

Who should be tested for monkeypox?

- Patients with a [new characteristic rash typical of monkeypox](#) (deep-seated and well-circumscribed lesions, often with central umbilication; and lesion progression through specific sequential stages—macules, papules, vesicles, pustules, and scabs) **OR**
- Patients for whom there is high clinical suspicion of monkeypox and who within 21 days of illness onset:
 - Had contact with someone who had a rash that looks like monkeypox or someone who was diagnosed with confirmed or probable monkeypox; OR
 - Had skin-to-skin contact with someone in a social network experiencing monkeypox activity; OR
 - Traveled outside the United States to a country with confirmed cases of monkeypox or where monkeypox activity has been ongoing; OR
 - Had contact with a dead or live wild animal or exotic pet that exists only in Africa or used a product derived from such animals (e.g., game meat, creams, lotions, powders, etc.).

How do I test for monkeypox?

Several commercial labs are now testing for orthopox virus, which detects monkeypox. **Please work with your lab staff to send specimens to these commercial labs: Aegis Science, Labcorp, Mayo Clinic Laboratories, Quest Diagnostics and Sonic Healthcare.** Results will be transmitted to the IDOH. Prior IDOH authorization is not required to submit specimens to commercial laboratories.

If you do not have a contact with one of these five labs, specimens may be submitted through the IDOH Laboratories (IDOHL). First complete the Indiana Department of Health (IDOH) [Monkeypox Specimen Authorization Request form](#).

Specimens tested through IDOHL should be submitted via [LimsNet](#), an online system that will make results available as PDF files the minute they are released at the lab. [Most hospital labs already have access to LimsNet](#), but if LimsNet access is needed, contact the LimsNet help desk at (317) 921-5506 or email LimsAppSupport@isdh.in.gov.

What personal protective equipment should be used when evaluating patients with possible monkeypox?

All healthcare personnel who enter a patient's room should wear personal protective equipment (PPE) in accordance with CDC's [recommendations for healthcare settings](#).

- gown
- gloves
- eye protection (i.e., goggles or a face shield that covers the front and sides of the face)
- NIOSH-approved particulate respirator equipped with N95 filters or higher.

How do I collect a test specimen?

1. Dry synthetic swabs must be used for collection. Larger swabs (such as those used for oropharyngeal specimens) are preferred, but swabs for COVID-19 or flu testing may be used if no other swabs are available.
2. Collect swabs from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances.
3. **Separate swabs must be used for each lesion, and two swabs must be submitted for each lesion sampled (one for preliminary and one for confirmatory testing).**
4. **No more than two lesion sites (four swabs total) may be submitted for each patient.**

5. Specimens must be clearly labeled with the body site where the specimen was collected, patient name, date of birth, and date of specimen collection. Swabs should be placed into 1.5- or 2-mL sterile, screw-capped tubes with O-ring or 15-mL sterile, screw-capped tubes.
6. If your facility does not have these tubes available, any sterile, screw-capped tube (such as a TB sputum cup or sterile urine cup) may be used.
7. **Specimen must be a dry swab. Do not use any transport media.**
8. Specimens must be stored at refrigerated temperatures within 1 hour after specimen collection. Specimens may be frozen if longer storage is required.
9. Once collected, please refer to [IDOH's specimen submission instructions](#) for guidance on specimen packaging and shipping.

What advice should I give my patient while awaiting test results?

Patients should be advised to isolate while awaiting results of monkeypox testing. Patients who do not need to be hospitalized may isolate at home but should take precautions to avoid exposure to other people or animals in the household. Alternate isolation arrangements may be considered for people with household contacts who could be at [increased risk for severe illness due to monkeypox](#). Please refer patients to CDC [guidance for home isolation](#) for detailed instructions on how to prevent spread within the household.

What next steps should be followed if a patient tests positive for orthopoxvirus/monkeypox?

Test results will be released to submitting facilities via LimsNet; it is the provider's responsibility to relay test results to the patient. If a patient tests positive, the provider should 1) notify the patient of the positive result; 2) advise the patient to continue to isolate; 3) assess the need for treatment; and 4) notify the patient that the local health department will be following up with them.

