hospitals.

Suspected or probable Mpox cases may be identified in peripheral healthcare facilities, including Area Hospitals, Mediclinics, Area Health Centres (AHCs), Community Health Centres (CHCs), and specialized hospitals. Upon identification, the attending Medical Officer shall transmit an image of the patient's lesions to the Dermatologist via a secure digital communication channel. The Dermatologist will assess the need for PCR testing based on the clinical presentation. If PCR testing is indicated, the patient will be transported to the Regional Hospital by the Rapid Response Team (RRT), with all team members equipped with appropriate personal protective equipment (PPE) and placed in the designated isolation room. The Dermatologist, together with the Public Health General Practitioner and a trained Nursing Officer, will conduct a thorough examination of the patient in the isolation room, adhering to full PPE protocols. Refer to **Annex 2**.

C. Mpox Contacts in Home Isolation.

In the event of the onset of signs and symptoms, contacts must remain isolated at their residence and are required to contact the hotline at 8924. Should the contacts develop symptoms consistent with the criteria for suspected or probable Mpox cases, the Medical Officer managing the hotline will relay the findings to the Medical Superintendent or Duty Manager. The necessary arrangements will then be made by the Medical Superintendent or Duty Manager for the Rapid Response Team (RRT) to be dispatched to the contact's residence for further assessment. The RRT Medical Officer will securely transmit an image of the patient's lesions to the Dermatologist using a secured digital communication channel. The Dermatologist will evaluate the need for PCR testing based on the clinical assessment. If PCR testing is warranted, the patient will be transported to the Regional Hospital by the RRT and admitted to the designated isolation room. The Dermatologist, together with a Medical and Health Officer, will then

perform a comprehensive examination of the patient in the isolation room, strictly adhering to full Personal Protective Equipment (PPE) protocols. Refer to **Annex 3**.

D. Mpox Case Identification Upon Arrival at the Airport

Screened individuals by the Public Health Food and Safety Inspectors arriving at the airport Health Counter, who are identified as suspected or probable cases shall be referred to the Airport Medical in the meantime, ensure the suspected case to be transferred to the isolation room by the examining Medical Officer. The attending Medical Officer shall transmit an image of the patient's lesions to the Dermatologist via a secure digital communication channel. The Dermatologist will assess the need for PCR testing based on the clinical presentation. If PCR testing is indicated, the Medical Officer will relay the findings to the Medical Superintendent or Duty Manager. The necessary arrangements will then be made by the Medical Superintendent or Duty Manager for the Rapid Response Team (RRT) to be dispatched to the airport. Upon arrival at J. Nehru Hospital, at first instance, the patient will be placed in the designated isolation room. The Dermatologist, together with Public Health General Practitioner and a trained Nursing Officer, will conduct a thorough examination of the patient in the isolation room, adhering to full PPE protocols. Refer to **Annex 4**.

E. Mpox Case Identification Upon Arrival at the Seaport.

Screened individuals arriving at the seaport Health Counter who are identified as suspected or probable Mpox cases by the Public Health Food and Safety Inspectorate team must notify the Regional Public Health Superintendent of A.G. Jeetoo Hospital during working hours, or the on-call Regional Public Health Superintendent after working hours. Suspected or probable Mpox cases identified in the vessel, must be isolated in the vessel, awaiting examination by the Rapid Response Team Medical Officer.

If the patient opts for treatment at the Regional Hospital, the Regional Public Health Superintendent will communicate the findings to the Medical Superintendent or Duty Manager. The Medical Superintendent or Duty Manager will then coordinate the dispatch of the Rapid Response Team (RRT) to the seaport. The Medical Officer shall transmit an image of the patient's lesions to the Dermatologist via a secure digital communication channel. The Dermatologist will assess the need for PCR testing based on the clinical presentation. If PCR testing is indicated, the patient will be transported initially to A.G. Jeetoo Hospital by the Rapid Response Team (RRT), with all team members equipped with appropriate personal protective equipment (PPE) and placed in the designated isolation room. The Dermatologist, together with Public Health General Practitioner and a trained Nursing Officer will conduct a thorough examination of the patient in the isolation room, adhering to full PPE protocols.

The Dermatologist, together with the Public Health General Practitioner, will conduct a thorough examination of the patient within the isolation room, adhering to full Personal Protective Equipment (PPE) protocols.

If the patient opts for treatment at a Private Health Care Institution, the Regional Public Health Superintendent must ensure the patient's safe transfer to the chosen institution. The Dermatologist at the Private Health Care Institution is required to contact the respective Regional Public Health Superintendent should a PCR test be indicated. Refer to Annex 6.

F. Mpox Cases in Private Healthcare Facilities.

Patients admitted to a private healthcare facility as probable or suspected Mpox cases must be evaluated by a Dermatologist. The Dermatologist will conduct a comprehensive examination of the patient while strictly adhering to full Personal Protective Equipment (PPE) protocols. If a PCR test is deemed necessary, the Dermatologist at the Private Health Care Institution is responsible for collecting the specimen, which is to be sent to the Central Health Laboratory (as detailed below) and must promptly notify the respective Regional Public Health Superintendent. Refer to **Annex 6**.

In all instances where a medical officer transmits photographs of skin lesions to a dermatologist for clinical assessment through a digital communication channel, explicit

informed consent must be obtained from the patient prior to image capture and transmission.

Consent shall be documented in the patient's medical record and must specify the purpose of image transmission for clinical decision-making and public health management, in compliance with applicable ethical, and confidentiality requirements. In the eventuality of no consent from the patient, the later will be seen by the dermatologist.

Procedure for handling a suspected or probable patient:

During working hours

During standard operating hours, Dermatologists assigned to Regional Hospitals should be contacted.

Any suspected/probable Mpox patient shall be isolated in the hospital under the care of a dermatologist and any other relevant specialist as may be required. The Regional Public Health Superintendent shall continue to provide public health oversight.

