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Public Health
Prevent. Promote. Protect.
Shelby County Health Department

July 25, 2022

RE: Monkeypox continued surveillance

Dear Healthcare Provider,

Monkeypox is a rare but potentially serious viral infection that is endemic to several African countries. Since early May 2022, cases of monkeypox have been identified in Europe, North America, South America, Asia and Australia. At this time, there are fifteen (15) cases of monkeypox in Tennessee. As of today, no Shelby County residents have tested positive.

We encourage clinicians to consider a diagnosis of monkeypox in any patient with a rash of unknown etiology, or who presents with history, signs, or symptoms suggestive of monkeypox. See the following link for more information from the CDC: <https://emergency.cdc.gov/han/2022/han00468.asp> and here: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/what-hcps-should-know.html>).

Clinical presentations of confirmed cases to date

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:

https://emergency.cdc.gov/han/2022/pdf/CDC_HAN_468.pdf.

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 the Shelby County Health Department at **901-508-2823** to obtain approval prior to submitting specimens to the Tennessee State Public Health Laboratory. Specimens will not be tested without prior approval.

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Diagnostic testing for monkeypox is now available at the following commercial laboratories: [Aegis](#), [Labcorp](#), [Mayo Clinic Laboratories](#), [Quest](#), and [Sonic](#). 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: <https://www.tn.gov/content/dam/tn/health/documents/reportable-diseases/TDH-Laboratory-Ordering-for-MPX.pdf>.

Requisition form

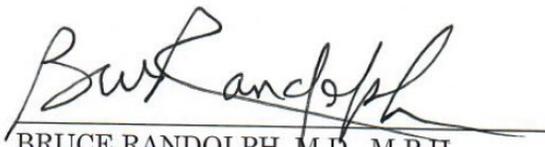
Please use the TDH PH-4182 clinical submission requisition form to submit to the TN State Public Health Laboratory. A fillable PDF is available online here: https://www.tn.gov/content/dam/tn/health/program-areas/lab/requisitions/PH-4182_Clinical_Submission_Requisition_rev_9-21.pdf. Please clearly write “orthopox PCR” or “monkeypox PCR” under “Other Miscellaneous Tests”. Ship specimens as Category B to the address on the form or contact the Shelby County Health Department to utilize state courier service.

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 (2-4 weeks).

The Shelby County Health Department will be conducting case investigations and contact tracing of individuals with laboratory-confirmed monkeypox infection.

Sincerely,



BRUCE RANDOLPH, M.D., M.P.H.
SHELBY COUNTY HEALTH OFFICER

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To promote, protect and improve the health and environment of all Shelby County residents.

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