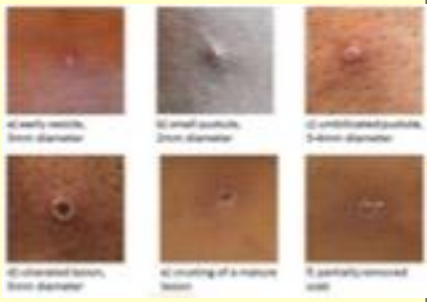
Mpox Assessment for children < 13 years

Consider assessment for mpox in any child < 13 years[1] old who:

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

OR

Has returned from a country with endemic mpox* in the previous 21 days **AND** has a rash suggestive of mpox 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

*Mpox 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

[1] *For care of the newborn, please refer to Mpox in Pregnancy – Guidance for Maternity Services*

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 mpox . 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 mpox 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.

LABORATORY TEST NOT DETECTED

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

STANDARD PRECAUTIONS at all times for all Patients. Conduct point of care risk assessment and

Contact, Droplet, Airborne* Precautions

For suspected/confirmed cases of mpox

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 undertake by local IPC team in conjunction with clinical team

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