Suspect Monkeypox Cases: Laboratory Testing Guidance

Updated: July 19, 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 laboratory testing 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.

Commercial testing for suspect monkeypox cases (PCR testing for orthopoxvirus) is now available at five commercial laboratories, including Aegis Sciences, Labcorp, Mayo Clinic Laboratories, Quest Diagnostics, and Sonic Healthcare. Healthcare providers are encouraged to check with their laboratory provider to determine if orthopoxvirus testing is available and pursue commercial testing for suspect monkeypox cases when feasible. Public health approval for commercial testing is not required. Testing continues to be available at the NJ Public Health and Environmental Laboratory (PHEL) with prior NJDOH approval and should be considered for patients with severe clinical disease or who are at risk of severe disease so that prompt results can be obtained that may inform treatment decisions. Testing at PHEL should also be considered if commercial testing is not feasible, e.g., if patients are uninsured or underinsured.

As commercial test availability increases, healthcare providers are encouraged to be vigilant to the possibility of monkeypox if a characteristic rash is present. Some monkeypox patients are presenting atypically, with many patients having mild symptoms. Monkeypox could be confused with sexually transmitted infection (STI) and varicella zoster virus infection; and a STI diagnosis does not exclude monkeypox infection - infections may be concurrent.

Healthcare providers should have a higher suspicion for monkeypox in patients that:

1) Report exposure to a probable or confirmed case of monkeypox in the past 21 days, OR

2) Report certain risk factors that may make monkeypox exposure more likely, including individuals that identify as gay, bisexual, and other men who have sex with men, having multiple sexual partners in the past 21 days, attendance at an event where close contact with a monkeypox case may have occurred, or exposure to someone with a similar appearing rash.

Regardless of where testing is ordered, if monkeypox is suspected, healthcare providers should follow CDC infection control recommendations and instruct the patient to isolate at home, providing CDC home isolation recommendations until test results are received.
Commercial Laboratory Testing

Healthcare providers should follow specimen collection guidance provided by the commercial laboratory. Healthcare providers are encouraged to consider commercial monkeypox testing in patients that have compatible clinical symptoms, even if there is a lower suspicion of monkeypox. If monkeypox testing is ordered but there is a lower index of suspicion, healthcare providers do not need to report to the local health department unless test results are positive.

Healthcare providers should report higher suspicion suspect cases to the local health department where the case resides and provide a completed Monkeypox Investigation Form. Healthcare providers are encouraged to let their patients know that they may receive a call from their local health department to follow up and provide information on post-exposure prophylaxis for any identified close contacts.

Public Health Testing (PHEL)

Healthcare providers should collect information using the Monkeypox Investigation Form, take photos of lesions, and collect specimens following guidance found in the PHEL laboratory testing guidance document. Specimens should be refrigerated or frozen within one hour of collection. Contact the local health department where the suspect case resides to request testing at PHEL, providing the completed monkeypox investigation form and photos (secure email). The local health department will work with NJDOH to determine if testing is indicated and to coordinate testing at PHEL.

Case Reporting

Healthcare providers must report positive orthopoxvirus/monkeypox test results immediately to the local health department. They will be able to answer any questions and initiate contact tracing (if not already done). Healthcare providers considering treatment with tecovirimat for patients should contact NJDOH via email at CDS.MPX@doh.nj.gov, who can coordinate the request for antivirals.

Resources

https://www.nj.gov/health/cd/topics/monkeypox.shtml
https://www.cdc.gov/poxvirus/monkeypox/clinicians/index.html