

# Editorial

## Monkeypox- A New Threat for the Globe!

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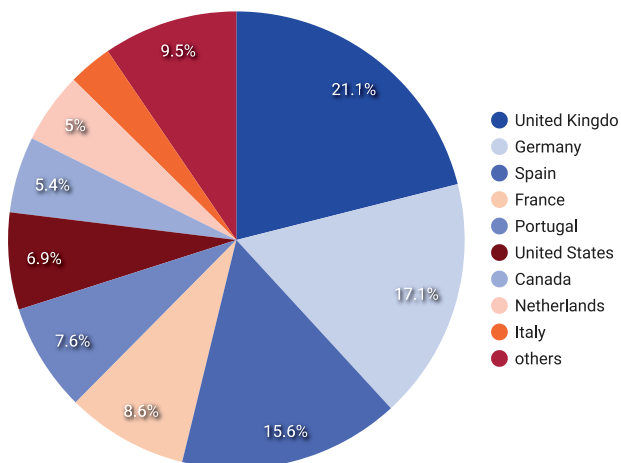
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The world is still passing through the fourth wave of COVID-19 but a new threat of reemerging zoonosis creates further concern for the scientist. Though the disease is contagious but spreading slowly. It is a viral zoonotic disease that looks like small pox. First discovered in 1958, when two outbreaks occurred in monkeys kept for research in Denmark, hence the name “monkeypox”. The first human case of monkeypox was recorded in 1970 in the Democratic Republic of Congo <sup>1</sup>.

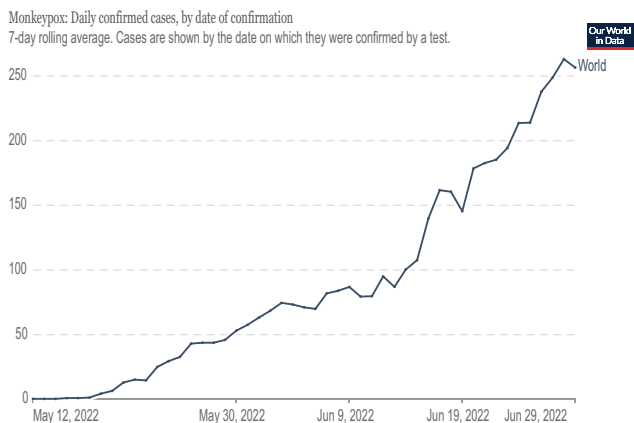
In 2003 in central America outbreak occurred due to contact with infected prairie dogs. Monkeypox occurs primarily around rainforests of west and central Africa. Waning immunity may be a factor in the emergence of monkey pox. Since 2016 human Monkeypox has been confirmed in The Democratic Republic of Congo, Liberia and Nigeria. In 2018-19 cases were confirmed among travelers from Nigeria <sup>2</sup>.

As on June 25, 2022 the global burden of the disease is 4148 cases which was first notified on May 6, 2022. Spreads quickly in less than two months over 40 countries of the world. United Kingdom affected mostly. Approximately seventy-five percent cases are in Europe. <sup>3,4</sup>

Though Monkey pox derived from family Poxviridae the other species are commonly known as **Variola virus / Vaccinia virus / Cow Pox virus**. In Bangladesh no case yet detected as on 25 June, 2022. This disease is highly contagious and with respiratory droplet infection. Incubation period is approximately between 5 to 21 days. The disease is common in gay and bisexuals but not a sexually transmitted disease.



Statistics and data.org



Source: Data produced by the 'Global.health' team — available at [github.com/globaldothealth/monkeypox](https://github.com/globaldothealth/monkeypox) CC BY

Our world in data

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Many of the diseases may presents with common features of Monkey pox in the prodromal phase fever, intense headache, lymphadenopathy (swelling of the lymph nodes),

back pain, myalgia (muscle aches) and intense asthenia (lack of energy). Until the eruption of rashes with sequential changes from macule, papule, vesicle, pustule and scab formation at every steps multiple differentials may be considered with high index of suspicion. The most clinically important part is appearance of lymphadenopathy at early part of the disease. Lymphadenopathy is a distinctive feature of monkeypox compared to other diseases that may initially appear similar (chickenpox, measles, smallpox). There is a long list differential diagnosis of Monkeypox. When there is fever, lymphadenopathy, flu-like symptoms, Wait for 5 days.

When suspicion is strong Polymerase chain reaction (PCR) is the preferred laboratory test given its accuracy and sensitivity. Where feasible, biopsy is an option. Many individuals infected with monkey pox virus have a mild, self-limiting disease course in the absence of specific therapy. The prognosis for monkey pox depends on multiple factors such as previous vaccination status, initial health status, and concurrent illnesses or comorbidities

#### Main aspects are:

- Alleviate symptoms, manage complications and prevent long-term sequelae. Patients should be offered fluids and food to maintain adequate nutritional status, Secondary bacterial infections should be treated as indicated.
- Tecovirimat is an antiviral medication that is approved by the FDA for the treatment of human smallpox disease in adults and paediatric patients weighing at least 3 kg.

- Vaccination against smallpox was demonstrated through several observational studies to be about 85% effective in preventing monkeypox. Vaccines JYNNEOS, ACAM2000

Surveillance and rapid identification of new cases is critical for outbreak containment. Health workers caring for patients with suspected or confirmed monkeypox virus infection, or handling specimens from them, should implement standard infection control precautions.

If possible, persons previously vaccinated against smallpox should be selected to care for the patient. It has been 40 or more years since all countries ceased routine smallpox vaccination with vaccinia-based vaccines. To ensure global preparedness in the event of reemergence of smallpox, newer vaccines, diagnostics and antiviral agents are being developed. These may also now prove useful for prevention and control of monkeypox. We should not be panic rather be cautious.

#### References

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