

HEALTH ALERT

Monkeypox Virus (MPX): Updated Testing Guidance

July 11, 2022

Summary and Action Items

- The Centers for Disease Control and Prevention (CDC) and the Ohio Department of Health (ODH) are continuing to respond to the ongoing global [outbreak of monkeypox virus](#) (MPX).
- Rapid diagnostic testing can reduce the risk of additional disease transmission by ensuring prompt implementation of public health interventions, including release of medical countermeasures (antiviral drugs and vaccines) and contact tracing.
- In alignment with [national efforts to increase testing](#), ODH is adopting streamlined procedures to promote ease of access to *Orthopoxvirus* testing at the Ohio Department of Health Laboratory (ODHL).

Clinical Recognition

Monkeypox disease is characterized by the development of an initial prodrome (e.g., fever, malaise, headache, weakness, etc.) followed by a rash. Lymphadenopathy is common. Rash lesions are usually well circumscribed, deep seated, and often develop umbilication. Illness typically lasts 2-4 weeks. The current outbreak is associated with the West Africa monkeypox virus clade, which is associated with decreased disease severity as compared to the Central Africa monkeypox virus clade. For additional information on monkeypox virus disease, please see CDC's [Monkeypox: Clinical Recognition](#) webpage.

Testing is recommended for anyone with a new characteristic rash or who meets one of the epidemiologic criteria and for whom there is high clinical suspicion for monkeypox. Clinical suspicion may exist if the presentation is consistent with illnesses including secondary syphilis, herpes, and varicella zoster virus. For additional information on suspect cases, please see CDC's [Monkeypox Case Definition](#).

Instructions for Specimen Collection, Storage, and Shipping

NOTE: Please DO NOT ship specimens until you receive approval and have received an ODRS ID.

To request approval for testing at the ODHL, complete the 2022 MPX Testing Approval Form: <https://redcap.link/zp63uhbd>. Additional details on procedures are available within the form. General steps include:

- Collect 4 swabs for preliminary and confirmatory testing as follows:
 - Collect 2 swabs at a single lesion site (duplicate specimen from same site); each swab should be labeled with the collection site.
 - Collect and label 2 additional duplicate swabs from a separate lesion site, preferably from a different location on the body and/or from lesions with differing appearances.
- **Vigorously** swab or brush lesion with separate sterile dry polyester, Dacron, or Rayon swab with a plastic, wood, or thin aluminum shaft. Do not use other types of swabs.
- Place each swab in a separate sterile container. **Do not add or store in viral or universal transport media.**
- Two samples (one from each different lesion site) will be tested at ODHL. The remaining 2 specimens will be shipped to CDC for further characterization, if needed.

- Specimens should be **stored frozen within one (1) hour of collection**. Freezing specimens at -20°C or lower is strongly recommended as frozen specimens may be tested for up to 60 days after collection. Frozen specimens should be delivered to ODHL within 10 days from collection and should be shipped on dry ice.
- If freezing specimens is not possible, specimens can only be stored at $2-8^{\circ}\text{C}$ for up to seven (7) days prior to testing. Refrigerated specimens need to be delivered to ODHL within two (2) days from collection and should be shipped with ice packs.
 - This will allow time for testing at ODHL and samples to be shipped to CDC for further characterization, if needed, within the 7-day $2-8^{\circ}\text{C}$ storage condition limit.
- Be mindful of the outside temperatures and ensure plenty of dry ice or ice packs are included.
- An ODH Microbiology Submission form must be enclosed in the package with the specimen. **The form must contain the ODRS ID provided by ODH or the local health district.**
- Specimens can be received at ODHL Monday-Friday, 8:00 am – 4:30 pm unless special arrangements have been made. Approved samples that arrive before 11:00 am will be tested the same day. Samples that arrive after 11:00 am will be tested the next business day.

General Infection Control Considerations

General infection control consideration for patients with suspected monkeypox infection include:

- Notify infection prevention and control personnel of patients with suspected monkeypox infection.
- Recommended Personal Protective Equipment (PPE) for healthcare providers:
 - Gown.
 - Gloves.
 - Eye protection (i.e., goggles or face shield that covers the front and sides of the face).
 - NIOSH-approved particulate respirator equipped with N95 filters or higher.
- Place patient in single-person room with a dedicated bathroom; special air handling is not required.
 - Conduct aerosol-generating procedures or procedures likely to spread oral secretions in an airborne infection isolation room.
 - In general, in-person visitation should be limited while the patient is infectious and alternative modes of communication encouraged. Visitors entering the patient room should be provided with instruction and use of appropriate PPE.
- If tolerated, the patient should wear a surgical mask and cover any exposed skin lesions to the extent possible.
- Patients who do not require hospitalization should stay home except to receive medical care, isolate in a room or area separate from others, and limit contact with other family members and pets when possible.
- Isolation precautions should be maintained until all lesions have crusted, crusts have separated, and a fresh layer of skin has formed underneath.
- For further information, see the CDC's [Monkeypox: Infection Control in Healthcare Settings webpage](#).

Contact

For general questions related to monkeypox, healthcare providers and facilities should contact their local health department. Ohio local health departments should contact the ODH Bureau of Infectious Diseases at 614-995-5599 or ORBIT@odh.ohio.gov.