
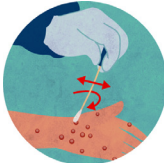



Tips for Adequate Collection of a Lesion Specimen from a Suspect Mpox Case

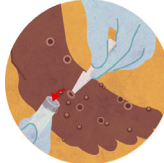
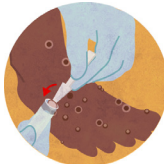

Swab lesion specimens by rubbing back and forth to ensure an accurate diagnosis. **Specimens that do not contain enough human DNA may lead to inconclusive PCR test results, with no positive or negative result.** Inconclusive results means that patients must be sampled again which can delay diagnosis. Follow the instructions below to make sure your specimens are adequate for testing. While vigorous swabbing on the surface of a lesion should collect enough viral DNA, more viral DNA can be found in crusts when present. Be sure to use recommended [infection prevention and control practices](#), including the use of personal protective equipment (PPE), when caring for or collecting specimens from a patient with suspected or confirmed mpox infection. Due to the risk for sharps injury, do not unroof or aspirate lesions (or otherwise use sharp instruments for mpox sample collection).

Swabbing of Lesion Surface:

1. Use sterile, synthetic swabs. Do not use cotton swabs.
2. Do not clean the lesion with ethanol or any other disinfectant prior to swabbing. Collect from a site without ointment or creams.
3. Hold the swab firmly. Avoid touching the swab shaft at least an inch before the tip if collecting a dry swab. Avoid touching the entire length of the swab shaft that will be submerged in liquid if it will be stored in viral transport media. 
4. Apply firm pressure (generally firm enough so that a plastic swab shaft would bend slightly). This may result in discomfort or slight pain for the patient, but it is necessary to obtain adequate DNA.
 - a. If a lesion ruptures while swabbing, ensure that the swab collects lesion fluid.
 - b. If possible, avoid using swabs that bend too easily, which may make applying firm pressure difficult.
5. Swipe the swab back and forth on the lesion surface at least 2-3 times, then rotate and repeat on the other side of the swab at least 2-3 times. 
 - a. If material is visible on the swab surface (such as skin material or lesion fluid), this is indicative of an adequate collection. However, material may not always be visible on swabs.
6. Place swab in an appropriate container. A dry, sterile tube is recommended for transport of swab specimens. 
 - a. Ensure the container, storage, and shipping conditions are approved by the laboratory that the specimen is being sent to for testing.

Collection of crusts from healing lesions:

Crusts are not accepted by all laboratories as an approved specimen type. Ensure the receiving laboratory is able to test crusts before collecting or sending.

1. Use a forceps or other blunt-tipped sterile instrument to remove all or a piece of the crust at least 4mm x 4mm – about the size of this dot: ● 
2. Separate each crust into a dry, sterile container. 
 - a. Ensure the container, storage, and shipping conditions are approved for the laboratory that specimen is being sent to for testing.
3. Cover the lesion with a band aid. 

Only samples from lesions are considered reliable specimen types. Throat and anal swabs should only be collected if lesions are present in those areas. Do not send blood or other types of samples.