

In tackling monkeypox, learn from Covid vax inequity

By [Dzulkifli Abdul Razak](#) - June 7, 2022 @ 12:07am



A health worker checking a traveller's hands for monkeypox sores at Anna International Airport in Chennai, India, on Friday. AFP pic

THE identification of monkeypox cases in May by the World Health Organisation (WHO) in non-endemic countries in the global north with no direct travel links to an endemic area, is atypical.

Investigations are under way to determine the source of infection and limit the spread.

An outbreak of 47 cases in the United States in 2003 was the first time monkeypox was seen outside Africa.

The outbreak was linked to infected exotic pets imported from Ghana, which in turn infected prairie dogs sold as pets.

Thus, while its name suggests it comes from monkeys, this is not the case.

The first time the virus was recorded to have caused wide- spread disease was in 1958, when two outbreaks of a pox-like disease occurred in colonies of monkeys kept for research, hence the name "monkeypox".

The true reservoir of the virus is unknown, or what animal maintains the virus in nature.

However, some African rodent species are known to be susceptible to the virus and have been involved in its transmission.

The first human case of monkeypox was recorded in 1970 in the Democratic Republic of Congo, during a period of intensified effort to eliminate smallpox.

Since then, monkeypox has been reported in other central and western African countries.

The virus may spread from animals to people through the bite or scratch of an infected animal, by handling wild game, or through the use of products or materials made from infected animals.

In general, the virus can also spread via contact with body fluids or sores or with materials that have touched body fluids or sores, such as clothing or linens.

It also can be spread by respiratory secretions during prolonged face-to-face contact.

Monkeypox can spread during intimate contact between people like kissing, cuddling, or touching parts of the body with monkeypox sores, including the respiratory tract, or the mucous membranes around the eyes or in the nose and mouth, just like the coronavirus.

Person-to-person transmission is thought to occur mainly through virus-laced droplets.

It is not known if monkeypox can spread through semen or vaginal fluids, although it is said to be able to cross the placenta from the mother to foetus.

WHO last week confirmed more than 550 monkeypox cases in 30 countries.

No deaths have been reported from the outbreaks in North America and Europe, but more than 70 deaths have been reported in five African countries.

The WHO director-general said the sudden appearance of monkeypox in multiple countries indicates the virus has been spreading undetected for some time outside of west and central Africa.

The WHO's monkeypox technical lead said in a news conference in Geneva recently: "We don't really know whether it's too late to contain it."

"What WHO and member states are trying to do is prevent onward spread."

Like the coronavirus pandemic, contact-tracing and isolating patients who had monkeypox were crucial to stopping the spread, she said.

Unlike Covid-19, the monkeypox virus is in the same family as smallpox, though it causes a milder disease.

"The WHO is not recommending mass vaccination.

"There is no need for mass vaccination," the technical lead was quoted.

Nevertheless, "anyone under 40 or 50, depending on which country you're born in or where you might have received your vaccine against smallpox, would not now have that protection from that vaccine".

While the WHO and member countries have maintained smallpox vaccine reserves, they are mostly first-generation shots that allegedly do not meet current standards.

Newer-generation vaccines and treatments for smallpox are required but supply is limited.

It is claimed that the WHO is working with companies to increase access to new vaccines and treatments.

This brings back memories of the coronavirus vaccine inequity.

We are reminded of the fiasco, especially when richer and well-resourced countries in the global north are again the focus of the outbreaks.

As the source of this outbreak is being investigated, it is important to learn from discriminatory experiences to safeguard global public health.

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