Hospital infection control and/or employee health staff should immediately be notified of any positive cases so that they can [assess potential exposures](#) that may have occurred within the healthcare setting. Local health departments will conduct contact tracing for close contacts within the community.

What treatment options are available for patients with probable or confirmed monkeypox?

Many people infected with monkeypox virus have a mild, self-limiting disease course in the absence of specific therapy. However, the prognosis for monkeypox depends on multiple factors, such as previous vaccination status, initial health status, concurrent illnesses, and comorbidities, among others. Please refer to CDC guidance regarding [indications for monkeypox treatment](#).

[Tecovirimat](#) (also known as TPOXX, ST-246) is available for the treatment of monkeypox under an investigational new drug (IND) protocol sponsored by the CDC. Other treatment options are less commonly used but may include Vaccinia Immune Globulin Intravenous (VIGIV), Cidofovir (also known as Vistide), or Brincidofovir (also known as CMX001 or Tembexa). More information on treatment options is available [here](#).

How do I request JYNNEOS vaccine for post-exposure prophylaxis (PEP)?

The [Centers for Disease Control and Prevention \(CDC\) recommends](#) post-exposure prophylaxis for high or intermediate risk contacts of monkeypox cases.

JYNNEOS (also known as Imvamune or Imvanex) is licensed by the U.S. Food and Drug Administration (FDA) for preventing monkeypox infection. The sooner an exposed person gets the vaccine, the better. CDC recommends that the



vaccine be given within 4 days from the date of exposure to prevent onset of the disease. If given 4–14 days after the date of exposure, vaccination may reduce the symptoms of disease but may not prevent the disease.

There is a limited supply of JYNNEOS, although more is expected in coming weeks and months. **Please submit a [PEP request form](#) to order JYNNEOS for patients who have been exposed to a confirmed case.**

How do I request TPOXX (tecovirimat) for patients with probable or confirmed monkeypox?

Tecovirimat (also known as TPOXX or ST-246) is FDA-approved for the treatment of human smallpox disease caused by *Variola virus* in adults and children. However, its use for other orthopoxvirus infections, including monkeypox, is not approved by the FDA. Therefore, CDC holds a non-research expanded access Investigational New Drug (EA-IND) protocol that allows for the use of tecovirimat for primary or early empiric treatment of non-variola orthopoxvirus infections, including monkeypox, in adults and children of all ages.

This [request form](#) is to be utilized by providers or local health departments (LHDs) only. Patients should contact their providers to inquire about obtaining TPOXX for treatment.

A unique survey entry must be completed for each individual TPOXX request.

How long is someone with monkeypox considered contagious?

Patients with monkeypox are considered contagious from the onset of **any** symptoms (including prodromal symptoms before appearance of rash) until all lesions have crusted, the crusts have separated, and a new layer of skin has formed underneath. This usually takes 2-4 weeks but may take longer in some individuals.

Who should be vaccinated against monkeypox?

People who have had a [high- or intermediate-risk exposure](#) to someone with monkeypox may be vaccinated. [ACAM2000 and JYNNEOS](#) are the two licensed vaccines in the United States to prevent smallpox and may be given as post-exposure prophylaxis for monkeypox. [CDC guidance](#) indicates that if given within 4 days of exposure, these vaccines may prevent monkeypox. If given 4-14 days after exposure, the vaccines may reduce symptoms, but may not prevent monkeypox. For questions regarding administration of post-exposure prophylaxis to patients exposed to monkeypox, please contact the Indiana Department of Health at 317-233-7125 (Monday-Friday, 8:15 a.m. - 4:45 p.m.) or 317-233-1325 after hours.

CDC does **not** currently recommend routine pre-exposure vaccination for most U.S. healthcare workers. Recommendations for routine pre-exposure vaccination are generally limited to clinical laboratory personnel who routinely handle orthopoxviruses and individuals designated by public health authorities to be vaccinated for preparedness purposes.

