

Testing for Monkeypox and Other Differential Diagnoses

Update to York Region health care providers as of August 17, 2022

On July 23, 2022 the World Health Organization [declared monkeypox](#) a public health emergency of international concern. As of August 15, 2022, there are 529 confirmed cases of monkeypox in Ontario, with five in York Region. Most cases to date have been reported in men between 20 and 59 years of age who have sexual or intimate contact with other men, especially new and/or more than one partner. However, anyone can get monkeypox if they have prolonged close contact with an infected person. York Region Public Health (YRPH) continues to closely monitor for changes in how the virus is spreading. Currently, **the risk of infection remains very low for the general population**. For twice weekly updates on cases in Ontario, visit [Public Health Ontario](#) (PHO).

We also wanted to provide some updates on testing guidance as there have been some recent challenges with specimen collection. Testing for monkeypox is indicated when a patient presents with signs/symptoms consistent with monkeypox and epidemiologic risk factors (contact of a case, high risk activity, or member of an at risk group) are present. When testing for monkeypox, health care providers should also consider additional testing at the same time for **other pathogens that may be part of the differential diagnosis** (e.g., herpes simplex virus, varicella zoster, enterovirus), especially in cases where there are no epidemiological risk factors for monkeypox or the person does not meet the [suspect or probable case definitions](#) for monkeypox.

Clinicians are strongly encouraged to offer opportunistic sexually transmitted and blood borne infection (STBBI) testing (i.e., chlamydia, gonorrhea, syphilis, and HIV testing) when offering monkeypox testing to patients. Many monkeypox cases in Ontario have had a recent history of a STBBI infection or have been found to have monkeypox as well as a STBBI concurrently, including new diagnoses of HIV.

PHOL recommends up to a maximum of three lesion swabs to be collected for patients presenting with a rash and where there is suspicion for monkeypox. Skin lesions if present, have higher viral loads and are more sensitive (approximately 90%) for monkeypox virus detection. However, if the patient does not have a rash that can be reliably swabbed, submit both a nasopharyngeal/throat swab **and** a blood sample. **Testing for herpesviruses and enterovirus may be ordered on the same specimens** being tested for monkeypox. If testing for anything other than herpesviruses or enterovirus, **submit additional specimens**.

Information on infection prevention and control precautions when interacting with suspected, probable or confirmed monkeypox cases, and instructions on how to test for monkeypox in primary care settings may be found [here](#). Please refer to PHOL [specimen collection and handling instructions](#) for direction on which collection kits to use, and labelling requirements.



To date there have been no pediatric monkeypox infections in Canada. In Ontario, 80% of pediatric specimens submitted for monkeypox testing to PHOL have tested positive for enterovirus. This suggests children with a rash consistent with an enterovirus illness (e.g., hand-foot-and-mouth disease) without epidemiological risk factors (e.g., contact with a confirmed case) **do not require monkeypox testing**.

Updated Ministry of Health resources can be found on their monkeypox webpage under [Health Sector Resources](#), including a [reference guide comparing monkeypox, chickenpox, and hand-foot-and-mouth disease](#). Ontario Health also provides information in the document [Testing and Management of Monkeypox: Information for Primary Care Providers](#) located on their [monkeypox resources page](#).

Contact PHO Laboratory

Please refer to the [Monkeypox Virus test information page](#) for up-to-date information regarding testing and transport recommendations. The [Test Information Index page](#) links to testing information for other diseases.

Approval for testing and notification of specimen submission is not required. If you have any questions regarding testing, or if you wish to consult prior to sample collection and specimen transport, please contact **PHO Laboratory Customer Service Centre** at 416-235-6556/1-877-604-4567 during business hours, or after-hours at 416-605-3113.

York Region Public Health

For questions, issues or reports of any disease of public health significance (DOPHS), contact York Region Public Health's Control of Infectious Disease team:

Email: CIDIntakeLine@york.ca

Telephone: 1-877-464-9675 ext. 73588 (M-F, 8:30 a.m. to 4:30 p.m.)

On-call Response Telephone: 905-953-6478 (after hours, weekends)

Fax number: 905-898-5213