Mpox Testing Guidelines for Primary Care in British Columbia

May 29, 2023

Since May 2022, mpox (formerly monkeypox) infections have been reported in many countries including Canada. Timely diagnostic PCR testing is key for both clinical management and public health control measures in BC. These guidelines are meant to provide guidance to primary care providers on when, who, and how to test for mpox infection, which can be done safely in primary care settings.

These guidelines will be updated as needed.

Clinical presentation

The typical clinical presentation (described here) consists of a short viral prodrome (e.g., symptoms such as lymphadenopathy, fever, headache), followed by the progressive development of a rash and lesions. Clinical presentation is highly variable, everything from no prodrome, to small or large numbers of lesions often in the genital region including the perianal region, to localized pain and swelling in regions such as the throat or rectum without visible sores. Asymptomatic infection has also been reported to occur.

Mpox diagnosis can be challenging, given the broad differential, and the nonspecific nature of prodromal and subclinical illness. Clinicians should consider other conditions in the differential diagnosis (e.g., syphilis, herpes, molluscum contagiosum, hand, foot and mouth disease, varicella) and test for these agents as indicated.

Who to test for mpox

Testing for mpox should be based on clinical judgment, exposure history, physical examination, and epidemiologic factors.

In the current Canadian mpox outbreak context, nearly all cases have occurred in the context of close, intimate contact during sex, in members of the gay, bisexual, and other men who have sex with men community. While mpox cases have been identified outside of this population globally, including among women or children, cases have been rare. For individuals outside of the current risk groups other types of infections remain higher on the differential, but it is important to remain vigilant for the spread of mpox to the broader community, particularly communities where the outbreak may bridge to, such as sex workers and female partners of men who have sex with men.

How to collect specimens for mpox testing

Testing for mpox should be performed using appropriate personal protective equipment (PPE), which includes droplet and contact precautions (gown, gloves, medical mask, and eye protection). This will also provide protection for other infections included in the differential diagnosis.

Clinical presentation should guide diagnostic testing:

- **If rash/lesions are present:**
  The highest yield is from skin and mucosal lesions. If lesions are present on different areas of the body, use a different swab for different anatomic areas. Swab 2 to 3 lesions per area, unroof vesicles, and/or vigorously swab dry or crusted lesions using a single swab.

- **If prodromal symptoms are present but no evidence of skin lesions:** Collect an oropharyngeal or nasopharyngeal swab, or blood sample. Other sample types can be considered on a case-to-case basis.

- **If there is localized pain/swelling in regions such as the throat or rectum but no evidence of skin lesions:** Collect a swab in or around the affected area such as an oropharyngeal or a rectal swab.

Where appropriate consult with a BCCDC Microbiologist on call (604-661-7033) and/or your local hospital microbiologist to ensure that the best sample types are collected to maximize test sensitivity and the wide differential of agents is considered.

Swab type

- Use the same swab that is normally used to sample lesions for HSV/VZV testing (COPAN Blue Top). Place the swab in Universal Transport Medium (UTM). Multiple viruses (e.g., HSV/VZV/enterovirus/mpox) can be detected from a single sample collection.
- Mpox PCR testing is offered at the BCCDC Public Health Laboratory and select other regional labs. **Mpox testing should be specified on the Virology** BCCDC PHL requisition **in the "PATIENT STATUS/TRAVEL HISTORY/EXPOSURE" box.**

Testing is **not** recommended for individuals without symptoms, even for contacts to a confirmed mpox case, if they remain asymptomatic.

Advice to patients with suspected mpox

The turn-around time for testing is 1-2 days once specimens are received at the BCCDC Public Health Laboratory. While test results are pending, patients suspected to have mpox should be instructed to limit their contact with others and practice frequent hand and respiratory hygiene. Lesions should be covered whenever possible, and contaminated objects should be handled by the case only. If test results are negative, then these measures can be discontinued.

If mpox infection is confirmed

Advise the patient to continue infection control measures until all lesions have healed (i.e., the scabs have fallen off, and new skin is present). Local public health will follow up with the patient for case and contact management. Treatment is largely supportive and focused on symptoms.

For more information

- Detailed information on sample types and containers can be found by searching the eLabhandbook for Mpox (http://www.elabhandbook.info/phsa/).
- More detailed information about mpox for health care providers can be found on the BCCDC website.