

## Mpox Specimen Testing in Washington

Mpox (previously called monkeypox) swab testing is available through several academic and commercial laboratories in Washington. Clinicians do not need to contact public health for approval before sending mpox tests to academic or commercial labs. After approval from a [local health jurisdiction](#), Washington State Public Health Laboratories (WSPHL) will also perform mpox testing on swabs from patients with a compatible rash, and will arrange testing of serum or scabs if needed.

Clinicians should consider mpox testing for any patient with a compatible rash; CDC provides [guidance on clinical recognition](#). Epidemiologic risk factors will also affect the level of clinical suspicion:

- Recent travel to a country with endemic or outbreak mpox cases *OR*
- Contact with a person with confirmed mpox or similar rash *OR*
- Close or intimate in-person contact with a person in a group experiencing mpox activity

Clinicians should also consider testing for other causes of rashes such as syphilis, herpes, or chickenpox. Dual infections can occur (e.g., herpes and mpox).

Clinicians should advise patients being tested to self-isolate and avoid contact with people and mammals until testing is completed.

### Specimen types for WSPHL testing (after public health approval is obtained)

- 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
- Swabs from scabs or entire scabs if no fresh lesions are present
- Serum (acute <56 days from onset and convalescent) if all lesions healed

Local health jurisdictions should contact DOH (206-418-5500 or [mpoxconsult@doh.wa.gov](mailto:mpoxconsult@doh.wa.gov)) to discuss testing of entire scabs or serum prior to submitting these specimens.

### 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)
- Swab 2 lesions, each with two swabs (total 4 swabs). Note the body site of the lesions.
- 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.

### 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. 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

Specimens must be refrigerated (2–8°C) within an hour of collection and promptly shipped to **arrive** within 24 hours of collection. If the specimen will **not arrive** within 24 hours, specimens (except serum) should be **frozen** at  $\leq -70^{\circ}\text{C}$  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 [WSPHL form](#) for each specimen with name, birthdate, collection date, **and** the collection body site (except for serum). 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 (US Department of Transportation and US Postal Service Regulations for Packaging and Labeling Infectious Substances). Per Department of Transportation regulations, potential mpox (monkeypox) virus (MPV) specimens can be shipped Category B via ground transportation. However, while the US government does not consider Clade II of MPV to be a Category A infectious substance, the International Air Transport Association continues to list MPV as Category A, so Category A shipping might be required for air transportation. WSPHL provides [instructions on packaging specimens](#).

### Reporting of results

WSPHL and some clinical laboratories can confirm **non-smallpox Orthopoxvirus**, which includes mpox (monkeypox) virus, smallpox virus, smallpox vaccine virus, and various animal poxviruses. Given current epidemiology, this is considered diagnostic for mpox unless there is clinical or epidemiologic suspicion for another poxvirus. CDC and some academic and commercial laboratories can confirm **mpox (monkeypox) virus (MPV)** specifically.

### For more information:

[CDC data on the current outbreak](#)

[Local health jurisdiction contact information](#) (for providers who wish to request testing at WSPHL)

[CDC mpox clinical resources](#)

[CDC guidance on mpox specimens](#)

[CDC guidance for laboratory personnel](#)

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).