If a dermatologist is required to leave the skin outpatient department (OPD) to attend to a suspected or confirmed Mpox case, the Medical Superintendent will ensure appropriate clinical cover for the OPD during the dermatologist's absence.

National Dermatology Roster

Outside of regular working hours, a national on-call roster system is in place for Dermatologists, covering the period from 4:00 PM to 9:00 AM on weekdays, from 12:00 PM to 9:00 AM on Saturdays, and from 9:00 AM to 9:00 AM on Sundays and public holidays.

The responsibilities of Dermatologists under this system include:

- Conducting patient evaluations at Regional Hospitals to confirm diagnoses.
- Authorizing patient discharge.
- In exceptional cases, traveling outside regular working hours and days to a Regional Hospital to assess a patient whose health condition necessitates hospitalization and

who presents with suspected Mpox skin lesions. The Dermatologist must provide a clinical diagnosis of whether the case is probable Mpox. Based on this diagnosis, the patient will be admitted to the designated isolation ward within the Regional Hospital.

- To deliver training Nursing Officers in specimen collection in accordance with the national sampling procedures and infection prevention and control requirements.
- To coordinate the above-mentioned training at the regional level.

Biological Sampling for Mpox PCR

Skin lesion material, including swabs of lesion surface, exudate, or lesion crusts are the recommended specimen types for laboratory testing of Mpox virus specimens. Procedures and materials used for collecting specimens may vary depending on the phase of the rash (e.g., swabs from lesion surface or crust from healing lesion). Collect two swabs from each lesion, preferably from different locations on the body or from lesions that differ in appearance (e.g., a pair of swabs for each lesion with a total of 2-3 lesions). Vigorously swab each lesion, avoiding contamination of gloved hands, to ensure adequate viral DNA is collected. Unroofing or aspiration of lesions (or otherwise using sharp instruments for Mpox testing) before swabbing is not necessary, nor recommended due to the risk for sharps injury. Place swabs from lesions, crusts, and exudate in separate VTM tubes.

Sampling must be conducted by Dermatologist or trained Nursing Officers.

Leaked samples and / or unlabelled samples will NOT be processed.

VTM can be obtained from Virology / Isolation: 4285288

The following conditions must be adhered to:

1. The sampling must be done by the Dermatologist / Trained Nursing Officer.
2. The sample must be placed in a VTM tube and stored in a refrigerator store between 4-8°C.
3. The samples must comply with hazardous sampling protocols.
4. The request form must be appropriately filled by the Dermatologist / Trained Nursing Officer.
5. The Dermatologist must inform the RPHS (during working hours) or the Genral Practitioner on call for Public Health (After working hours).

6. Samples must be sent to the Central Health Laboratory, and the General Practitioner from the Regional Public Health Superintendent (RPHS) Office must notify the laboratory in advance by calling 4246375. Specimens should reach the laboratory by 12h00 on weekdays; 08h45 on Saturdays for same day testing. Otherwise, it will roll over to the next working day. Medical Laboratory Technologist/s will be on call on Sundays and Public Holidays on as and when required basis for any urgent tests. The technologists should be contacted on **5252-9758**
7. Additionally, the General Practitioner from the Regional Public Health Superintendent (RPHS) Office must inform the Central Health Laboratory via email at chlmolecularbiology@gmail.com. The email should include the following details: first name and last name, National ID number, gender, age, residential address, mobile number, work address, requesting Dermatologist, concerned RPHS, travel history, countries visited, date of arrival (if applicable), date of symptom onset, and sites of sample collection.
8. The samples should be transported to the laboratory as quickly as possible in a cooler with ice packs

NOTE: At the laboratory, different methodology is used to test arbo-viruses and respiratory viruses. It is therefore essential to inform the laboratory prior to sending a specimen for Mpox virus testing so that appropriate arrangements are made.

Results once ready will be communicated to RPHS of respective region and CDCU

Please expect a **minimum of 4 hours** turn around time from the time the sample reaches the laboratory.

Admission of suspected and probable Mpox cases

Initially, **ALL** suspected and probable Mpox cases shall also be admitted in a designated isolation unit within the Regional Hospital, under the care of a Dermatologist and a Physician.

For cases originating from JNH and SAJH health regions, isolation and inpatient clinical management shall be undertaken at the New Souillac Hospital (NSH), in accordance with national referral and patient transfer arrangements through the RRT.

All transfers shall be coordinated by the respective Medical Superintendents and Regional Public Health Superintendents and conducted in line with established infection prevention and control procedures and patient transport protocols.

For patients in private clinics, they must stay in single-occupancy rooms that comply with Infection Prevention and Control (IPC) precautions as specified in the national protocol. These patients should be regularly assessed by the Dermatologist affiliated with the facility.

Admission of confirmed Mpox cases

Initially, **ALL** confirmed Mpox cases shall be admitted in the New Souillac Hospital (NSH) in the isolation ward, under the care of a Dermatologist and any other relevant specialist, as required.

All transfers shall be coordinated by the respective Medical Superintendents and Regional Public Health Superintendents within office hours. The Medical Superintendent of NSH, Regional Public Health Superintendent JNH, Dermatologist on call and any other relevant specialist on call shall be informed accordingly.

After office hours, all transfers shall be coordinated by the respective Duty Manager and Regional Public Health Superintendent on call. The Duty Manager JNH, Dermatologist on call and any other relevant specialist on call shall be informed accordingly by the Duty Manager of the concerned regional Hospital.

For patients in private clinics, they must stay in single-occupancy rooms that comply with Infection Prevention and Control (IPC) precautions as specified in the national protocol. These patients should be regularly assessed by the Dermatologist affiliated with the facility. The Regional Public Health Superintendent of the region shall continue to provide public health oversight.

