

**Office of the
Chief Medical
Health Officer**

June 22, 2022

**MEDICAL HEALTH OFFICERS'
NEWSLETTER
No.343**

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AFTER HOURS ON CALL

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Monkeypox Update #2

Please find attached letter from the BCCDC Public Health Laboratory re: monkeypox testing.

At this time, there are 2 confirmed cases of monkeypox in BC. There are no cases reported in the Island Health region.

Recommended Infection Control Precautions

Droplet and contact precautions with airborne precautions where feasible. Patient should be provided a medical mask and perform hand hygiene. Examination and specimen collection should occur in a single occupancy room with the door closed, or in negative pressure if available. Regular cleaning of high touch surfaces with accelerated hydrogen peroxide.

Testing

Before sampling, consult with Island Health Medical Microbiologist On Call to ensure proper specimens are submitted to the correct lab for PCR testing.

Vaccine

At this time in BC, monkeypox vaccine will be used only for high risk contacts following confirmed exposure. Island Health Communicable Disease is responsible for contact tracing and management.

Report suspect cases to Island Health Communicable Disease Prevention & Control to facilitate case and contact management:

- South Island: 250-388-2225
- Central Island: 250-740-2615
- North Island: 250-331-8555
- Afterhours: 1-800-204-6166 (MHO on-call)

Further resources: <http://www.bccdc.ca/health-professionals/clinical-resources/monkeypox>

Attachment: BCCDC Monkeypox virus Laboratory Testing Updates

PHSA Laboratories

BCCDC Public Health Laboratory

June 16, 2022

RE: Monkeypox virus Laboratory Testing Updates

Testing at BCCDC PHL

The BCCDC Public Health Laboratory (PHL) now offers an in-house Monkeypox virus nucleic acid test (NAT) with an approximate turnaround time of 24 hours from specimen receipt. This assay is specific for monkeypox viruses and can detect both Western and Central African clades. This assay is currently partially validated; negative results are considered final while positive results are considered preliminary and require confirmation by sequencing and/or NAT testing at the National Microbiology Laboratory. As such, positive results will be reported as “presumptive positive” until the assay is fully validated. All positive and indeterminate results will be reported to public health as a Reportable Communicable Disease. Indeterminate results can occur when the result is beyond the validated range and/or not reproducible.

Indications for testing

Any individual meeting the suspect or probable monkeypox case definitions (<http://www.bccdc.ca/health-professionals/clinical-resources/case-definitions/monkeypox>) should be offered testing. Given the epidemiology of the cases confirmed thus far in Europe and North America, clinicians should be aware of the differential diagnosis as lesions associated with monkeypox can resemble several other infections, including:

- Herpesviruses (e.g. herpes simplex virus, varicella zoster virus [i.e. shingles and chicken pox])
- Enterovirus (e.g. hand foot and mouth disease)
- Syphilis (*Treponema pallidum*)
- Bacterial skin infections
- Medication-associated allergies
- Other poxviruses (e.g. molluscum contagiosum)

Features of monkeypox virus infection may overlap with sexually transmitted infections (STI), and co-infections are possible. For each individual, consider risk-informed STI testing.

Specimen Collection and Testing Guidelines

Detailed information on sample types and containers can be found on the Monkeypox virus NAT page on eLabhandbook (<http://www.elabhandbook.info/phsa/>).

Please consult with the Microbiologist on call at BCCDC PHL (604-661-7033) or at a local hospital for submitting samples other than lesion material.

- **Illness Stage: prodromal**

Oropharyngeal swabs, nasopharyngeal swabs, EDTA blood and urine can be considered for testing following a consultation.

- **Illness Stage: rash/lesion**

The preferred sample type is **skin lesion material**. Collect lesion material (roofs, crusts, aspirate, exudate, tissue), including dry swabs or swabs in Universal Transport Medium (UTM). Samples should be shipped refrigerated. A consultation is not required.

Transport and Requisition Requirements

Collected specimens should be stored and shipped refrigerated. Monkeypox virus is a Risk Group 3 pathogen. Samples from suspect cases can be shipped by ground to laboratories as Transportation of Dangerous Goods (TDG) Category B (temporary Transport Canada certificate) but need to be shipped as TDG Category A, UN2814 “infectious substance, affecting humans” by air.

Please complete the BCCDC PHL [Virology Requisition](#) and indicate “Monkeypox” under the PATIENT STATUS/TRAVEL HISTORY/EXPOSURE” box (Figure 1).

The image shows a BCCDC PHL Virology Requisition form. The form is divided into two main sections: Section 1 - Patient/Provider Information and Section 2 - Test(s) Requested. Section 1 includes fields for Personal Health Number, Patient Surname, Patient First and Middle Name, DOB, SEX, Patient Address, City, Province, and Postal Code. It also includes fields for Ordering Practitioner Name and MSc#, Address of report delivery, and Date Received. Section 2 includes fields for Respiratory Pathogens (Influenza A, B, RSV, COVID-19, MERS, Enterovirus D68, Other), Indicate sample site (Nasopharynx, Nares), Patient Status / Travel History* / Exposure (with 'Monkeypox' highlighted in a red oval), Outbreak Location / Information, Herpes Simplex 1,2 / Varicella Zoster Viruses (Genital lesion swab, Non-genital lesion swab, Skin swab, Other), and Gastrointestinal Viruses (Gastrointestinal Panel, Feces** for: Norovirus, Adenovirus, Astrovirus, Rotavirus, Sapovirus).

Figure 1. BCCDC PHL Virology Requisition with Monkeypox testing indicated.

Surveillance Testing

To mitigate undetected transmission, the BCCDC PHL will be performing point prevalence surveillance testing. Monkeypox virus NAT will be automatically added to samples such as lesion swabs submitted for testing in the near future. Clinicians will be seeing the results of this test added to their reports if surveillance testing is performed. All positive results will be followed up with a verbal report to the most responsible physician when surveillance monkeypox testing is performed but not requested.

Sincerely,



Linda Hoang, MD, FRCPC
Associate Director
BCCDC Public Health Laboratory



Agatha Jassem, PhD (D)ABMM FCCM
Head Virology/Molecular Diagnostics
BCCDC Public Health Laboratory