Eye involvement in Mpox

- The ocular involvement in mpox is variable and can occur from onset up to 150 days post appearance of skin lesions.
- Ocular mpox may also occur in the absence of other skin lesions

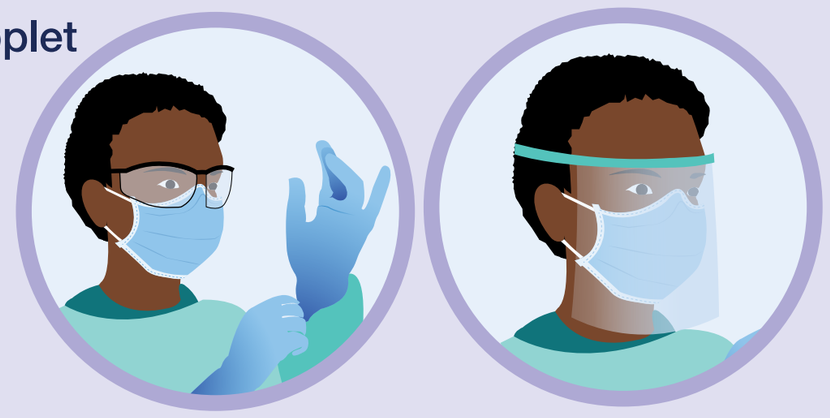
1. Infection prevention control measures

Patient

Ask patient to wear a medical mask and cover any skin lesions with clothing or bandage

PPE for health workers:

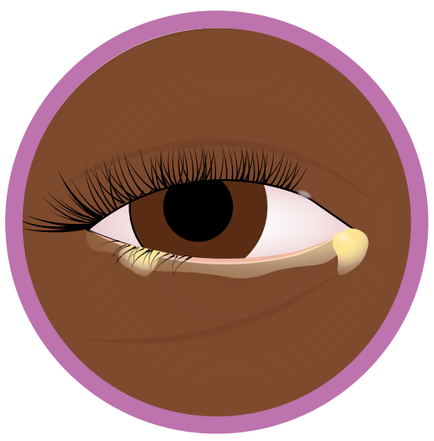
Contact and droplet precautions to evaluate patient with confirmed or suspected Mpox infection and eye involvement



2. Signs and symptoms

Common symptoms

Red eye



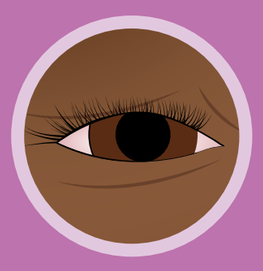
Discharge from eye

Itching

Foreign body sensation or discomfort

Red Flags ⚠

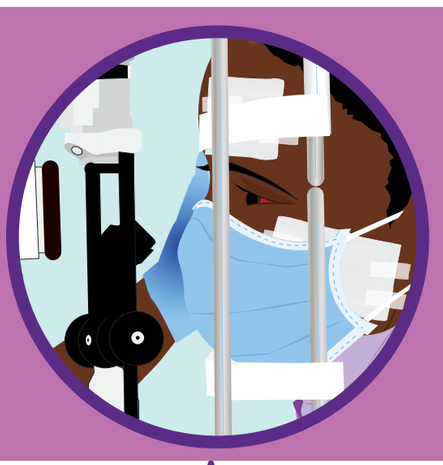
Photophobia



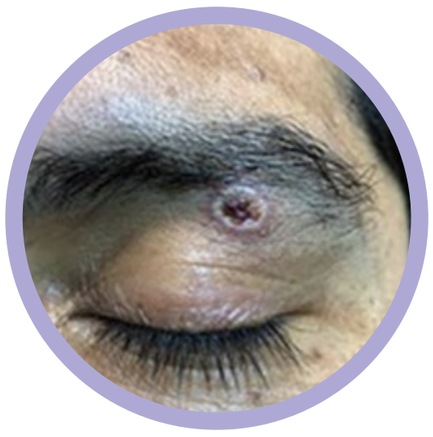
Pain

Visual disturbance

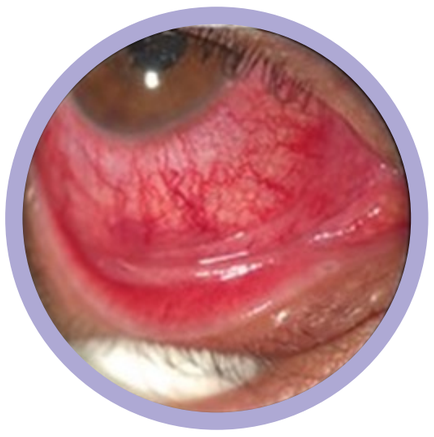
Any patients with red flag symptoms or suspicion of **keratitis or corneal lesions** should be referred immediately to an ophthalmic specialist



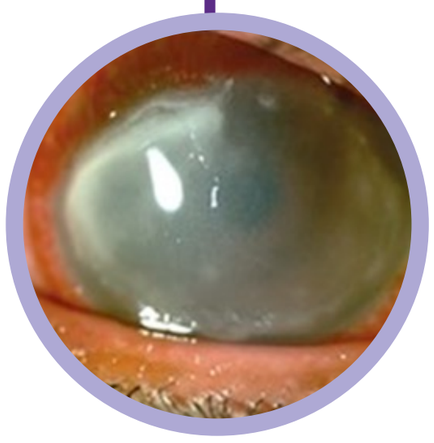
3. On examination



Periocular lesions



Conjunctivitis



Keratitis

Corneal ulcer
(shown with fluorescein stain and using the blue ophthalmoscope light)

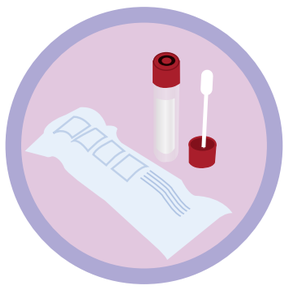
Source: https://academic.oup.com/jid/article/229/Supplement_2/S255/7264821?login=false

4. Sample collection

Source: https://bjgp.org/content/65/639/552

Pull down the lower eyelid of the patient's affected eye. Gently swab the conjunctiva by rotating the swab over the infected area 2-3 times. Swabs can be transported dry in capped tubes or in viral transport media (VTM).

