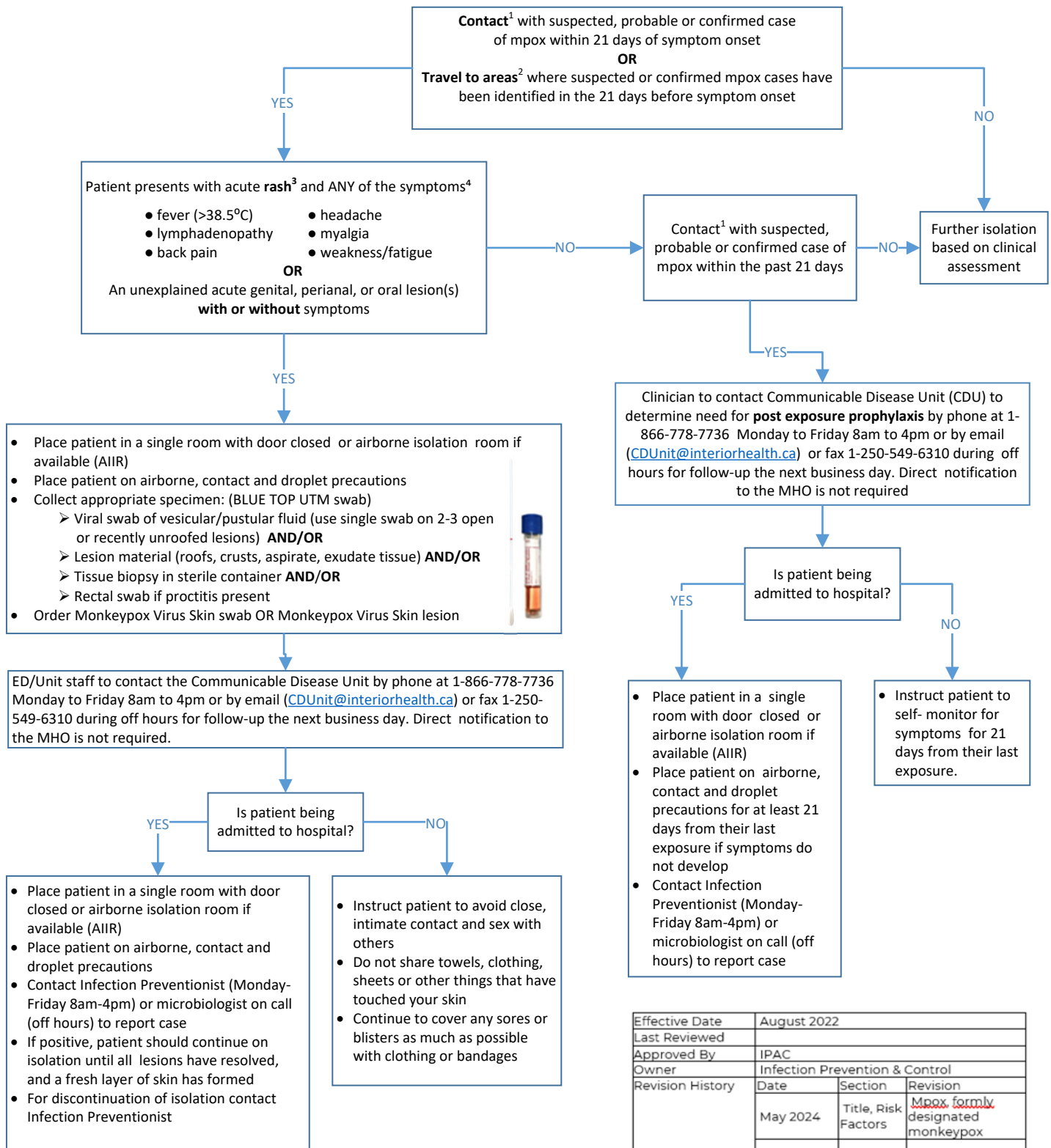


Emergency Department Mpox Assessment Algorithm



Effective Date	August 2022		
Last Reviewed			
Approved By	IPAC		
Owner	Infection Prevention & Control		
Revision History	Date	Section	Revision
	May 2024	Title, Risk Factors	Mpox, formerly designated monkeypox

Note: mpox, formerly designated monkeypox
Legend:

¹Face-to-face exposure, including health workers without eye and respiratory protection; direct physical contact with skin or skin lesions, including sexual contact; or contact with contaminated materials such as clothing, bedding or utensils.

²For cities or regions with mpox cases, please visit: <https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON385>

³The rash associated with mpox can be confused with other diseases that are encountered in clinical practice (e.g., secondary syphilis, herpes, chancroid, and varicella zoster). **However, a high index of suspicion for mpox is warranted when evaluating people with a characteristic rash, particularly for individuals who report anonymous sexual contacts and who present with lesions in the genital/perianal area or for individuals reporting a significant travel history in the month before illness onset or contact with a suspected or confirmed case of monkeypox.**

⁴Skin rash typically develops 1 to 5 days after prodromal symptoms such as fever, headache, myalgia, lymphadenopathy, back pain, headache or weakness/fatigue. **Prodromal symptoms can be absent or occur later.** For details about clinical presentation visit: <http://www.bccdc.ca/health-professionals/clinical-resources/mpox#clinical>