

Monkeypox diagnostic testing: Job Aid 1 for healthcare providers

Deciding on whether or not to test:

With exception to commercial labs (e.g., LabCorp and Quest), approval is required before any specimens can be tested for monkeypox. Clinicians should promptly report any suspect cases who are Chicago residents to CDPH at the following link: <https://redcap.link/reportmpx>. Reports will be reviewed by CDPH medical team and providers will be contacted for details about testing and submission of specimens to the Illinois Department of Public Health laboratory.

If monkeypox testing is approved:

Testing for orthopox viruses can be performed on a swab of vesicles/pustules, lesion crust, or tissue biopsy at the IDPH laboratories (throat swabs, touch prep slides of lesions or viral lysate from culture may also be possible – discuss in advance of submitting). Because of the need to test multiple lesions, and the need for duplicates of each lesion for both preliminary and confirmatory testing, **four specimens should be collected per patient**. Orthopox positive specimens at IDPH labs will be sent to CDC labs for monkeypox-specific testing. Specimens should not be submitted to IDPH without local health department approval.

Specimen collection and storage:

Specimen collection can occur in outpatient or inpatient settings. If recommended after consultation with CDPH, testing for other pathogens can be conducted in diagnostic laboratories [per CDC guidance](#).

- Follow appropriate infection control recommendations for suspected monkeypox cases:
 - Optimal personal protective equipment for specimen collection is: a gown; gloves; eye protection (e.g. goggles or a face shield that covers the front and sides of the face); and a NIOSH-approved N95 filtering facepiece or equivalent, or higher-level respirator.
 - Specimens should be collected in a single-person room, with the door closed (if safe to do so) – special air handling is not required.
- Use a sterile nylon, polyester, or Dacron swab with a plastic or thin aluminum shaft. Flocked swabs or E-swabs are acceptable. Do not submit wooden or other types of swabs, or swabs in collection/transport media.
- Seek patient consent to take photographs of lesion(s) and provide CDC photo release form.
- Vigorously swab or brush lesion. **It is not necessary to de-roof the lesion before swabbing.**
- Place each specimen in a separate sterile container (e.g. by breaking off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring, or placing in a sterile urine cup, or 15cc/50cc conical tube). **Do not add or store in viral or universal transport media.**
- Collect two specimens per lesion (duplicates are needed for testing at IDPH and CDC).
- Collect from two lesions preferably from different locations on the body and/or lesions with differing appearances. Use a new swab for each specimen. There should be four specimens – two lesions with two specimens per lesion. Each specimen should be stored in its own container. If possible, use plastic rather than glass materials.
- Label each specimen container with:
 - Patient Name and Date of Birth
 - Medical Record Number
 - Lesion Location. Label duplicates A and B (e.g. left thigh A, left thigh B; perianal 1A etc.)
 - Collection date
- Freeze (-20°C or lower) specimens within an hour after collection. If freezing is unavailable, refrigerate at (2–8°C).
 - Store refrigerated specimens for up to 7 days and frozen specimens for up to 60 days.
- Ship on dry ice – see Job Aid 2, which will be provided by CDPH only if testing is approved.