

## Monkeypox: Laboratory transportation plan for hospital-based settings\*

Version 3.0

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If probable case definition met:

### Clinical setting

- Perform a clinical assessment, including a **test for Monkey Pox (MPX)** using one standard viral swab in *viral transport medium*.
- The swab should be taken from a cutaneous lesion either ulcer or vesicular fluid if present. If there are concerns that patient is presenting during the prodromal stage and there are no cutaneous lesions, a throat swab may be taken instead. A negative result for the throat swab does not rule out MPX and clinical correlation is advised and a follow up swab sample is required if lesions develop.
- Double bag the sample at the point of collection in the clinic setting.
- The referring clinician should inform the local microbiologist and NVRL of probable samples for MPX investigation.
- The double bagged sample should be taken to the microbiology laboratory in person and not via the pod system. The bag should be clearly labelled as samples collected from a suspected MPX case.

### Local Microbiology Laboratory

- The courier, Eurofins, will be contacted by the local microbiologist who will then arrange for the courier to collect the sample from the microbiology lab according to the details in Appendix I.
- The courier must be informed that the collection is for a MPX sample so that they can transport it in accordance with Category A transportation.
- The microbiologist collects the Category A packaging from the courier. They place the double bagged sample into the Category A packaging and then return the package sample to the courier.
- No other samples should be packed with the samples for MPX investigation.
- The courier transports the sample to NVRL during working hours, Monday to Friday with a pick up at the earliest 9am. The sample can be stored double bagged in a secure location in the local microbiology laboratory until next working day if necessary.
- All other sample types that are deemed clinically necessary should be clearly marked as “probable MPX” and managed through the local microbiology department as per the local hospital High Consequence Infectious Disease (HCID) protocol. A guidance summary for other samples is provided in appendix II. It is critical that the local

hospital laboratory staff are clearly made aware of any samples arriving from a patient with suspected MPX.

NVRL

- The sample will be tested for MPX DNA at NVRL with the aim to test concurrently for VZV DNA and HSV 1 and 2 DNA.

\*If testing is undertaken in non-hospital settings, mechanisms for transportation can be discussed with the local public health team

## **Appendix I: Organising EUROFINS courier for sample transport**

- Eurofins Lablink will provide a qualified dedicated driver and van to transport the sample for MPX investigation from the microbiology laboratory to the NVRL
- Once contacted by Eurofins, the nearest driver will re-route to sample pick-up site within 30 minutes.\*\*
- Sample packaging and documentation for category A samples will be supplied by Biomnis
- The service offered is Monday to Friday 09.00 – 17.00
- To book a collection please call designated courier number (distributed internally) and quote MPXV1, clearly informing EUROFINS that it is a suspected MPX sample.

\*\*Actual sample pick-up time will depend on where nearest driver is re-routing from.

## Appendix II: Guidance for handling of other samples from patients with suspected or confirmed Monkeypox infection

- Store samples in the microbiology laboratory until results of MPX virus testing available
- If diagnostic testing is required urgently or if laboratory testing confirms MPX virus infection:
  - Samples for microbiological investigation can be processed in a CL2+ facility including:
    - Routine staining and microscopy
    - Examination of cultures
  - However, any aerosol-generating procedures should be performed in a CL3 facility, (including nucleic acid extraction for pathogens such as HSV, *Chlamydia trachomatis*, *Neisseria gonorrhoeae*) unless the transport medium already includes lysis buffer.
  - Blood specimens from patients with suspected or confirmed MPX virus sent to the haematology and/or biochemistry laboratories can be tested using standard clinical laboratory precautions. Where use of a centrifuge is needed, safety cups or sealed rotors should be used. Following centrifugation, the sealed bucket should be placed in a BSC II cabinet for 10 minutes and the user should open it wearing gloves, long-sleeved gown, visor and FFP2 mask. For any manipulation of samples which would be regarded as aerosol-generating procedures, these should be performed in a CL3 facility.