TN Department of Health

TN Health Alert Network Communication

Update #2 on monkeypox (MPX) in Tennessee

August 3, 2022

The Tennessee Department of Health (TDH) continues to investigate cases of monkeypox (MPX) across Tennessee. Patients are isolating and TDH is working with local health officials and CDC to ensure appropriate care and response, including contact tracing and post-exposure prophylaxis for close contacts. Almost all states nationwide have identified cases of MPX.

Update on clinical presentations of MPX cases

Clinicians should consider MPX in all patients presenting with relevant history and symptoms, particularly in patients with a new rash. Almost all patients diagnosed with MPX in the current outbreak have experienced a rash or lesion of a mucous membrane; fever or lymphadenopathy have been reported in ~2/3 of patients. The firm, deep-seated, well-circumscribed and sometimes umbilicated rash characteristic of MPX has been observed, although not in all patients. Although the rash has often begun in localized mucosal areas (e.g., genital, perianal, oral), in some patients the lesions have been diffuse. Please note that clinical providers have observed that these lesions – especially oral, genital, and anal mucosal lesions that may not be overtly visible on initial physical exam – are associated with pain out of proportion to expectation based on clinical experience with sexually transmitted diseases in the same anatomic areas (see separate PDF – *Dear Colleague – Monkeypox* from CDC Director Walensky).

On July 26th, CDC conducted a Clinician Outreach and Community Activity (COCA) call entitled 'Monkeypox Outbreak: Updates on the Epidemiology, Testing, Treatment, and Vaccination'. The webinar recording and slide deck can be accessed here. A CDC technical report on the US outbreak with additional epidemiologic data is available here.

Update on diagnostic testing

Diagnostic testing for MPX is available at Aegis, Labcorp, Mayo Clinic Laboratories, Quest, and Sonic Laboratories. Prior approval from the health department is not required to order tests at a commercial laboratory.

Diagnostic testing is also available at the Tennessee State Public Health Laboratory (SPHL) for under/uninsured patients. Please contact your health department[1] to obtain approval prior to submitting specimens to the SPHL. Please use the TDH PH-4182 clinical submission form. Please clearly write "orthopox PCR" or "monkeypox PCR" under "Other Miscellaneous Tests". Ship specimens as Category B to the address on the form.

Additional information on specimen collection and testing is available from TDH and CDC.

MPX in vulnerable populations

Persons living with HIV

Available international data from the current outbreak indicate 30-51% HIV prevalence among persons with MPX for whom HIV status was known. Persons with advanced and uncontrolled HIV might be at higher risk for severe or prolonged disease. Therefore, prophylaxis after possible exposure (e.g.,

vaccination), medical treatment and close monitoring are a priority for this population. More in-depth clinical considerations for MPX treatment and prophylaxis in people with HIV is available from CDC.

Children and adolescents

At least two cases of MPX have been identified in children in the United States during the current outbreak. Limited pediatric data on infection with the Congo Basin clade of MPX virus suggest increased risk of severe disease in children younger than 8 years of age. Rare complications of MPX include abscess, airway obstruction due to severe lymphadenopathy, cellulitis, encephalitis, keratitis, pneumonia, and sepsis. However, the West African clade of MPX virus involved in the current outbreak typically causes less severe disease than the Congo Basin clade.

Children and adolescents who are close contacts of a person with MPX (e.g., household contact, other family member, caregiver, or friend) should be evaluated for illness and offered post-exposure prophylaxis or treatment when indicated. Data are limited on the effectiveness of PEP for children who have been exposed to MPX or treatment for children with illness, and no vaccines or other products are currently licensed for MPX prevention or treatment in children or adolescents. More in-depth clinical considerations for MPX treatment and prophylaxis in children and adolescents is available from CDC.

