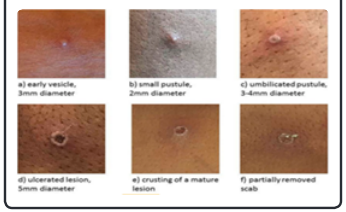
INTERIM MPOX (MPXV CLADE I & II) ASSESSMENT AND TESTING PATHWAY FOR USE IN PAEDIATRIC SETTING (i.e. children less than 16 years of age) (Version 2.2 - 31/10/2024)

Clinical Pictures



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

A: Clinical Symptom(s) Considerations

Consider assessment for mpox in any child < 16 years 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.

* Up to date information regarding the global distribution of reported mpox clades may be found on the WHO website. Up to date information regarding the global distribution of reported mpox clades and a list of "at risk" countries can be found on the UKHSA website

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

B: Operational Case Definitions

The following patients should be managed as **HCID cases** (pending confirmation of clade type where appropriate):

- Confirmed mpox case where clade I has been confirmed
- Confirmed or clinically suspected mpox case but clade not yet known and one or more of:
  - **Travel History to an area where** there is evidence of sustained human to human transmission of clade I MPXV OR where clade I MPXV is currently endemic OR where there is a current risk of clade I MPXV (See WHO and UKHSA websites)
  - **Close or intimate in-person contact** with individuals in a social network currently experiencing clade I MPXV activity OR An epidemiological link to a confirmed or suspected case of mpox from clade I affected countries (See UKHSA website)

The following patients should be managed as **non-HCID cases**.
Confirmed as Clade II MPXV, or

- Confirmed or clinically suspected mpox but clade not known, and all the following conditions apply:
  - There is no history of travel to Clade I MPXV affected countries within 21 days of symptom onset.

There is no link to a suspected case from Clade I MPXV affected countries within 21 days of symptom onset.

C: If Clade I MPXV infection is suspected based on travel history or contact with a confirmed/suspected case from the affected geographical area

Discuss situation with onsite ID/Microbiology. Maintain contact with Paediatric ID in CHI, to discuss patient management including possibility of transfer. There is also need to give immediate preliminary notification to Public Health to facilitate timely Public Health action.
Ensure that **enhanced PPE is used** as per *HCID IPC guidance*.
Follow steps 2 - 7 as per **Box D.**

D: If clinically suspected case definition (Clade II) 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.

Hospital Management (Clade I)

- **STANDARD, CONTACT, DROPLET & AIRBORNE PRECAUTIONS** as per *HCID IPC guidance*.
- Isolate in a single room with en-suite facilities (with negative pressure ventilation if available) while awaiting test results - pending transfer or if decision taken to manage in acute hospital.

LABORATORY TEST POSITIVE CLADE I

If Clade I MPXV infection is confirmed – link with clinical team, IPC and continue with HCID precautions. Contact the Paediatric ID in CHI to inform them of the result

- Laboratory to inform treating clinician and Department of Public Health.
- All patient management to be supported by input from Paediatric ID in CHI and local Microbiologist in line with IPC guidance.

LABORATORY TEST NOT DETECTED

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

Hospital Management (Clade II)

- 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.

LABORATORY TEST POSITIVE CLADE II

If Clade II MPXV infection is confirmed – link with clinical team, IPC and continue with non-HCID precautions.

- Laboratory to inform treating clinician and Department of Public Health.
- All patient management to be supported by input from Paediatric ID in CHI and local Microbiologist in line with IPC guidance.

Home/Community Management (Clade II)

- Caregivers of patients should be advised to remain in self-isolation pending test result.
- The patient 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.

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