MPOX (MPXV CLADE I & II) ASSESSMENT AND TESTING PATHWAY FOR USE IN PAEDIATRIC SETTING (i.e. children less than 16 years of age)
(Version: 3.0 – 12/06/2025)

A: Clinical Symptom(s) Considerations

Consider assessment for mpox in any child less than 16 years of age with (suspected case definition):

(1) A prodrome (fever (i.e. > 38.5°C), chills, headache, exhaustion, myalgia, arthralgia, backache, lymphadenopathy), in an individual with contact with a confirmed or suspected case of mpox in the 21 days before symptom onset. (***In children, mpox may only present as a non-specific febrile illness in prodromal stage***).

OR

(2) An mpox-compatible rash (i.e. generalised or vesiculopustular) anywhere on the skin (face, limbs, extremities, torso), mucosae (including oral, genital, anal), or symptoms of proctitis, and at least one of the following in the 21 days before symptom onset: contact with known or suspected case of mpox; a travel history to a **country where mpox is currently common** - this does not include people transiting through the affected country where they do not leave the airport; and link to an infected animal or meat.

OR

(3) An mpox-compatible rash (i.e. generalised or vesiculopustular) anywhere on the skin (face, limbs, extremities, torso), mucosae (including oral, genital, anal), or symptoms of proctitis, where there is no known risk factor and no alternative common differential diagnosis*. These patients should be reviewed by local Paediatric services (but additional support should be obtained by contacting on-site Microbiologist AND Paediatric ID on call in CHI) to determine the approach to investigation and management.

**** Alternative common differential diagnoses include varicella zoster virus (which causes chickenpox and shingles), herpes simplex virus, enterovirus (which causes hand, foot and mouth disease), and bacterial infections such as staphylococcal and streptococcal infections.***

Contact on-site Microbiologist **AND** Paediatric ID on call in CHI for urgent MDT assessment. If MDT assessment deems **SUSPECTED CASE**, follow steps below.

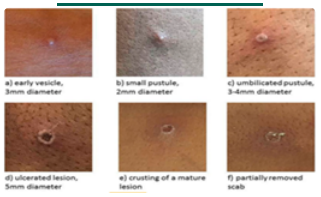
C: If clinically suspected case definition is met the treating clinician should:

1. Ensure that **correct PPE is used**.
2. Perform clinical assessment and test for mpox.
3. Sample will also be tested for Varicella and Herpes Simplex Virus.
4. Inform Local Laboratory (or NVRL if no local laboratory co-located) of probable case
5. Collect a swab of the lesion or lesion fluid in viral transport medium. If there is no lesion but mpox is still suspected please collect a throat swab in viral transport medium.
6. When testing for mpox, essential reading on this *process* should be reviewed, **please see sample collection and lab transport guidance here.**
7. Collect information on contacts in the setting to help contact tracing if the person becomes a confirmed case.

D: Hospital Management

- Treating clinician determines need for admission for care and discusses with locally agreed unit to arrange admission so they can prepare IPC measures and a named designated area.
- ISOLATE in a single room, if possible, even if the patient is vaccinated e.g. if given Imvanex® on admission.
- **STANDARD, CONTACT, DROPLET & AIRBORNE PRECAUTIONS** as per **NCEC** and **AMRIC** guidelines.
- Continue isolation in a single room with en-suite facilities (with negative pressure ventilation if available) while awaiting test results.
- If not already in acute setting, contact the National Ambulance Service (NAS) on 0818 501 999 and indicate status of patient including mpox probable case status and the exact designated location for transfer by NAS to hospital. If the person is critically unwell the clinician should call 112/999.

Clinical Pictures



For care of the newborn, please refer to mpox in pregnancy algorithm.

Home/Community Management

- Caregivers of suspected case(s) should be advised to consider self-isolation pending test result if PHRA identifies interaction with high-risk individuals.
- The individual may be driven home by a person who has already had significant exposure to the case.
- Where private transport is not available, public transport can be used but busy periods should be avoided. Any lesions should be covered by cloth (for example scarves or bandages) and a face covering must be worn. If public or private transport is not available, planned scheduled transport through the National Ambulance Service (NAS) (on 0818 501 999) is possible. This must only be triggered by ID/GUM or member of Department of Public Health, stating that it is a planned scheduled transport situation.
- Patient and household contacts are asked to adhere to **Public Health advice** on reducing their contacts and preventing infection.

B: Operational Considerations

Confirmed Case Definition:

- An individual with laboratory confirmed MPXV infection by detection of unique sequences of viral DNA by real-time polymerase chain reaction (PCR) and/or sequencing.

Contact Definition:

- An individual who has been exposed to an infected person during the infectious period i.e., the period beginning with the onset of the index's first symptoms and ending when all scabs have fallen off, and who has one or more of the following exposures with a probable or confirmed case of mpox: direct skin-to-skin and/or skin-to-mucosal physical contact (such as touching, hugging, kissing, intimate or sexual contact); contact with contaminated materials such as clothing or bedding, including material dislodged from bedding or surfaces during handling of laundry or cleaning of contaminated rooms; prolonged face-to-face respiratory exposure in close proximity (i.e. at least 15 minutes); respiratory exposure (i.e., possible inhalation of) or eye mucosal exposure to lesion material (e.g., scabs/crusts) from an infected person; and the above also apply for health workers potentially exposed in the absence of proper use of appropriate personal protective equipment (PPE).

Infection Prevention and Control (IPC) Measures:

- All health & care workers should conduct **Point of Care Risk Assessment** (PCRA) prior to any interaction with a suspected or confirmed case.
- Standard precautions are advised at all times for patient interactions, and contact, droplet & airborne* precautions as per **NCEC** and **AMRIC** guidelines.
- Waste should be managed as Category B.

****Airborne precautions can be stepped down, if it has been deemed appropriate following PCRA. Any decisions to change the level of IPC precautions will require a risk assessment undertaken by Clinical Team in conjunction with local IPC/Clinical Microbiology.***

E: LABORATORY TEST POSITIVE CLADE

- If MPXV infection is confirmed – link with clinical team, IPC/Clinical Microbiology and continue with IPC precautions.
- Laboratory to inform treating clinician and **Department of Public Health**.
- All patient management can be supported by input from Paediatric ID in CHI and local Microbiologist in line with IPC guidance.

F: LABORATORY TEST NOT DETECTED

- Maintain IPC precautions until discussed with clinical team +/- IPC team.
- See **NCEC** and **AMRIC** guidelines.

Encourage **ALL eligible staff** to get Imvanex ® vaccinations.

HSE Public Health: National Health Protection Office
FSS Sláinte Poiblí: An Oifig Náisiúnta um Chosaint Sláinte