People who are pregnant or breastfeeding

It is unknown if pregnant people are more susceptible to acquiring MPX virus infection or if illness is more severe during pregnancy. MPX virus can be transmitted to the fetus during pregnancy and to the newborn by close contact during and after birth. While most adults with MPX virus infection experience self-limiting infection and recover within 2–4 weeks, pregnant and breastfeeding people should be prioritized for medical treatment. More in-depth clinical considerations for treatment and prophylaxis in people who pregnant or breastfeeding is available from CDC.

How to obtain Tecovirimat (TPOXX)

Tecovirimat (also known as TPOXX or ST-246) is approved by the Food and Drug Administration (FDA) for treating human smallpox disease caused by *Variola* virus in adults and children. CDC has an expanded access Investigational New Drug application (EA-IND) to allow access to and use of TPOXX to treat MPX in adults and children of all ages. Indications for treatment may be found under "Treatment Considerations" at https://www.cdc.gov/poxvirus/monkeypox/clinicians/Tecovirimat.html .

TPOXX is available through the Strategic National Stockpile and Tennessee has pre-positioned a supply of TPOXX across the state. Clinicians should obtain approval for TPOXX administration through this REDCap survey. For emergent after-hours requests, clinicians can call (615) 741-7247.

CDC, in partnership with FDA, has recently updated the EA-IND protocol to make it easier for healthcare providers to provide TPOXX treatment to patients with MPX. The streamlined process reduces the number of required patient treatment forms, decreases patient visits to three, facilitates telemedicine, and makes collecting blood, lesion samples, and lesion photos optional. Detailed information, including the full protocol, are available on CDC's website.

Vaccine (JYNNEOS) administration

JYNNEOS vaccine inventory remains limited in Tennessee. TDH is currently prioritizing JYNNEOS vaccine for people who are:

1. Known contacts (intermediate or high risk) to someone infected with MPX.
2. Presumed contacts to someone infected with MPX:
    a. Aware that a sexual partner was diagnosed with MPX in the past 14 days
    b. Have had multiple sexual partners in the past 14 days

Pre-exposure vaccine is being offered to at-risk individuals in some jurisdictions; TDH is working to expand vaccine eligibility as our vaccine inventory increases. More information about JYNNEOS vaccine administration, eligibility and availability from TDH can be found here.

MPX infection control guidance

CDC has extensive guidance on recommended infection control procedures and waste management for care of patients with MPX. A patient with suspected or confirmed MPX infection should be placed in a single-person room; special air handling is not required. Healthcare personnel caring for a patient with MPX should wear a gown, gloves, eye protection and a NIOSH-approved particulate respirator equipped with N95 filters or higher. Standard cleaning and disinfection procedures should be performed using an EPA-registered hospital-grade disinfectant with an emerging viral pathogen claim.

Orthopoxvirus and monkeypox (MPX) coding and guidance

New Current Procedural Terminology (CPT®) codes have been created that streamline the reporting of orthopoxvirus and monkeypox (MPX) testing and immunizations currently available in the United States. The American Medical Association has summarized relevant information here.

TDH provider webinar

TDH will host a webinar for clinical providers on MPX on Wednesday, August 10 from 12pm-1pm CST (1pm-2pm EST).

Microsoft Teams Meeting Link
Call In Information: +1 629-209-4396; 670647901#

Thank you for all that you do in keeping Tennesseans safe and healthy.

[1] ***Metropolitan and Regional Health Departments***

East Region	(865) 546-9221
Davidson County (Nashville)	(615) 340-5632
Hamilton County (Chattanooga)	(423) 209-8000
Knox County (Knoxville)	(865) 215-5300
Madison County (Jackson)	(731) 423-3020
Mid-Cumberland	(615) 650-7000
Northeast	(423) 979-3200
Shelby County (Memphis)	(901) 222-9000
South Central	(931) 380-2532
Southeast	(423) 634-3124
Sullivan County	(423) 279-2777
Upper Cumberland Region	(931) 528-7531
West Region	(731) 423-6600