

TN Department of Health – Guidelines for Monkeypox Laboratory Testing

- **Suspect cases description and specimen collection details updated 7/5/2022**

The Centers for Disease Control and Prevention (CDC) and Tennessee Department of Health (TDH) are [requesting](#) clinicians 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.

Suspect Cases

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

- 1) report contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable 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 cases of monkeypox, or
- 4) had contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived from such animals (e.g., game meat, creams, lotions, powders, etc.)

The rash progresses through different stages, and may appear as well-circumscribed, deep-seated, firm or hard vesicles or pustules or 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. The rash may also be described as painful prior to the scabbing stage, when lesions may be more pruritic. Lesions may be present anywhere on the body; however perianal or genital lesions have been common during the current outbreak.

Symptoms may include fever, chills and new lymphadenopathy preceding the rash; however, US health officials report that in this current outbreak the onset of lesions in the absence of fever or systemic symptoms has been observed.

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 department¹ 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. Two (2) swabs from each lesion (maximum of 3 lesions, or 6 swabs per patient) should be collected for testing. Using two 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. Do not use cotton swabs. It is not necessary to de-roof the lesion before swabbing. Break off the end of each swab's applicator into a sterile container or place the entire swab in a sterile container. A sterile urine cup or other sterile tube is acceptable. If possible, collect specimens from different locations on the body or from lesions which differ in appearance (2 swabs per lesion, maximum of 3 lesions, or 6 swabs per patient). 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.

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) 340-5632
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

