RCPCH guidance: Mpox in children & young people - quick guide (Appendix A)

PPE guidance: Suspected or confirmed Clade II mpox (non-HCID)

Clinical mpox suscipcion

- Single pair gloves
- Apron (gown if lots of skin contact)
- FRSM
- +/- face/eye protection if splashing

Respiratory symptoms/severe/ many lesions

RCPCH mpox

guidance

- Single pair gloves
- Apron (gown if lots of skin contact)
- FFP3
- Full face visor



When to suspect mpox? (see full UKHSA definition)

Prodrome and known contact
or
Rash and contact/travel

Always inform

- Paediatric consultant in charge
 Get advice early
- Microbiology/virology consultant
- Paediatric infectious diseases

If clade I mpox (HCID) suspected

Speak to Imported Fever Service 0844 7788990

When to consider clade I mpox (HCID = High Consequence Infectious Disease)

(see full UKHSA definition)

Clade II (non-HCID) suspected

Clade I mpox (HCID) suspected

Preparation for clinical assessment

Questions to ask when assessing

Triage/Assessment

PPE guidance:

Suspected Clade I

mpox (HCID)

- Single pair gloves
- Gown
- FFP3
- Full face visor

Preparation for clinical assessment

Questions to ask when assessing

Clade II mpox (non-HCID) suspected

Clade I mpox (HCID) suspected

Send mpox PCR test

Admitting?

Fit for discharge?

Advice for admitting
suspected clade II non HCID mpox

Advice for discharging suspected clade II non - HCID mpox

<u>/ virology / infection</u>
<u>consultant (and then call Imported Fever Service)</u>

Admit patient and manage as if HCID PPE guidance:
Suspected Clade I mpox (HCID)

- Minimum as above plus head covering
- Fluid resistant head covering

(e.g. clogs or wellington boots)

• or <u>HCID ensemble</u> if trained



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