Patient Outcomes:

If the PCR test result is negative, the patient may be discharged from the Regional Hospital at the discretion of the Dermatologist and other specialist.

However, if the PCR test result is positive, the patient shall remain under the care of a Dermatologist and other concerned specialist until deemed fit for discharge.

Suspected and probable cases must NOT be placed in the same isolation room as confirmed cases.

Discharge from Regional Hospital

Discharge is obtained after the scabs fall off, based on the Dermatologist's opinion.

Contact Tracing for Mpox

Importance of Contact Tracing:

Contact tracing is essential for controlling the spread of Mpox by interrupting transmission chains. Moreover, it helps individuals at higher risk of severe disease to quickly identify their exposure, monitor their health, and seek medical care if symptoms develop.

Definition of a Contact: A contact is someone exposed to a suspected, probable, or confirmed Mpox case during the infectious period through:

- Direct skin-to-skin, skin-to-mucosal, or mouth-to-mucosal contact.
- Contact with contaminated materials (e.g., clothing, bedding).
- Prolonged face-to-face respiratory exposure.
- Respiratory or mucosal exposure to lesion material.
- Health workers exposed without proper PPE.

Contact Identification and Notification:

- **Contexts for Contact Identification:** Cases should identify contacts in various settings such as (but not limited to) home, work, school, healthcare, social gatherings, and travel. Tools like attendance lists or mobile apps can assist in identifying contacts.
- **Notification:** Contacts should preferably be informed within 24 hours of identification, advised to monitor their health, and seek medical care if symptoms develop.

Contact Monitoring:

- **Initial Steps:** Begin contact tracing as soon as a suspected or probable case is identified, even while further investigation is ongoing. Contacts are advised to be isolated in their premises, as soon as possible.
- If the case is **discarded (PCR negative)**, contacts are allowed to resume their daily activities.
- If the case is **confirmed (PCR positive)**, the following are adhered to:

Monitoring Period

- Contacts should be monitored for symptoms for 21 days from the last contact with a case. They are isolated in their premises accordingly.
- Symptoms to watch include fever, headache, rash, and swollen lymph nodes, among others
- Contacts are advised to monitor their temperature twice daily.

Process of Contact Tracing:

- Regional Public Health Superintendents are required to regularly communicate with isolated contacts via phone and ensure proper data keeping.
- Contacts should be provided with guidance on symptoms to monitor and advised on the activities they are permitted to undertake.
- If symptoms develop, contacts must promptly call the hotline at 8924.

Precautionary Measures for Contacts:

During Monitoring Period:

- Practice hand hygiene and respiratory etiquette.
- Avoid contact with immunocompromised individuals, pregnant women, and, if possible, children.
- Continue routine activities if asymptomatic but avoid sexual contact during the monitoring period.

If Symptoms Develop:

- Call Hotline (8924) for assistance
- **If no symptoms for 21 days**
- The contacts are allowed to resume their daily activity.

Surveillance at Airport and Seaport

All incoming passengers will be screened at the Point of Entry. Surveillance of incoming passengers from designated countries will be carried out for 21 days. Physical visits will be carried out on the following days:

1. A + 7
2. A + 10
3. A + 14

(A being the date of arrival)

For the remaining days, the health status of the passengers will be enquired by phone.

Vaccination Strategy

Currently, vaccines will be administered to close contacts of confirmed Mpox cases.

Outbreak Investigation

A. Establishing the outbreak

Outbreak Investigation Team/s will be sent to the affected region/s and outbreak investigation procedures will be followed and these will include, inter alia, the following:

Determination of the sites and facilities frequented, family and social groups exposed by outbreak-related patient/s during their infectious period. Such information can be obtained from: case-patient interviews, contact investigations, medical and public health records and Information from the facility logs or records.

An outbreak is confirmed by one laboratory confirmed case of Mpox.

This will be done the following steps: 1 Clinically confirming the suspected diagnosis by the application of the standard case definition 2. Laboratory confirmation of the index and linked cases.

B. Notification of outbreaks

An outbreak is declared when the two criteria of the above section are fulfilled. If only criterion 1 is fulfilled, the event is classified as potential outbreak.

It is incumbent of the CDCU in collaboration with the RPHS and the DHS (Public Health) to declare confirmation of an outbreak by:

1. Informing the Minister, SCE and DGHS.
2. Informing the PS and DPS
3. Informing the press attaché

C. Orienting the data in person, place and time

In order to understand the outbreak, it is essential to orient the data with respect to person, place and time.

D. Composition of the Outbreak Investigation Team

Regarding Mpox, the proposed team for outbreak investigation composes of:

- A Regional Public Health Superintendent
- Community Physician
- Epidemiologist
- Delegate from IPC Team
- HIEC Officer
- Driver
- Co-opted members as needed

Regional Health Director

The Regional Health Director is responsible for ensuring the overall management of Mpox within her/his region, including the appropriate allocation and preparation of facilities for the management of Mpox cases. This includes:

- **Earmarking Isolation Room for Consultation:** The Regional Health Director must identify and allocate specific rooms within the healthcare facility that are designated for the consultation of suspected or confirmed Mpox cases. These rooms should be equipped to prevent cross-contamination and ensure the safety of healthcare workers and other patients.
- **Identification of Isolation Unit (e.g. side ward) for admission purpose:** In addition to consultation rooms, the Regional Health Director must designate specific admission rooms or side wards for the isolation and care of patients who require hospitalization due to Mpox. These rooms should be clearly marked, equipped with necessary infection control measures, and located in areas that minimize the risk of exposure to other patients and staff.

Handling of deceased patient with Mpox

Handling and burying deceased patients who had Mpox (formerly known as Mpox) requires strict adherence to Infection Prevention and Control (IPC) measures to prevent the spread of the virus. Below is a step-by-step guide on how to safely manage the burial process while respecting IPC guidelines.

