

## TDH MONKEYPOX CASE RESPONSE PROTOCOL

- **Finding cases**
  - Workflow decision support (WDS) has been implemented to automatically create an open investigation and assign a case status for positive/detected orthopox/monkeypox lab results.
  - Check the Open Investigations queue for any monkeypox investigations for your region
  - Periodically check the DRR in NBS for negative/not detected monkeypox/orthopox lab results. Any negative/non-detected orthopox/monkeypox labs can be marked as reviewed. No need to associate them with an investigation.
  - If item in the DRR is an eICR for monkeypox, open and review information to confirm the details within the report before creating an investigation. A positive/detected lab result is required for a Probable case status. If an eICR does not contain a positive/detected lab result, use your best judgement for determining appropriate follow up actions w the facility.
- **Investigation and notification**
  - Complete case investigation using [case report form](#)
  - Notify close contacts of their exposure by phone call, [using sample script if needed](#).
  - Send completed CRF to [monkeypox.monitoring@tn.gov](mailto:monkeypox.monitoring@tn.gov). Central office will put data into NBS and close out investigation there. Metros/regions can also complete data entry locally if preferred.
- **Reporting**
  - To get a report of all the cases in your jurisdiction, look in Template Reports; *Line List of Individual Cases with Program Area and Jurisdiction Security*. Filter by condition.
- **Monitoring**
  - Send templates with information for cases and close contacts to [monkeypox.monitoring@tn.gov](mailto:monkeypox.monitoring@tn.gov). [Monitoring template for cases](#); [Monitoring template for contacts](#)
  - Multiple sheets may be sent per case investigation; regions do not have to wait until all contacts have been reached before sending sheets.
  - Please include contacts who were identified but unable to be reached, including contacts whose name/contact information was undisclosed.
  - Cases
    - Cases are texted a symptom check survey daily. (email option also available for those that prefer)
    - All cases (regardless of TPOXX treatment) should still be sent to central monitoring team.
    - Once the case has reports 2 consecutive days without any symptoms, an emailed alert will be sent to the metro/region so that their symptom-free status can be confirmed by phone and they can be released from isolation.
    - If (at any point during this monitoring period), the individual reports new or worsening symptoms of monkeypox, requests assistance, or does not respond to survey, region will be notified via email to notify list.
  - Contacts

- Contacts are texted a symptom check survey every 1-3 days through 21 days after exposure; frequency is based on risk level. (email option also available for those that prefer)
    - If (at any point during this monitoring period), the individual reports new or worsening symptoms of monkeypox, requests assistance, or does not respond to survey, region will be notified via email to notify list.
  - Metro/regional recipients of these alerts from the monitoring team can be adjusted to specific individuals for each region (if preferred not to go to the entire “notify” list). Email [monkeypox.monitoring@tn.gov](mailto:monkeypox.monitoring@tn.gov) to adjust the recipients for your metro/region.
  - Recommendations for follow-up are situation dependent (based on clinical factors, epi factors, local public health capacity).
    - Cases – if a case goes 2 consecutive days without responding to monitoring check-ins, attempt a 1 follow-up call and 1 follow-up text.
    - Contacts for whom PEP was not recommended – attempt 1 follow-up call and 1 follow-up text.
    - Contact for whom PEP was recommended (whether or not they received it) - attempt 2 follow-up calls and 2 follow-up texts over 2 days. If capacity allows, consider additional follow up attempts for this group
- **Treatment**
  - TPOXX may be considered for the following MPX cases:
    - Those with severe disease (e.g., hemorrhagic disease, confluent lesions, sepsis, encephalitis, or other conditions requiring hospitalization)
    - Those are at high risk of severe disease:
      - People with immunocompromising conditions (People with immunocompromising conditions (e.g., HIV [not virally suppressed] or AIDS, leukemia, lymphoma, generalized malignancy, solid organ transplantation, therapy with alkylating agents, antimetabolites, radiation, tumor necrosis factor inhibitors, high-dose corticosteroids, being a recipient with hematopoietic stem cell transplant <24 months post-transplant or ≥24 months but with graft-versus-host disease or disease relapse, or having autoimmune disease with immunodeficiency as a clinical component)
      - Pediatric populations, particularly patients younger than 8 years of age
      - Pregnant or breastfeeding women
      - People with a history or presence of atopic dermatitis, people with other active exfoliative skin conditions (e.g., eczema, burns, impetigo, varicella zoster virus infection, herpes simplex virus infection, severe acne, severe diaper dermatitis with extensive areas of denuded skin, psoriasis, or Darier disease [keratosis follicularis])
      - People with one or more complication (e.g., secondary bacterial skin infection; gastroenteritis with severe nausea/vomiting, diarrhea, or dehydration; bronchopneumonia; concurrent disease or other comorbidities)

