

Monkeypox Commercial Testing Guidance for Georgia Providers

July 20, 2022

Background: On June 22, 2022, the Department of Health and Human Services (HHS) announced that five major commercial labs would begin offering orthopoxvirus (OPX) testing to support the 2022 monkeypox outbreak response in the US. Links to each laboratory are available at the end of this guidance.

The Georgia Department of Public Health (DPH) will continue to support testing at the state public health laboratory but understands that commercial testing provides an expansion of laboratory testing capacity to assist with identifying new cases of monkeypox and stop the spread of disease. When using commercial laboratories, providers should consider the DPH monkeypox reporting requirements and case isolation procedures described below. Note that DPH is not able to provide guidance on commercial lab required specimens, submission logistics, or result reporting to providers from these labs. Providers should work directly with these labs to answer specimen and testing questions and ensure access to test results. If commercial testing does not work for your setting, guidance on submitting specimens to the state public health lab can be found in the most recent [Georgia Health Alert Network for providers](#).

Clinical evaluation of suspect monkeypox cases

Providers should consider testing in patients with a characteristic rash (deep-seated and well-circumscribed lesions, often with central umbilication; and lesion progression through specific sequential stages—macules, papules, vesicles, pustules, and scabs)

OR

The patient meets one of the epidemiologic criteria below and the provider has a high clinical suspicion for monkeypox. Clinical suspicion may exist if presentation is consistent with illnesses confused with monkeypox (e.g., secondary syphilis, herpes, and varicella zoster).

Epidemiologic criteria to consider for monkeypox:

*Epidemiologic criteria may be updated over time, please find the most up-to-date criteria at: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/case-definition.html>

As of July 20, 2022 - within the 21 days prior to illness onset, the patient:

- Reports having contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable monkeypox **OR**

- Had close or intimate in-person contact with individuals in a social network experiencing monkeypox activity, this includes men who have sex with men (MSM) who meet partners through an online website, digital application (“app”), or social event (e.g., a bar or party) **OR**
- Traveled outside the US to a country with confirmed cases of monkeypox or where *Monkeypox virus* is endemic **OR**
- Had contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived from such animals (e.g., game meat, creams, lotions, powders, etc.)

Precautions when evaluating suspect monkeypox cases

Use appropriate infection control and prevention in your clinic when assessing a patient under suspicion of monkeypox. These infection prevention practices will help maintain a low risk of exposure to healthcare workers evaluating suspect monkeypox cases and ensure that clinical assessments and testing are accessible to patients and are reasonable services to provide in primary care settings. CDC guidance can be found here: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html>

- Patients who present with monkeypox as a presenting complaint should be placed in a single-person room; special air handling is not required. The door should be kept closed (if safe to do so). The patient should have a dedicated bathroom. Transport and movement of the patient outside of the room should be limited to medically essential purposes. If the patient is transported outside of their room, they should use well-fitting source control (e.g., medical mask) and have any exposed skin lesions covered with a sheet or gown.
- Minimize contact by staff with patients suspected of monkeypox infection to avoid unnecessary exposure.
- Be aware of persons that interact with the patient in the facility in case positive results are returned and monitoring of close contacts is needed.

Testing for suspect monkeypox cases

Providers using commercial testing when evaluating persons with suspected monkeypox infection should:

- Gather information from the patient including demographics and risk factors
 - Current epidemiologic factors and identified risk factors can be found above and at <https://www.cdc.gov/poxvirus/monkeypox/clinicians/case-definition.html>
- Advise the patient to isolate until results can be received.
 - DPH guidance on home isolation is available at: <https://dph.georgia.gov/document/document/home-isolation-guidance-monkeypox/download>
- Advise the patient that they will need to provide contact information to DPH for any people they had close contact with while symptomatic if they test positive for monkeypox.
- Patients are considered to be infectious from the time they first develop a rash or prodromal symptoms (e.g., fever, lymphadenopathy, chills, fatigue), whichever comes first, until all lesions have resolved, the scabs have fallen off, and a fresh layer of intact skin has formed.

Steps to take if a patient tests positive for orthopoxvirus/monkeypox virus

- All positive orthopoxvirus cases are presumed to be monkeypox at this time. Patients with a positive orthopoxvirus test will be considered a monkeypox case regardless of whether confirmatory testing has been performed at CDC.
- **Providers are required to report any positive results immediately to public health by calling 1-866-PUB-HLTH. This includes reporting the patient's name, date of birth, phone number, and address along with any relevant testing information.**
- Timely reporting of results is critical to support contact tracing and identification of persons for which medical countermeasures are indicated (e.g. post exposure prophylaxis or anti-viral treatment).
- Orthopoxvirus and monkeypox have been added to the GA state notifiable disease list, this is reportable immediately by law: <https://dph.georgia.gov/document/document/notifiable-disease-reporting-requirements-0/download>
- Facilities should gather information on healthcare workers that provided care during the patient's visit for orthopoxvirus positive cases. A risk assessment will be performed to determine their risk of exposure, most healthcare workers will be considered Low/Uncertain risk indicating a minimal risk of developing monkeypox. Intermediate and High-Risk exposures in healthcare settings will be assessed for follow-up on a case-by-case basis with an epidemiologist.

Commercial Laboratories currently testing for orthopoxvirus

Facilities/providers using commercial laboratories will need to work directly with those labs to determine specimen collection and submission guidelines which may differ from DPH and between labs. Result turn-around time and logistics of result return to submitting facilities/providers should also be coordinated between the facility and the commercial laboratory. The links below are provided as a starting point, please work with the lab directly for updates or details about testing through commercial laboratories.

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| Quest Diagnostics | https://www.questdiagnostics.com/healthcare-professionals/about-our-tests/infectious-diseases/monkeypox |
| Labcorp | https://www.labcorp.com/infectious-disease/monkeypox |
| Aegis Sciences Corporation | https://www.aegislabs.com/our-services/monkeypox/ |
| Sonic Healthcare | https://www.sonicreferencelab.com/featured-testing/monkeypox/ |
| Mayo Clinic Laboratories | https://newsnetwork.mayoclinic.org/discussion/mayo-clinic-laboratories-launches-monkeypox-test-to-increase-access-availability/?_ga=2.38359459.1693643942.1658248660-470665527.1658248660 |