

***TN Health Alert Network Communication***  
**Update on monkeypox response in Tennessee**  
**July 8, 2022**

As of July 8, 2022, the Tennessee Department of Health (TDH) is investigating 3 cases of monkeypox in Tennessee residents. Cases have tested positive for an orthopoxvirus at the Tennessee State Public Health Laboratory, and confirmation of monkeypox is pending CDC testing. The patients are isolating and TDH is working with county health officials and CDC to ensure appropriate care and response, including contact tracing and post-exposure prevention for close contacts. The risk of widespread community transmission is low. These newly reported cases among Tennesseans follow [reported cases](#) in at least 35 other states in recent weeks.

**Clinical presentations of confirmed cases to date**

Providers should consider monkeypox in all patients presenting for care with relevant history, signs, and symptoms; particularly in patients with a new rash. Thus far in the U.S. outbreak, all patients diagnosed with monkeypox have experienced a rash or enanthem. A characteristic firm, deep-seated, well-circumscribed and sometimes umbilicated rash has been observed. Although the rash has most often begun in localized mucosal areas (e.g., genital, perianal, oral mucosa) in some patients, the lesions have been diffuse. In some instances, patients have presented with symptoms such as anorectal pain, tenesmus, and rectal bleeding which upon physical examination, have been found to be associated with visible perianal vesicular, pustular, or ulcerative skin lesions and proctitis. The lesions have sometimes been in different stages of progression on a specific anatomic site (e.g., vesicles and pustules existing side-by-side). In addition, prodromal symptoms including fever, malaise, headache, and lymphadenopathy have not always occurred before the rash if they occurred at all.

The clinical presentation of monkeypox may be similar to some STIs, such as syphilis, herpes, lymphogranuloma venereum (LGV), or other etiologies of proctitis. Coinfection has been documented. Clinicians should perform a thorough skin and mucosal (e.g., anal, vaginal, oral) examination for the characteristic vesiculo-pustular rash of monkeypox; this allows for detection of lesions the patient may not have been previously aware of. The search for lesions consistent with monkeypox should be performed even if lesions consistent with those from more common infections (e.g., varicella zoster, syphilis, herpes) are observed. This is particularly important when evaluating patients who have epidemiologic risk factors for monkeypox. A CDC Health Update from June 14, 2022 with this clinical information can be found [here](#).

**Diagnostic Testing**

If you suspect monkeypox in a patient, diagnostic testing is available at the Tennessee State Public Health Laboratory (with confirmatory testing at CDC). Please contact your [health department](#)<sup>1</sup> to obtain approval prior to submitting specimens to the Tennessee State Public Health Laboratory. Specimens will not be tested without prior approval.

Please note, as of July 6<sup>th</sup>, testing is also available through Labcorp via the Lapcorp test menu (more information available [here](#)). Additional commercial laboratories (Aegis Science, Mayo Clinic Laboratories, Quest Diagnostics, and Sonic Healthcare) will have monkeypox testing available in the coming weeks. Please follow laboratory specific specimen submission instructions if testing via a commercial

laboratory. Prior approval from the health department is not necessary for testing performed at a commercial laboratory.

**Specimen collection:**

Clinicians are strongly encouraged to collect multiple specimens for preliminary and confirmatory testing. Two (2) swabs from each lesion (maximum of 3 lesions, or 6 swabs per patient) should be collected for testing. Using sterile synthetic swabs (including, but not limited to polyester, nylon, or Dacron) with a plastic, wood, or thin aluminum shaft, swab the lesion vigorously to collect adequate DNA. If possible, collect specimens from different locations on the body or from lesions which differ in appearance; swabs and other specimens should each be placed in different containers. If using transport media, only VTM is accepted at this time; do not use universal or other transport media.

Refrigerate (2–8°C) or freeze (-20°C or lower) specimens within one (1) hour after collection. Store refrigerated specimens for up to 7 days and frozen specimens for up to 60 days. Refrigerated specimens should be sent within 7 days of collection; frozen specimens should be shipped within 60 days of collection. Full specimen collection instructions are available [here](#).

**Requisition form:**

Please use the TDH PH-4182 clinical submission request form to submit to the TN State Public Health Laboratory. A fillable PDF may be found [here](#). Please clearly write “orthopox PCR” or “monkeypox PCR” under “Other Miscellaneous Tests”. Ship specimens as Category B to the address on the form.

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

**<sup>1</sup> 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

