

Human Monkey Pox Infection (HMI) Assessment for children < 13 years



Consider assessment for Monkeypox (MPX) in any child < 13 years old who:

Is a household contact of a confirmed or probable case of MPX in the previous 21 days **AND** has at least **ONE** symptom suggestive of MPX infection (fever > 38.5°C), rash which can be generalised or vesiculopustular, headache, myalgia, arthralgia, back pain, lymphadenopathy). In children MPX may be a non-specific febrile illness in prodromal stage.

OR

Has returned from a country with endemic monkeypox infection* in the previous 21 days **AND** has a rash suggestive of MPX and at least **ONE** other classical symptom (fever > 38.5°C, headache, myalgia, arthralgia, back pain, lymphadenopathy).

Differential diagnosis: VZV (chickenpox/shingles), HSV, Enterovirus (Coxsackie/Hand Foot & Mouth), Influenza-like illness (ILI), EBV, CMV

*Monkeypox endemic countries are: Benin, Cameroon, the Central African Republic, the Democratic Republic of the Congo, Gabon, Ghana (identified in animals only), Ivory Coast, Liberia, Nigeria, the Republic of the Congo, Sierra Leone, and South Sudan



Contact on-site Microbiologist AND Paediatric ID on call at CHI for urgent MDT assessment.

If MDT assessment deems **PROBABLE CASE**

Actions for treating clinician following consultation with Paediatric ID

- Perform test for Monkeypox (MPX) . Further details on sampling and transportation [Lab Pathway](#).
- Discuss with Paeds ID investigations for Varicella, Herpes Simplex Virus and Enterovirus as appropriate
- Collect information on contacts in the setting to help contact tracing if the person becomes a confirmed case.

Actions for local microbiologist/laboratory

- Inform NVRL of probable MPX samples.
- For information on sample transport see [Lab Pathway](#)

While awaiting test result, if admitted to hospital

Continue isolation in a single room with **CONTACT, DROPLET & AIRBORNE*** PRECAUTIONS and limit HCW contacts.

If discharged to community:

- Inform GP;
- Patient to remain in self-isolation pending test result
- May be driven home by a person who has already had significant exposure to the case; and
- Patient and household contacts to self isolate pending test result.

LABORATORY TEST POSITIVE

- Laboratory to inform Clinician and Public Health MoH
- Clinician to inform Paediatric Infectious Diseases at CHI.
- Referring Clinician to inform case/guardians of case.
- All patient management to be supported by input from ID Clinician/Microbiologist in line with IPC guidance.

STANDARD PRECAUTIONS at all times for all Patients. Conduct point of care risk assessment and **Contact, Droplet, Airborne* Precautions**

For suspected/confirmed cases of MPX

1. Respirator Mask: FFP2/FFP3
2. Eye protection: Goggles/Visor
3. Disposable nitrile gloves
4. Impervious Long-sleeved gown
5. Place patient in a single room with negative pressure ventilation (if available)

NOTE:

Waste: Handle as **Category B** waste

***Airborne precautions may be stepped down if deemed appropriate following a risk assessment**

Any decision to change the level of IPC precautions will require a risk assessment undertaken by local IPC team in conjunction with clinical team

LABORATORY TEST NOT DETECTED

- Maintain IPC precautions until discussed with IPC team.
- Inform patient and GP (if in community)