



Suspect Monkeypox Cases: Laboratory Testing Approval Guidance

Date: July 13, 2022

Public Health Message Type: Alert Advisory Update Information

Intended Audience: All public health partners Healthcare providers Infection preventionists
 Local health departments Schools/Childcare centers ACOs
 Animal health professionals Other

This message is being sent to provide updated guidance on testing approval for suspect monkeypox cases in New Jersey. The current monkeypox outbreak and response activities are rapidly evolving. NJDOH will continue to update recommendations and guidance as the situation evolves.

Last week, NJDOH sent updated recommendations about laboratory testing for suspect monkeypox, including information on commercial testing that is now available. This LINC message can be found [here](#). While commercial testing is currently available and would be preferable in most circumstances, testing at the NJ Public Health and Environmental Laboratory (PHEL) continues to be available. Examples of when testing at PHEL may be preferable to commercial testing might include for those without insurance and for those clinicians who may have difficulty sending a specimen to a commercial lab. Testing at PHEL requires prior approval by public health. Specimens submitted to PHEL by clinical laboratories or healthcare facilities without prior approval will be rejected. Previously, local health departments (LHDs) were asked to contact NJDOH to receive testing approval at PHEL, but effective today, **LHDs can approve requests for monkeypox testing at PHEL**; NJDOH will remain available to assist with consultations when LHDs request it.

Healthcare providers should continue to [notify their LHD's](#) of highly suspicious monkeypox cases and to request public health testing if commercial testing is not feasible.

LHDs should take the following steps when receiving requests for monkeypox testing from healthcare providers:

- 1) Provide [CDC infection control recommendations](#) to healthcare providers
- 2) Ensure healthcare providers are aware of commercial testing options as well as testing availability at PHEL
- 3) For providers requesting testing at PHEL:
 - a. Collect information using the [Monkeypox Investigation Form](#) and request photos of lesions, if available
 - b. LHDs should review the investigation form and photos to evaluate if testing is indicated. The following increase the likelihood of a positive result and testing would be indicated if individuals meet either of the following criteria:
 - i. Epidemiologic risk factor identified and rash consistent with monkeypox
 1. Risk factors include: persons who identify as gay, bisexual, or men who have sex with other men (MSM); contact with a confirmed orthopoxvirus or monkeypox case, or with someone who has lesions consistent with monkeypox; multiple or anonymous sexual partners in the past 14 days; recent travel to an area with monkeypox cases



OR

- ii. Clinical criteria met (i.e. characteristic rash and at least one other compatible clinical sign, such as fever or lymphadenopathy), even if no epidemiologic risk factors are present
 - iii. Testing may also be approved even in the absence of above if there is a strong clinical suspicion
 - iv. LHDs should contact their Regional Epidemiologist if they have questions on monkeypox testing eligibility.
- c. If testing criteria is met, provide [specimen collection instructions](#) to the healthcare provider (providers can consider commercial testing options if testing is not approved at PHEL).
- 4) If testing at PHEL is approved, LHD should enter the suspect case into CDRSS (case status = RUI) and send via email the following information to their regional epidemiologist, who will then contact PHEL to coordinate specimen delivery and testing (ensure all information is documented in CDRSS as well):
- a. CDRSS Case ID
 - b. Lab Contact (name, email, and phone number)
 - c. Hospital and contact info of IP or physician (name, email, phone number)
- 5) PHEL will coordinate with the lab contact for specimen receiving and testing Monday through Friday, unless pre-approval is obtained for weekend testing in emergent situations.
- 6) Instruct the patient to isolate at home, providing [CDC home isolation recommendations](#) until test results are received.

As vaccine supply increases, vaccination of high or intermediate risk close contacts of someone highly suspicious for monkeypox can be considered while test results are pending. LHDs should coordinate vaccination requests with their LINCS HUB.

Resources

<https://www.nj.gov/health/cd/topics/monkeypox.shtml>

<https://www.nj.gov/health/cd/documents/topics/Monkeypox/NJ-PHEL-Monkeypox-Guidance.pdf>

https://www.nj.gov/health/cd/documents/monkeypox_investigation_form.pdf

<https://www.cdc.gov/poxvirus/monkeypox/clinicians/index.html>