

How to assess a child with possible mpox

Questions for all cases:

- When did the rash start?
- Where did the rash begin? Palms and soles or centrally?
- How large are the lesions?
- Total number of lesions? 1-10 / 10-100 / 100 +
- Status of lesions – vesicles? scabbing over? When did last new lesion appear?
- Any eye/mouth/genital/rectal lesions? [ask with appropriate relevance and sensitivity if young person is sexually active]
- Any lesions causing particular concern? e.g. pain/bleeding.
- Fever?
- Headache?
- Vomiting? Able to keep down fluids?
- Diarrhoea?
- Fatigue or lethargy?
- Breathing difficulties?
- Any other symptoms?
- Do they feel they are getting better? Same? Worse?
- Any known contacts with mpox or other infections (e.g. chickenpox, hand-foot-and-mouth disease)?
- Any comorbidities, and specifically immunodeficiency/immune suppression
- Confirm address and contact details
- Any vulnerable people in the household?

Questions for those who have had contact with a confirmed mpox case:

- Note details of timing, duration and nature of contact
- Obtain as much information as known about the source case

Questions for those with a personal travel history or with household contact with someone with travel history in the previous 21 days:

- Countries visited with dates of arrival and departure

Questions for young people:

- Complete psychosocial history using HEADSS tool (e.g. [HEADSSS tool](#) | [Paediatric Pearls](#))
- Are they sexually active?
- Last sexual contact?
- Are they a man who has sex with men (MSM) which is a risk factor for mpox