1. Preparation Before Handling the Body

The following steps need to be ensured before handling the body:

Personal Protective Equipment (PPE): All personnel involved in handling the body must wear appropriate PPE, including:

- Disposable gloves (double-gloving is recommended)
- Gowns or coveralls
- N95 respirators or equivalent

- Face shields or goggles
- Waterproof boots or shoe covers

Training: Ensure that all personnel are trained in proper donning and doffing of PPE to prevent contamination.

Hand Hygiene: Perform hand hygiene before and after removing gloves and PPE, and after any contact with potentially contaminated surfaces or materials.

2. Handling the Body

For the proper handling of the body, please find the following to be observed:

Minimize Manipulation: Avoid unnecessary manipulation or movement of the body to reduce the risk of aerosolization of the virus.

Body Bag Use: The body should be placed in a leak-proof, sealed body bag as soon as possible after death. Double-bagging is recommended. The outside of the body bag should be disinfected with an appropriate disinfectant effective against Mpox, such as bleach or another virucidal agent.

Environmental Cleaning: Disinfect any surfaces, instruments, or materials that come into contact with the body using a disinfectant proven to be effective against the Mpox virus.

3. Transportation of the Body

The body shall be transported in either:

- Leak-proof Containers:** The body bag should be placed in a sturdy, leak-proof container if transported for autopsy or to the burial site. This helps prevent any leakage of fluids during transport or;
- Vehicle Disinfection:** Ensure that the vehicle used for transport is disinfected before and after use.

4. Autopsy Procedures (if required)

To restrict access such as limit the number of people present during the autopsy. Only trained personnel should be involved.

5. Burial or Cremation of Mpox positive patients

These will include the following:

- **Burial:**
 - Conduct burial as soon as possible to minimize the risk of virus transmission.
 - The burial site should be deep enough to prevent any animal access.
 - Family members may view the body but should not touch it.
- **Cremation:** Cremation is a safer option if culturally acceptable, as it completely inactivates the virus.
- **Disposal of PPE and Waste:** After the burial or cremation, all used PPE and other potentially contaminated materials should be disposed of as infectious waste according to local health regulations.

6. Post-Burial Procedures

The post burial procedure is as following:

- **Decontamination:** Thoroughly decontaminate any area where the body was handled, including the mortuary, vehicles, and equipment used during the burial process

7. Family and Community Guidance

The following steps are crucial for the guidance of family and community:

- **Communication:** Provide clear communication to the family and community about the risks associated with handling the body and the importance of adhering to IPC measures through hotline 8924
- **Counseling and Support:** Offer counseling and support to the family, recognizing the emotional and cultural significance of burial rites.

Regional Public Health Superintendent

The Regional Public Health Superintendent plays a crucial role in managing public health responses to Mpox cases, particularly in ensuring effective isolation and communication.

The responsibilities include:

- **Ensuring Effective Isolation of Contacts:** The Regional Public Health Superintendent is responsible for overseeing the isolation of contacts who have been exposed to Mpox cases. They must provide contacts with the necessary information regarding their isolation requirements and monitoring procedures.
- **Communicating PCR Test Results:** Upon receipt of the PCR test results from the Central Health Laboratory, the Regional Public Health Superintendent (or the on-call Medical Officer of Public Health) must promptly inform the concerned Dermatologist of the results. The RPHS must ensure that the results are communicated accurately and in a timely manner to facilitate appropriate clinical decisions and public health measures.

Medical Superintendent

The Medical Superintendent holds a critical role in the operational management of the response to Mpox cases. Key responsibilities include:

- **Setting Up and Overseeing the Rapid Response Team (RRT):** The Medical Superintendent is tasked with the establishment and operational oversight of the Rapid Response Team. This team should be composed of one General Practitioner, one Nursing Officer, one Driver, and one Helper. The team is responsible for the safe transport and initial assessment of suspected Mpox cases, ensuring that all team members are fully equipped with appropriate personal protective equipment (PPE) and trained in infection control protocols. The RRT must be equipped with basic medications, medical equipment and diagnostic tests (e.g. COVID 19 RDT).

