



UPDATED: 6 JUNE 2022

GUIDANCE FOR THE LABORATORY INVESTIGATION OF SUSPECTED CASES OF MONKEYPOX IN SOUTH AFRICA

STEP 1: REPORT THE SUSPECTED CASE TO THE NICD TO ALLOW A RISK ASSESSMENT TO BE CARRIED OUT AND GUIDE LABORATORY TESTING

- Contact the NICD Hotline ☎ +27800 212 552

STEP 2: COMPLETE THE CASE INVESTIGATION FORM

- Fully complete the case investigation form (available from www.nicd.ac.za/monkeypox)

STEP 3: SUBMIT SPECIMENS FOR SPECIALIZED LABORATORY INVESTIGATION

- The following specimens are used for the investigation:

Sample type	Collection materials	Comments
Skin lesion material: Swabs of lesion exudate / Aspirate of lesion fluid Lesion roof/s Lesion crust/s	Dacron or polyester flocked swabs with VTM or dry swab	Preferred sample Required for all investigations
Throat swab	Dacron or polyester flocked swabs with VTM or dry swab	Optional, on case by case basis and in consultation with NICD ONLY
Rectal and or genital swabs (if lesions present)	Dacron or polyester flocked swabs with VTM or dry swab	Optional, on case by case basis and in consultation with NICD ONLY
Semen	Urine specimen jar	Optional, on case by case basis and in consultation with NICD ONLY
Plasma	EDTA collection tube (purple top)	Optional, on case by case basis and in consultation with NICD ONLY
Serum	Serum separator tubes or clotted blood	Optional, on case by case basis and in consultation with NICD ONLY

- The specimens should be packaged in accordance with the guidelines for the transport of dangerous biological goods (i.e. Category A shipments with triple packaging using absorbent material) and transported directly and urgently to:

**Centre for Emerging Zoonotic and Parasitic Diseases
Special Viral Pathogens Laboratory
National Institute for Communicable Diseases (NICD)
National Health Laboratory Service (NHLS)
No. 1 Modderfontein Rd
Sandringham, 2131**

- Ensure that completed case investigation form accompanies the specimens
- Samples should be kept cold during transport (cold packs are sufficient).

Laboratory contact details:

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Annex A: World Health Organization case definitions

(as on 6 June 2022, <https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON385>)

Suspected case:

A person of any age presenting in a monkeypox non-endemic country^[2] with an unexplained acute rash

AND

One or more of the following signs or symptoms, since 15 March 2022:

- Headache
- Acute onset of fever ($>38.5^{\circ}\text{C}$),
- Lymphadenopathy (swollen lymph nodes)
- Myalgia (muscle and body aches)
- Back pain
- Asthenia (profound weakness)

AND

for which the following common causes of acute rash do not explain the clinical picture: varicella zoster, herpes zoster, measles, Zika, dengue, chikungunya, herpes simplex, bacterial skin infections, disseminated *gonococcus* infection, primary or secondary syphilis, chancroid, lymphogranuloma venereum, granuloma inguinale, molluscum contagiosum, allergic reaction (e.g., to plants); and any other locally relevant common causes of papular or vesicular rash.

N.B. It is not necessary to obtain negative laboratory results for listed common causes of rash illness in order to classify a case as suspected.

^[2] Monkeypox endemic countries are: Benin, Cameroon, the Central African Republic, the Democratic Republic of the Congo, Gabon, Ghana (identified in animals only), Côte d'Ivoire, Liberia, Nigeria, the Republic of the Congo, and Sierra Leone. Benin and South Sudan have documented importations in the past. Countries currently reporting cases of the West African clade are Cameroon and Nigeria. With this case definition, all countries except these four should report new cases of monkeypox as part of the current multi-country outbreak.

Probable case:

A person meeting the case definition for a suspected case

AND

One or more of the following:

- has an epidemiological link (face-to-face exposure, including health workers without eye and respiratory protection); direct physical contact with skin or skin lesions, including sexual contact; or contact with contaminated materials such as clothing, bedding or utensils to a probable or confirmed case of monkeypox in the 21 days before symptom onset
- reported travel history to a monkeypox endemic country¹ in the 21 days before symptom onset
- has had multiple or anonymous sexual partners in the 21 days before symptom onset
- has a positive result of an *orthopoxvirus* serological assay, in the absence of smallpox vaccination or other known exposure to orthopoxviruses
- is hospitalized due to the illness

Confirmed case:

A case meeting the definition of either a suspected or probable case and is laboratory confirmed for monkeypox virus by detection of unique sequences of viral DNA either by real-time polymerase chain reaction (PCR) and/or sequencing.