NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

Division of Public Health Surveillance and Response and
Centre for Emerging Zoonotic and Parasitic Diseases
(NICD) 24-hour hotline number: 0800 212 552

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# GUIDANCE FOR THE LABORATORY INVESTIGATION OF SUSPECTED CASES OF TANAPOX IN SOUTH AFRICA

## STEP 1: COMPLETE THE CASE INVESTIGATION FORM

- Fully complete the case investigation form (available from www.nicd.ac.za/tanapox) and send with specimens to laboratory (see step 2)

## STEP 2: SUBMIT SPECIMENS FOR SPECIALIZED LABORATORY INVESTIGATION

- The following specimens are used for the investigation at NICD:

| Sample type | Collection materials | Comments |
|---|---|---|
| Swab of lesion/s | Dry swab<br>No preservatives required | **Preferred sample**<br>**Required for all investigations**<br>Tanapox lesions are usually not vesicular, it is not recommended to attempt to extract lesion fluid |
| Lesion crust/s | Specimen tube/container<br>No preservatives required | Optional<br>If lesion have produced a scab and lesion can be easily deroofed |
| Punch biopsy of lesion | Fresh in container (1 for electron microscopy). No preservatives required. | Optional |

- Please note that histology of lesions may be important investigation for differential diagnosis, contact the laboratory if histology is desired to confirm specimens required.
- The specimens should be packaged in accordance with the guidelines for the transport of infectious biological goods (i.e. Category B shipments; in triple packaging using absorbent material according to Packing Instructions 650; UN 3373, BIOLOGICAL SUBSTANCE, CATEGORY B) and transported to:

**Centre for Emerging Zoonotic and Parasitic Diseases**
**Special Viral Pathogens Laboratory**
**National Institute for Communicable Diseases (NICD)**
**National Health Laboratory Service (NHLS)**
**No. 1 Modderfontein Rd**
**Sandringham, 2131**

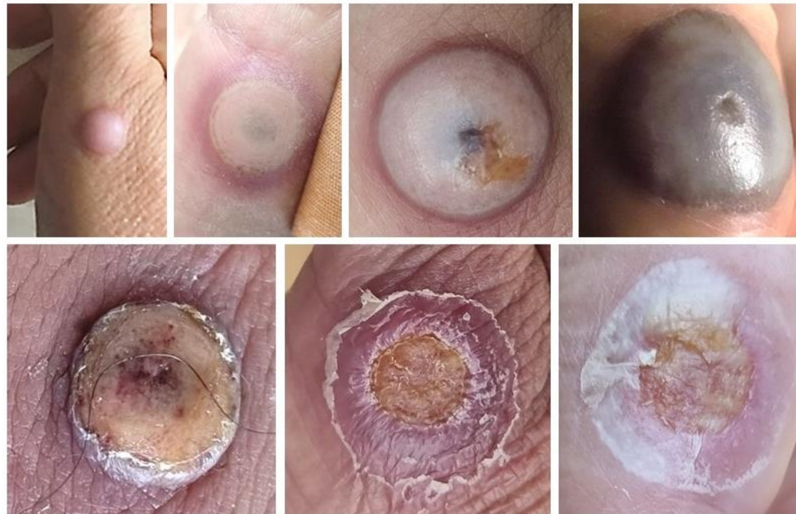
- Samples should be kept cold during transport (cold packs are sufficient). No ice or dry ice required.

**Laboratory contact details:**

| | |
|---|---|
| Dr Jacqueline Weyer | jacquelinew@nicd.ac.za / 011 386 6376 / 082 903 9131 |
| Dr Naazneen Moolla | naazneenm@nicd.ac.za |

**Suspected case:**

A person presenting with unexplained pox-like lesion/s.



A lesion begins as a tender, small, discoloured, raised area that enlarges, usually with inflammation and oedema or swelling of the surrounding skin. This then develops either into a large nodule (1-2 cm) with a distinct depression in the middle (umbilication), or into a crusted ulcer (1 cm) with a raised rim and a central depression. Tanapox lesions are hard and nodular, never fluid-filled and seldom puss-filled. Usually 1-3 (cases with up to 10 lesions very rarely reported) lesions generally on exposed body parts (hands, elbows, legs, etc.)

**AND**

Lesion formation preceded by one or more of the following signs and symptoms

- Headache
- Acute onset of fever (<39°C)
- Lymphadenopathy (swollen lymph nodes) in proximity to lesion/s

- Myalgia (muscle and body aches)
- Rash on abdomen (viral exanthema)
- Fatigue

**AND**

Exposures to mosquitoes before lesion formation experienced or likely. Living or travelling to areas in close proximity to water bodies (for example dams, rivers) may increase risk for exposure to TANV. Non-human primates may be natural reservoir of the TANV and therefor areas where non-human primates (such as baboons or vervet monkeys) can be found may increase risk of exposure to TANV.

**Probable case:**

A person meeting the above criteria of case definition for a suspected case and no laboratory confirmation.

**Confirmed case:**

A case meeting the definition of a suspected case and laboratory confirmed for tanapoxvirus by polymerase chain reaction (PCR) (and sequencing).