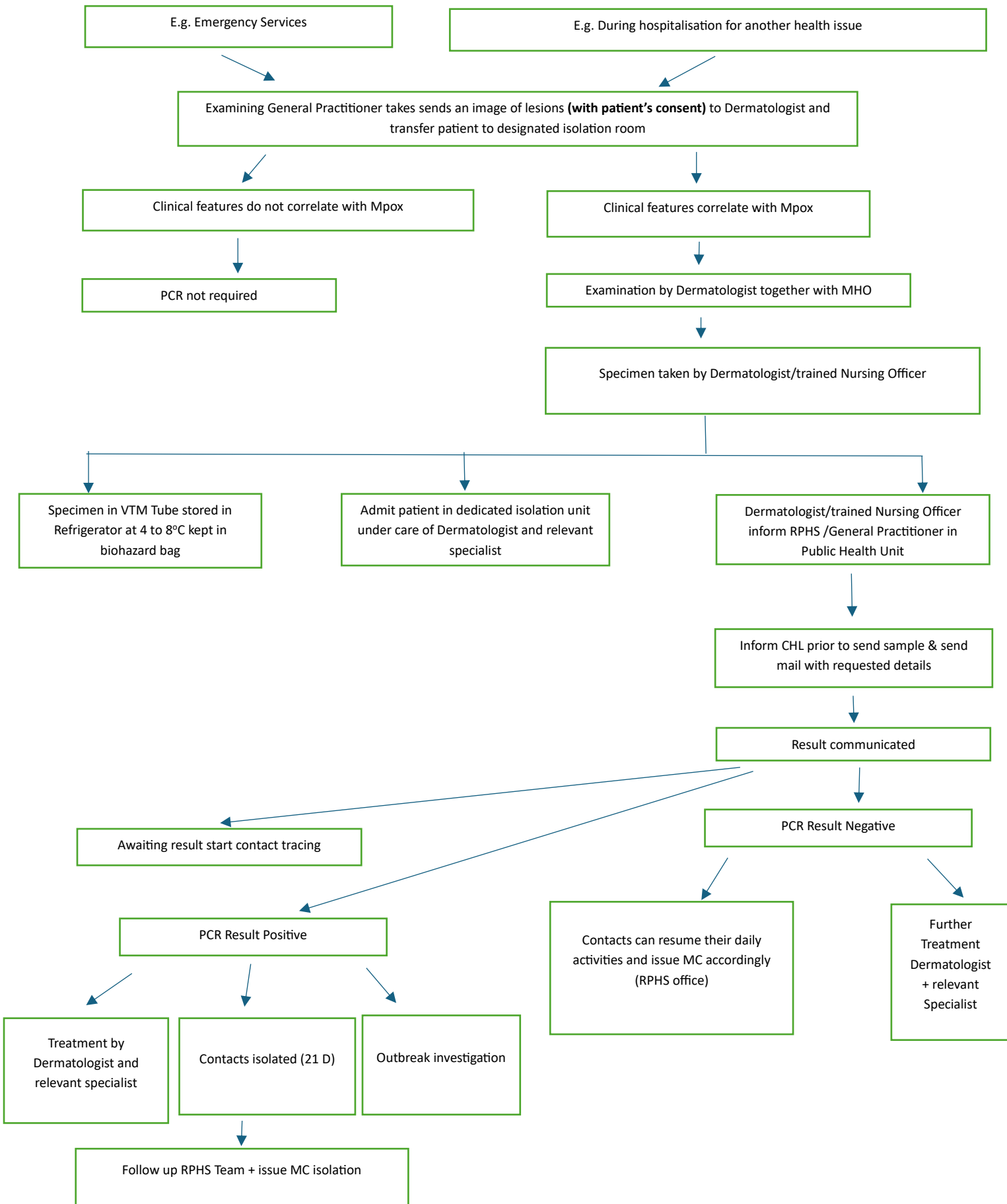
Hotline Medical Officer

The Hotline Officer serves as the primary point of contact for the public and healthcare providers, offering guidance and support in the management of Mpox cases.

Responsibilities include:

- **Providing Accurate Information and Guidance:** The Hotline Officer is responsible for delivering accurate and timely information to the public, especially to individuals who may have been exposed to Mpox. This includes educating callers about symptoms, preventive measures, and the importance of isolation.
- **Coordinating with Medical Superintendents/Duty Managers:** In cases where a contact or patient exhibits symptoms indicative of Mpox, the Hotline Medical Officer must promptly notify the Medical Superintendent or Duty Manager to deploy the Rapid Response Team (RRT) for further assessment and transport of the individual to an isolation facility.

ANNEX 1: IDENTIFICATION OF MPOX WITHIN HOSPITAL PREMISES



ANNEX 2: IDENTIFICATION OF MPOX CASES IN PHCs AND SPECIALISED

HC

E.g. Primary Health Care Centres

E.g. Specialised Hospitals

Examining General Practitioner takes and sends an image of lesions (**with patient's consent**) and contact Dermatologist

Clinical features do not correlate with Mpox

PCR not required

Clinical features correlate with Mpox

Contact Medical Superintendent / Duty Manager

Transfer Patient to designated isolation room of Regional Hospital by Rapid Response Team

Examination by Dermatologist and accompanying team

Specimen taken by Dermatologist/trained Nursing Officer

Admit patient in dedicated isolation unit under care of Dermatologist and specialist

Specimen in VTM Tube stored in Refrigerator at 4 to 8°C kept in biohazard bag

Dermatologist/trained Nursing Officer inform RPHS /General Practitioner Public Health Unit

Inform CHL prior to send sample & send mail with requested details

Result communicated

PCR Result Negative

Awaiting result start contact tracing

Contacts can resume their daily activities and issue MC accordingly (RPHS office)

