

Patient referral and testing guidance: mpox (monkeypox)

Guidance

- Testing for mpox is done in a laboratory. This test is available throughout Australian laboratories.
- Mpox is nationally notifiable. Pathologists will notify public health agencies of laboratory-confirmed diagnoses.
- Advice from jurisdictional public health units may determine how each patient will be prioritised for testing.

Who to test or refer for testing

- Patients with symptoms who present with a history suggestive of exposure to mpox, should have a specimen collected and be referred for laboratory testing.
- Initial symptoms may include rash, fever, headache, myalgia, backache, lymphadenopathy, chills, and exhaustion. Lesions can develop in the genitals, face, mouth, anorectum, and other areas of the body and may not be accompanied by systemic symptoms. Proctitis with or without lesions can also occur.
- Symptoms usually begin between 5 and 21 days after exposure.
- Other infections to consider specimen collection for include varicella, herpes zoster, herpes simplex, syphilis. Molluscum contagiosum and orf are other differential diagnoses but are generally made without laboratory testing. If these infections are clinically possible, the referral should include the specific infections under consideration.
- It is not recommended to test for mpox in asymptomatic individuals.

Personal protection during specimen collection

- Wear personal protective equipment* while collecting samples and dispose of PPE appropriately.
- Wear a disposable fluid resistant gown, disposable gloves, face shield or goggles, and a fluid-repellent surgical mask (FRSM). A P2/N95 particulate filter respirator is an option

if you choose, but a FRSM is sufficient.

- After collection, the outside of specimen containers should be wiped down using a suitable disinfectant**.

Specimen collection

- Raise any questions about specimen collection, other specimens and transport with the specialist microbiologist to whom the test is being referred before collecting, if required.
- Skin lesion, lesion fluid, lesion tissue, lesion crust or skin biopsy should be collected from suspected cases with a rash.
- Using a sterile swab, vigorously rub the base of any lesion to ensure cellular material is collected.
- Inadequate specimen collection, or lack of fluid from lesions, can result in failure to detect monkeypox virus DNA.
- Throat and oropharyngeal swabs may also be suitable specimens depending on symptoms.
- For patients presenting with proctitis and no visible lesion, a swab from the anorectal mucosa may be used for testing.
- Whole blood or serum samples should not be used to exclude mpox.

Specimen transport guidelines

- Discuss sample handling with the specialist microbiologist prior to transport if any questions need to be raised.
- Following collection, place all samples for testing into specimen bags. The specimen bag should contain material (for example, cotton wool or tissue), to absorb the entire contents of the sample in case there is any leakage.
- Securely screw shut specimen containers and tubes that contain fluid.
- Submit samples to the testing laboratory as soon as possible.

This guidance should be read in conjunction with the

[Public Health Laboratory Network \(PHLN\) Laboratory Case Definition \(LCD\) for mpox](#) and the [PHLN Guidance on Mpox Patient Referral, Specimen Collection and Test Requesting](#).

* For further information, see the [Monkeypox Virus Infection CDNA National Guidelines for Public Health Units](#)

** Suitable disinfectants include quaternary ammonium compounds or 0.5% [or 5000 ppm] sodium hypochlorite solution.

