

Monkeypox: An Ignored Adversary

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Dear Editor,

Monkeypox was first discovered in monkeys in 1958, so it was named after that. The first case was seen in humans in 1970. Monkeypox virus is the causative agent, the same family as smallpox, but causes a less severe disease. The Congo Basin and West African strain are the two types of strains. All cases identified in the outbreak have been caused by the West African strain.¹

The mode of transmission of Monkeypox virus is via intimate contact with sores, biofluids, aerosols, and contaminated fomites. The latent period lasts between 6 and 13 days but may vary from 5 to 21 days. Monkeypox is usually self-resolving but may become severe in youngsters, expectant women, and immunocompromised personnel.²

According to the World Health Organization (WHO), there are 12 endemic countries where the monkeypox virus prevails.³ However, in the past few weeks, 12 non-endemic WHO member states have reported newfound cases of the monkeypox virus. Although no deaths have been reported in recently identified cases, The United Kingdom has surpassed this list with the highest number of confirmed cases reported between 13 and May 21, 2022.³ Based on current data, cases have been identified mostly in homosexuals pursuing care in sexual and general care clinics.

The disease had not received any regard when it was an issue of the African region, but as soon as estimable countries started having a rise in cases, it came to immediate attention worldwide. For decades, the monkeypox virus had cohabited with African populations. With increasing urbanization, relocation, and friction; wildlife and human contact is becoming more common, and such contiguity will advocate congestion of zoonotic bugs. At present, we are lacking in knowledge of microorganisms that might surface, so, we need an adequate investment in vigilance.

Since the emergence of the monkeypox virus in non-endemic countries, national and provincial health authorities in Pakistan were put on high alert on May 23, 2022, as per the notification from the National Institute of Health (NIH) which emphasized that the virus could also outbreak in Pakistan. Even though Pakistan hasn't reported its first confirmed case of monkeypox yet, the spread of the virus to the country is almost inevitable. Pakistan has a massive number of flights coming from the regions where monkeypox is on rise, screening for the virus should be mandated at the

airports, and suspected or confirmed cases must be quarantined for a prodromal period. The struggling health care system will be on the verge of collapse if monkeypox starts to spread. Pakistan does not have any diagnostic facility for the virus, the health department has declared samples can be sent abroad for testing in case of emergencies which further threatens the spread.⁴ Therefore, to avoid a monkeypox/COVID-like outbreak in Pakistan, relevant health authorities must employ a proactive approach and initiate nationwide awareness campaigns that emphasize the importance of effective hygiene practices, self-quarantining, and other relevant safety protocols.

To date, the strategy to restrain monkeypox eruption depends on mass education and timely detection of cases to decrease the virus transmission. Hugh Adler and colleagues⁵ have mentioned in one of their studies that some trials are being conducted to see the efficacy of antivirals in controlling monkeypox. A study is ongoing in Congo exploring the role of smallpox vaccination, and another study will monitor the role of antiviral tecovirimat in Africa.⁶ Meanwhile, African doctors vast experience for the treatment of Monkeypox should be acknowledged and their guidance should be taken for further evaluation and management of the disease.

Authors Contribution:

Sadaf Haris: Substantial contributions to the conception critically evaluation of intellectual content

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