- With aberrant infections involving accidental implantation in eyes, mouth, or other anatomic areas where Monkeypox virus infection might constitute a special hazard (e.g., the genitals or anus)
  - Complete survey here to request TPOXX: [https://redcap.link/TDH Monkeypox Tx Request Form](https://redcap.link/TDH_Monkeypox_Tx_Request_Form)
  - **Questions about TPOXX? Contact [Monkeypox.Treatment@tn.gov](mailto:Monkeypox.Treatment@tn.gov)**
- **Vaccine**
  - Post-exposure prophylaxis (PEP) is recommended for high-risk close contacts (sexual/intimate contact partners, household members, and healthcare workers) that meet the criteria outlined in the table below:
    - Intermediate-risk contacts may be eligible for PEP depending on clinical consideration
  - Expanded post-exposure prophylaxis (PEP++) is recommended for individuals with possible exposure to monkeypox:
    - Individuals with a recent sexual partner who was diagnosed with monkeypox in the last 14 days (for contacts who self-report, not id'd through public health investigation, or for whom the timing of exposure/onset is not clear)
    - Individuals with more than one sexual partner in the last 14 days, especially:
      - Men who have sex with men, including those who identify as gay, OR bisexual, OR transgender, OR gender non-conforming, OR gender non-binary
  - Public health staff may submit requests for transfer of JYNNEOS here: [redcap.link/VaccineTransportSurvey](https://redcap.link/VaccineTransportSurvey)
    - Note: Request requires entry of PIN. If you do not know your PIN, please email [TennHS.VOMS@tn.gov](mailto:TennHS.VOMS@tn.gov)
    - **Questions about the monkeypox vaccine? Email [Monkeypox.Vaccine@tn.gov](mailto:Monkeypox.Vaccine@tn.gov)**

HIGH → PEP recommended	Intermediate → PEP can be considered	LOW → PEP not recommended
<ul style="list-style-type: none"> <li>• <b>Unprotected contact</b> between a person's skin or mucous membranes and the skin, lesions, or bodily fluids from a case (e.g., any sexual contact, inadvertent splashes of patient saliva to the eyes or oral cavity of a person, ungloved contact with case), or contaminated materials (e.g., linens, clothing) -OR-</li> <li>• Being inside the case's room or within 6 feet of a case during any <b>procedures that may create aerosols</b> from oral secretions, skin lesions, or resuspension of dried exudates (e.g., shaking of soiled linens), without wearing an N95 or equivalent respirator (or higher) and eye protection</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Being within 6 feet for 3 hours or more</b> of an unmasked case without wearing, at a minimum, a surgical mask -OR-</li> <li>• Activities resulting in <b>contact between sleeves and other parts of an individual's clothing</b> and the case's skin lesions or bodily fluids, or their soiled linens or dressings (e.g., turning, bathing, or assisting with transfer) while wearing gloves but not wearing a gown</li> </ul>	<ul style="list-style-type: none"> <li>• Entered the case's room <b>without wearing eye protection</b> on one or more occasions, regardless of duration of exposure -OR-</li> <li>• During all entries in the patient care area or room (except for during any procedures listed above in the high-risk category), <b>wore gown, gloves, eye protection, and at minimum, a surgical mask</b> -OR-</li> <li>• Being within 6 feet of an unmasked case for <b>less than 3 hours</b> without wearing at minimum, a surgical mask</li> </ul>

Adapted from: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html>

- Public health staff may submit requests/orders for JYNNEOS here:  
redcap.link/VaccineTransportSurvey
  - Note: Request requires entry of PIN. If you do not know your PIN, please email [TennIS.VOMS@tn.gov](mailto:TennIS.VOMS@tn.gov)
- **Questions about whether or not someone qualifies for PEP? Email [Monkeypox.Vaccine@tn.gov](mailto:Monkeypox.Vaccine@tn.gov)**