Further Treatment Dermatologist + Relevant Specialist

PCR Result Positive

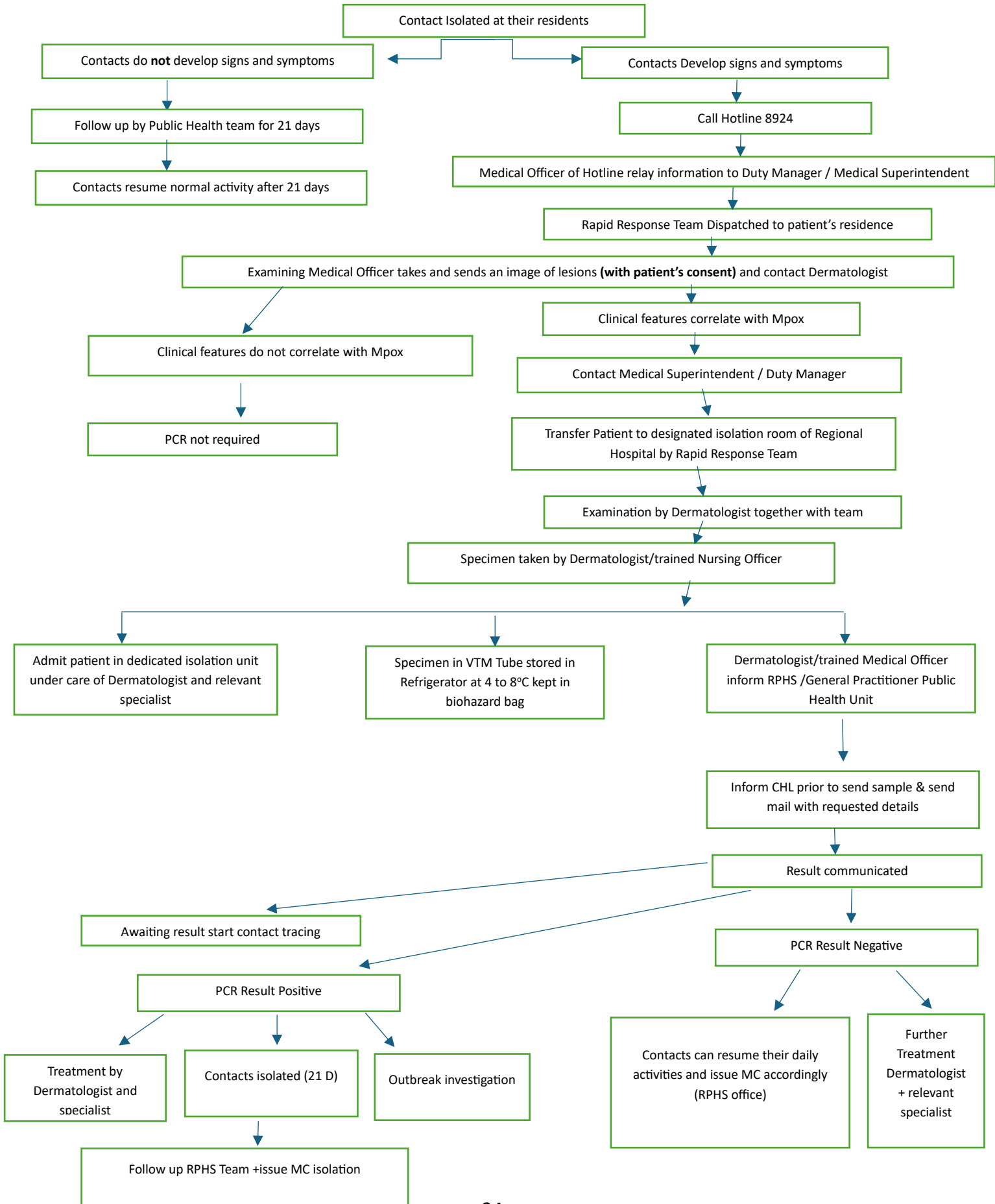
Treatment by Dermatologist and relevant specialist

Contacts isolated (21 D)

