

TN Health Alert Network Communication

Monkeypox Situation Update and Preliminary Guidance

May 20, 2022

Monkeypox is a rare but potentially serious viral illness that typically begins with flu-like illness and swelling of the lymph nodes and progresses to a rash on the face and body. Illness may last 2–4 weeks. Cases of monkeypox have rarely been reported in the United States, primarily associated with travel to endemic areas of the world. However, since early May 2022, multiple clusters of monkeypox have been identified around the world (Europe, North America, Australia). Monkeypox transmission can be multimodal. Preliminary data indicates that some of the current cases were among people who self-identify as men who have sex with men.

The Centers for Disease Control and Prevention (CDC) and Tennessee Department of Health (TDH) are [requesting](#) clinicians to be alert for patients who have rash illnesses consistent with monkeypox, regardless of whether they have travel or specific risk factors for monkeypox and regardless of gender or sexual orientation.

Transmission

Transmission of the virus can occur through contact with body fluids, monkeypox sores, items that have been contaminated with fluids or sores (clothing, bedding, etc.), or through respiratory droplets following prolonged face-to-face contact.

Suspected Cases

Clinicians should consider a diagnosis of monkeypox in people who present with an otherwise unexplained rash and:

- 1) report contact with a person or people with confirmed or suspected monkeypox, or
- 2) is a man who reports sexual contact with other men or is a person with a new sexual partner, or
- 3) traveled, in the last 30 days, to a country outside the United States that has recently had confirmed or suspected cases of monkeypox

The rash progresses through different stages, and may appear as well-circumscribed, deep-seated, firm or hard vesicles or pustules, may umbilicate or become confluent, and ultimately progress over time to scabs which will later fall off. It may resemble varicella zoster virus, syphilis or herpes. Of note, in most cases localized lesions will all be at the same stage of progression. The rash may also be described as painful prior to the scabbing stage, when lesions may be more pruritic.

Symptoms commonly include fever, chills and new lymphadenopathy preceding the rash; however, US health officials report that the onset of perianal or genital lesions in the absence of subjective fever has been observed.

Infection Control Considerations

A combination of standard, contact, and droplet precautions should be applied in all healthcare settings when a patient presents with fever and vesicular/pustular rash. Because of the potential risk of airborne transmission of monkeypox virus, airborne precautions should be applied whenever possible. More infection control information from CDC is available [here](#).

Diagnostic Testing

At this time, diagnostic testing for monkeypox is available at the Tennessee State Public Health Laboratory (with confirmatory testing at CDC). Please contact your [health department](#)¹ to obtain approval prior to submitting specimens. Specimens will not be tested without prior approval.

Specimen collection:

Clinicians are strongly encouraged to collect multiple specimens for preliminary and confirmatory testing. Vigorously swab or brush lesion with at least two (2) separate sterile nylon, polyester, or Dacron swabs with a plastic, wood, or thin aluminum shaft. Do not use other types of swabs. Break off the end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container. Do not add or store in viral or universal 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.

Acceptable specimen sites:

- Vesicle fluid
- Skin crust
- Vesicle ‘roof’
- Direct swab of vesicle/lesion
- Touch prep(slide) of lesion
- Fresh Biopsy – no formalin

Requisition form:

Please use the TDH PH-4182 clinical submission requestion form. 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 requisition form.

Public Health Guidance

Persons under investigation for Monkeypox infection should isolate until test results are available. Presumptive positive and laboratory-confirmed cases should remain isolated until illness and rash have resolved.

Public health will be conducting case investigations and contact tracing of individuals with laboratory-confirmed monkeypox infection.

¹ **Metropolitan and Regional Health Departments**

East Region	(865) 546-9221
Davidson County (Nashville)	(615) 340-5616
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