Specimens for testing MPXV should be refrigerated (2- 8°C) or frozen (-20°C or lower) within 1h after collection.



Ocular Implications of Mpox. Steven Yeh, Jean-Claude Mwanza. WHO EPI-WIN Webinar. 18 September 2024
www.cdn.who.int/media/docs/default-source/crs-crr/win-epi-presentation-submit---yeh-and-mwanza.pdf?sfvrsn=b416839f_1
References: Nguyen MT, et al. Ocular Mpox without Skin Lesions, United States. Emerg Infect Dis. 2023 Jun;29(6):1285-1288.
Atlas of mpox lesions: a tool for clinical researchers, 28 April 2023, version 1.0 28 April 2023 www.who.int/publications/i/item/WHO-MPX-Clinical-Lesions-2023.1

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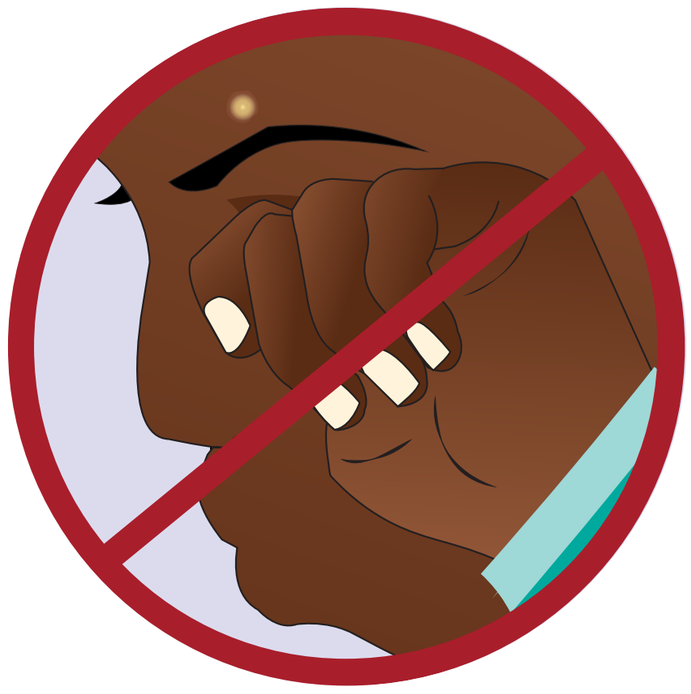
Eye involvement in Mpox

5. Treatment

Empiric treatment in absence of ophthalmic specialist

1. Lubrication (eye drops, artificial tears) and wash with saline solution.

2. Not touching or rubbing the affected eye with lesions to avoid spread of infection to opposite eye or other individuals



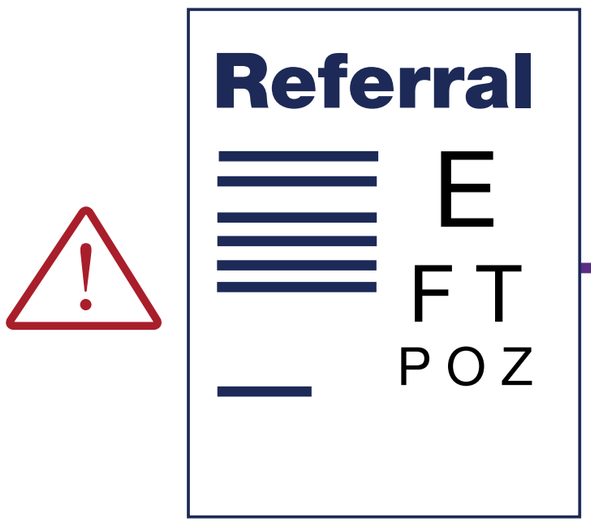
3. Topical Antibiotics (e.g. moxifloxacin 0.5%eye drops)

4. Avoid ointments or eye drops with STEROIDS (may prolong the presence of MPXV in ocular tissue)

5. Vitamin A supplementation to malnourished children if vitamin A deficiency is suspected or diagnosed

6. **Follow up**
   The patients should be followed up in 3-5 days intervals until the eye is fully healed

7. If symptoms worsen or signs of **keratitis / corneal damage**, referrer to an ophthalmic specialist



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Supplementary information for *Mpox clinical management poster series: eye involvement*

Methods

This product has been developed as part of the *Clinical management and infection prevention and control for mpox: living guideline and* finalised during the *Mpox global meeting on optimizing standards of care (OSoC)*, held in Nairobi, Kenya, 10–12th June 2025. The contents were underpinned by evidence reviews presented in the guideline, and expert review of the contents to ensure clinical relevance and accessibility. Full details of the deliberations are available in the main guideline https://app.magicapp.org/#/guideline/10286/section/232778.

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Guidance development group: See https://app.magicapp.org/#/guideline/10286/section/232743 for a full list of participants in the guidance development group.

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Conflicts of interest

Full conflict of interest details are available at https://app.magicapp.org/#/guideline/10286/section/236716. All participants to the guidance development meeting completed conflict of interest declarations. The WHO technical team reviewed these, and determined no significant conflicts for this work.

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