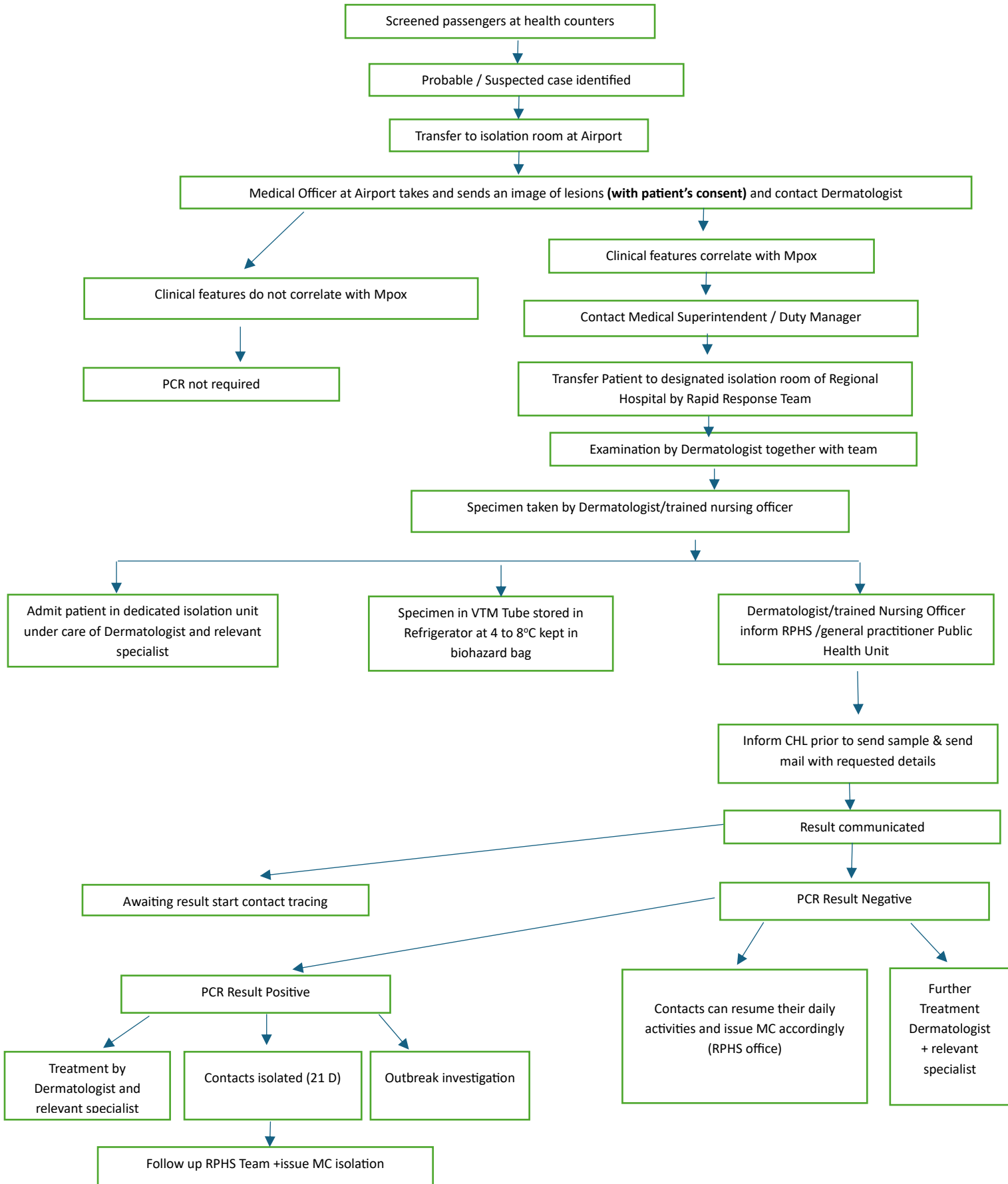
Outbreak investigation

Follow up RPHS Team +issue MC isolation

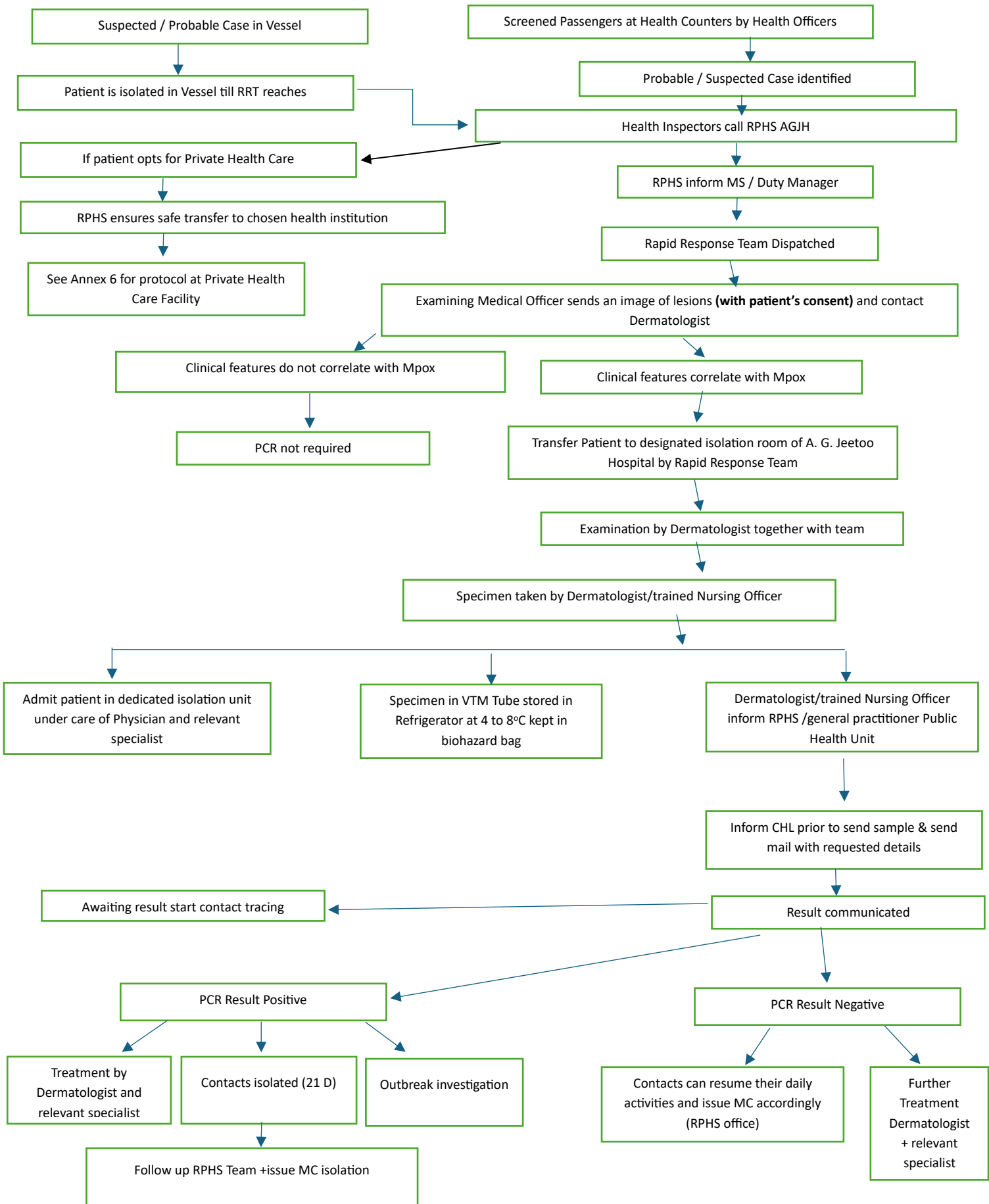
ANNEX 3: MPOX CONTACTS IN HOME ISOLATION



