

Provider guidance: Laboratory specimen collection for suspected cases of monkeypox

1. Notify Microbiology via phone @ 8-7890 of a suspected case, including MRN and second identifier
 - a. Be prepared to provide your unit P-tube number
 - b. Microbiology will send via the P-tube a collection kit: 2 dry swabs and 3 dry sterile screw-cap specimen transport tubes
2. **Diagnostic collections** (see details below #3-5)
 - a. Collect two (2) lesional dry swabs – from the same lesion site, in a dry transport tube (No transport media).”
and, if present, collect the tissue from the de-roofed vesicle or pustule
 - b. The duplicate specimen must be collected from one anatomical site for use by CDC if confirmatory testing is warranted after preliminary testing at the MA SPHL
 - c. Each lesional site should be put into its own separate transport tube
 - d. Do NOT add viral transport medium, saline, or any other liquid to the tubes
 - e. Do NOT use any other specimen collection device or kit.
 - f. Place an order in EPIC-EMERGE for “Monkeypox, non-variola Orthopoxvirus), screen, PCR” Lab 6189

Details for specimen collection:

3. Preferred diagnostic collection: Swab of fluid and tissue from an intact, de-roofed vesicle or pustule:
 - a. Sanitize the closed fluid-filled vesicle or pustule with an alcohol wipe – allow to dry
 - b. Use a disposable scalpel or 26-gauge needle to open the top of the vesicle or pustule
 - c. Dispose of the scalpel or needle in an appropriate waste container *per hospital infection control*
 - d. Retain the vesicle or pustule roof tissue and place in a screw-cap tube
 - e. Swab the lesional open area with one dry swab to absorb all the fluid. Place the swab into another screw-cap tube. Break off the swab handle so the swab fits in the tube and close the screw cap.
 - f. Take the second dry swab and firmly swab the open pustule/vesicle again to obtain a duplicate sample. Place the swab into a separate empty screw-cap tube. Break off the swab handle so the swab fits in the tube and close the screw cap.
 - g. Do not add transport medium, saline or other liquid to any transport tubes
4. Alternative diagnostic collection: Open vesicle/pustule with crusts/fluid or an open, wet lesion:
 - a. Use a dry swab to gently scrape crust material from around a vesicle edge or over a weeping lesion. For a dry, crusty lesion the swab may be moistened with sterile saline. Do not moisten the swab for an open, wet lesion.
 - b. Place the swab into an empty transport screw-cap tube. Break off the swab handle so the swab fits in the tube and close the screw cap.
 - c. Repeat steps a and b with a second swab to obtain a duplicate sample
 - d. Do not add transport medium, saline or other liquid to any transport tubes

5. Additional diagnostic collection: Scab – may be submitted in addition to above collections
 - a. Use a sterile scalpel or sterile 26-gauge needle to remove the scab and place into a dry, sterile screw-cap tube or sterile screw-cap cup and secure the cap.
 - b. Do not add any transport medium, saline or other liquid to the tube

Transport to the BMC Laboratory:

1. Place transport tubes with samples in the supplied biohazard specimen bag. In addition to a patient lab label, provide a note with the site/source of the specimen.
2. Place an order in EPIC-EMERGE for “Monkeypox, non-variola Orthopoxvirus), screen, PCR” Lab 6189
3. Specimen containers must have correct patient label and be clearly labeled as “Suspected Monkeypox”
4. Hand deliver samples to the rapid response laboratory (RRL) in Menino basement
 - a. DO NOT USE P-TUBE for these specimens – they may be highly infectious
 - b. Lab will arrange for courier to hand deliver from RRL to 670 Albany Street Lab 7th floor
5. Depending on the site of specimen collection, BMC Laboratory will send specimens to the MA SPHL or a commercial laboratory (ARUP) for orthopox PCR testing.
6. The BMC Laboratory will report results to the clinical provider and patient EMR as available. Turnaround time could be up to several days. This could change in near future. (Updates to follow)

Important:

- Routine molecular tests ordered for lesional swabs from suspected patients will not be tested until the rule-out for monkeypox is complete
 - Examples: HSV/Varicella PCR, other send-out tests
- NON-lesional specimens may be sent to the laboratory via the P-tube for processing on-site
 - Examples of samples that may be sent:
 - Blood, serum, urine, blood cultures
 - Specimens for respiratory, CSF, stool, STD PCR testing and/or routine cultures (*excluding* wound cultures)
- Any NON-lesional tissue obtained from a surgical procedure requiring microbiological culture and/or histological evaluation by surgical pathology should be labeled “Suspected Monkeypox.”
 - Specimens that include a culture order should NOT be put in formalin
 - Send tissue fresh in sterile screw cap cup
- Still not sure what to do? Call the Microbiology Lab before specimen collection and transport

If you have questions or concerns, please page Erin Norberg at 2251 or Dr. Nancy Miller at 0412.