

Monkeypox Specimen Testing in Washington

Monkeypox swab testing is available through several clinical and academic laboratories in Washington without public health approval. Tell a patient being tested to self-isolate and avoid contact with people and mammals until testing is completed. Anybody can get monkeypox but testing is most important if there is no alternate diagnosis AND there is a risk factor:

- Traveled recently to a country with endemic or outbreak monkeypox cases *OR*
- Contact with a person with confirmed monkeypox or similar rash *OR*
- Close or intimate in-person contact with those in a group having monkeypox activity

After approval from a local health jurisdiction ([Washington State Local Health Jurisdictions](#)), Washington State Public Health Laboratories (WSPHL) will do Orthopoxvirus tests for a person having a rash of concern and will arrange testing of serum or scabs.

Specimen collection for WSPHL testing after public health approval is obtained

Acceptable specimens are swabs; consult for scabs or serum. Also test other causes of rashes such as syphilis, herpes, or chickenpox. Dual infections can occur (e.g., herpes and monkeypox).

- Swabs from a discrete lesion, including a discrete oral or anal lesion; testing is **not** available for swabbing of the oropharynx, nasopharynx, or rectum with no visible lesions
- If approved, swabs from scabs or entire scabs if no fresh lesions are present
- If approved, serum (acute <56 days from onset and convalescent) if all lesions healed

Key points for swab specimen collection from lesions

- Use appropriate infection control procedures (gown, gloves, eye protection, NIOSH approved N95 particulate respirator or equivalent/higher respiratory protection)
- 2 swabs must be submitted for testing – 1 for testing at the PHL, the other to forward to the CDC for confirmation if necessary.
- Each swab should be used to sample multiple lesions, if present.
- Use sterile synthetic Dacron, polyester or nylon swabs, with a plastic or wire handle
- Clean a lesion with alcohol. Rub firmly with a swab (need to collect patient cells).
- Immediately put each swab tip or scab into a separate screw-top vial (one per vial) with **viral** transport medium – **NOT** universal transport medium (CDC will not confirm UTM specimens) – and aseptically break or cut the handle. A swab can also go into a sterile dry screw-top vial. Close the vial tightly.
- Label **each** vial with patient's name AND a second identifier AND collection date AND body source (e.g., dorsal left hand). Refrigerate vials within an hour of collection.
- Contact the local health jurisdiction ([Washington State Local Health Jurisdictions](#)) for approval to test scabs or serum.

Key points for serum collection if no active lesions (after approval is obtained)

For a patient who had a concerning rash that has healed completely, convalescent serum (<56 days of onset) may be tested with approval from the local health jurisdiction. Collect 7 to 10 cc of patient blood into a red/gray (marbled), gold, or red topped plastic serum tube, spin the tube and submit the serum in a new sterile tube. Also collect a lavender-top EDTA whole blood tube. Label each tube with patient's name AND a second identifier AND collection and onset dates.

Storing and shipping of specimens

Optimal results are with refrigeration (2–8°C) within an hour of collection and prompt shipping to **arrive** within 24 hours of collection. If the specimen will **not** arrive within 24 hours, specimens (except serum) should be **frozen** at ≤ -70°C and shipped on dry ice. Refrigerate serum for up to 7 days during storage and shipping, otherwise freeze if it will arrive after day 7.

Complete a form <https://www.medialab.com/dv/dl.aspx?d=2036639&dh=1b30e&u=69790&uh=0e2a1> for each specimen with name, birthdate, collection date, **and** (except serum) the collection body site. Each specimen should be packed in its own sealed bag and accompanied by its own form. Multiple sealed bags can be placed in a secondary outer bag or container.

All persons shipping packages with medical specimens must have documented shipping training (USDOT and USPS Regulations for Packaging and Labeling Infectious Substances). Specimens are currently ground shipped Category B ([Shipping | Washington State Department of Health](#)).

Reporting of results

WAPHL and some clinical laboratories can confirm **non-smallpox Orthopoxvirus**, which includes monkeypoxvirus, smallpox, smallpox vaccine virus, and various animal pox viruses. CDC and some clinical laboratories can confirm **monkeypoxvirus**.

For more information:

Current outbreak: [2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

Local health jurisdiction contacts for providers wanting to test a specific patient: [Washington State Local Health Jurisdictions | Washington State Department of Health](#)

CDC monkeypox clinical resources: [Information For Clinicians | Monkeypox | Poxvirus | CDC](#) and [Webinar May 24, 2022 - What Clinicians Need to Know about Monkeypox in the United States and Other Countries \(cdc.gov\)](#) and [CDC HAN 471: Update for Clinicians on Testing and Treatment for Monkeypox](#)

Specimen information about testing for Orthopoxviruses: [Preparation and Collection of Specimens | Monkeypox | Poxvirus | CDC](#)

Laboratory guidance: [Information For Laboratory Personnel | Monkeypox | Poxvirus | CDC](#)

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