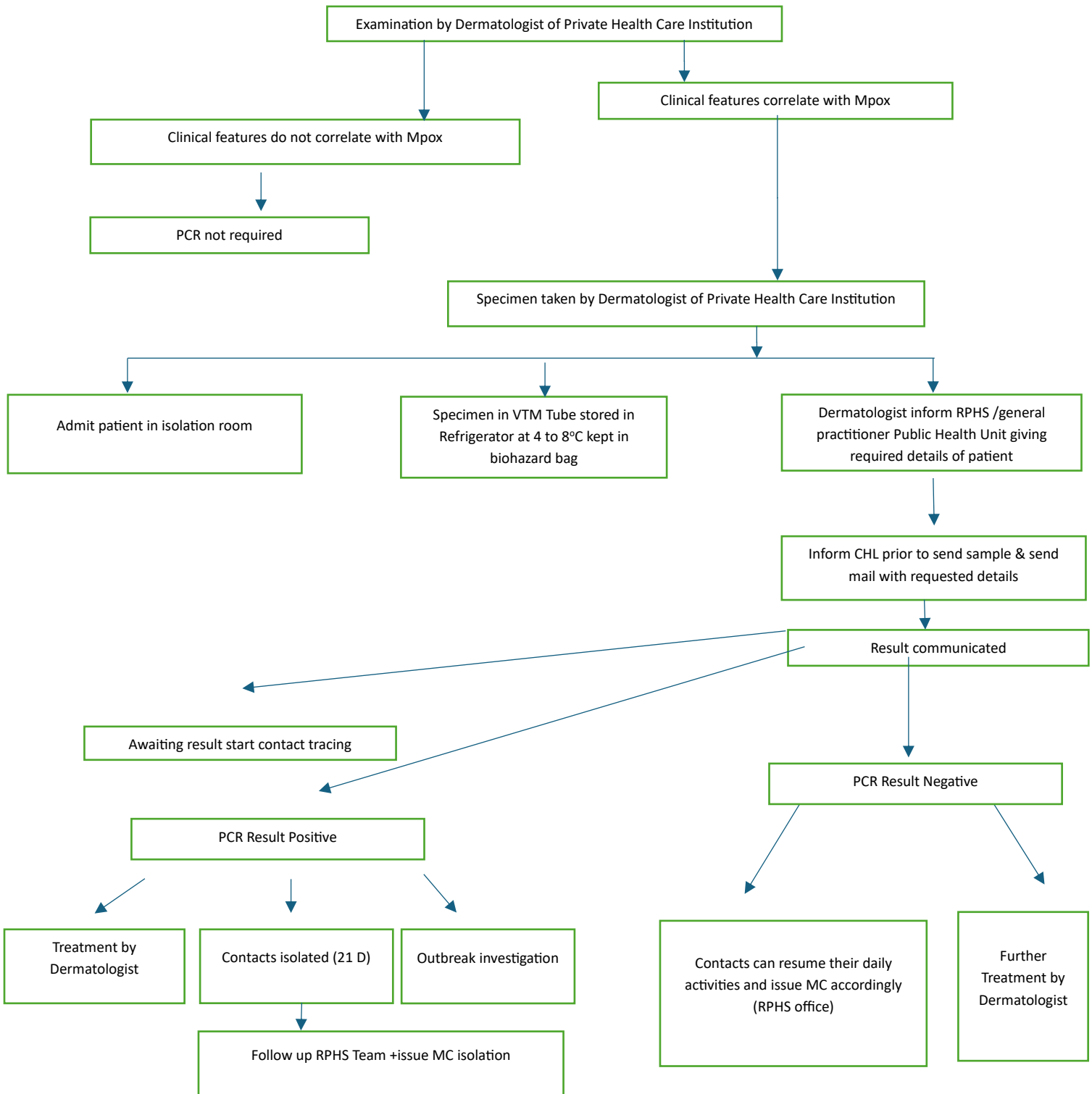
ANNEX 4: MPOX CASE IDENTIFIED UPON ARRIVAL AT AIRPORT



ANNEX 5: MPOX CASES IDENTIFIED AT SEAPORT



ANNEX 6: MPOX CASE IDENTIFIED AT PRIVATE HEALTH INSTITUTION



ANNEX 7: Contributors

Contributors	
Dr I.D.I Nawoor	Director Health Services, Public Health
Mr E. Fureedan	Director, Public Health and Food Safety Unit
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Dr D. Nuckchady	Infectious Diseases Specialist
Dr R. Lutchmun	Ag. Regional Public Health Superintendent, CDCU
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Dr (Mrs) K. Khodabocus	Skin Specialist
Mr M. Boodhna	Principal Public Health and Food Safety Inspector
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The CDCU would like to place on record its grateful appreciation to Mr R.Hurree and Mr A. Seeburn for their dedication and commitment in editing this document.

ANNEX 8: List of attendees - Meeting on Mpox, chaired by Dr. M.F. Khodabocus, Ag. Director Health Services on 27 January 2026.

Dr M. F. Khodabocus	Ag. Director Health Services (Chairperson)
Mrs V. Boodhun - Luchumun	Assistant Permanent Secretary
Dr J. Sonoo	Director Lab Services
Dr S. Casse	Regional Public Health Superintendent
Dr B. N. Beedassy	Regional Public Health Superintendent
Dr Y.A.A. Khodoruth	Regional Public Health Superintendent
Dr U. Ballam	Regional Public Health Superintendent
Dr R. Lutchmun	Regional Public Health Superintendent
Dr K. Meethoo-Badulla	Regional Public Health Superintendent
Dr D. Jowaheer	Community Physician, CDCU HQ
Dr H. B Gokhool	Community Physician, CDCU HQ
Dr A. Vencatasamy	Community Physician, CDCU HQ
Dr B. K. Kureemun	Ag. NCD Coordinator
Dr A. Beeharry Panray	Medical Superintendent JH
Dr R. Purmessur	Medical Superintendent JNH
Dr S. N. Sok Appadu	Medical Superintendent SSRNH
Dr M. I. Issack	Deputy Director Lab services
Dr D. Nuckchady	Specialist in Internal Medicines/ Infectious Diseases
Dr R. Amide	CIC Dermatology
Dr Beegoo	Consultant Dermatology
Dr D. Abdool	Consultant Dermatology
Dr I. khodabux	OIC Hotline
Mr H. Puttoo	Deputy Director Public Health and Food Safety
Mr K. Luckyram	Ag. Deputy Director Public Health and Food safety
Mr V.P. Baboolall	Principal Public Health and Food Safety Inspector

Mr Boodhna	Principal Public Health and Food Safety Inspector
Mr S. Gunput	Ag. Deputy Director Nursing
Mrs A. Gokool	Ag. Chief HIEC Officer
Mrs G. Bonomaully	Senior Specialised Nurse (health promotion)
Mrs P. Lallmahomed	Specialised Nurse (health promotion)
Mrs Y. Sewdin–Sohun	Management Support Officer (Secretary)
Mrs P. Toofany	<u>Ministry of Tourism</u> Senior Tourism Planning Executive

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2. *Centers for Disease Control and Prevention (CDC). (2022). Infection Control: Healthcare Settings for Mpox. CDC Mpox Guidelines.*
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