Pandemics and Even More Pandemics: The Increase in Monkeypox Cases Across the Globe

Calvin McMurtrey
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Written by Calvin McMurtrey
Illustrated by Mattie Rie

In the wake of the COVID-19 pandemic, public health governing bodies are in a unique position as protective measures have relaxed within this past year. As organizations like the Center for Disease Control (CDC) and the World Health Organization (WHO) deal with the fallout of COVID-19 becoming an endemic disease across the globe, Monkeypox has come into the spotlight as the next potential serious illness spreading around the world.

Monkeypox was first discovered in 1958, as a virus in the Orthopoxvirus genus. While monkeypox was named after monkeys, researchers found there were many animal hosts of this illness, including squirrels and rats. Common symptoms of monkeypox include fever, headaches, swollen lymph nodes, aches, and most distinctively, a rash similar to a pimple or blister. The symptoms share a likeness with other diseases in the Orthopoxvirus family, which includes smallpox. The distinctive rash of the monkeypox virus is strikingly similar to the pustules associated with smallpox, but the diseases are quite different. While monkeypox carries some similarities with Smallpox, it is less deadly, with fatality rates variable but currently at about one percent.

The first human case was isolated in 1970, in the Democratic Republic of the Congo. For the next 50 years, any outbreaks typically shared certain general characteristics. Most outbreaks occurred in rainforest habitats, caused by exposure to animals carrying the virus. They typically had case numbers in the hundreds. Until recently, monkeypox outbreaks were primarily centered in the Congo Basin and West Africa. There was only one notable outbreak outside Africa, when a shipment of prairie dogs were exposed to Gambian rats infected with monkeypox, causing an outbreak of 71 people in the Midwestern US. Only a few other cases were reported outside of Africa, with a few isolated cases in the UK and Singapore.

Recently, the typical characteristics of monkeypox outbreaks have been completely tossed aside, as the new Monkeypox strain spreads throughout the world. On July 30th, 2022, there were 22,485 confirmed cases across 79 countries, 72 of which have never seen cases of Monkeypox. Additionally, the typical countries where monkeypox was most prevalent are experiencing far fewer cases of monkeypox than countries where it is rare. Countries such as Congo and Niger have case numbers in the hundreds in the Congo and Nigeria. Whereas there are thousands of cases in the UK, the US, Spain, and Germany. Adding to the unusual nature of this new strain, previously monkeypox was only spread by close contact with an infected animal. However, now skin-to-skin contact can be enough to transmit the virus. In addition to this, fomite transmission is also possible, as the virus has spread through infected towels and bedding.

The large number of ways that monkeypox can be spread in this epidemic greatly increases the transmissibility of the disease and is causing health organizations to discuss the severity and consequences that its continued spread could have. Cities like New York and San Francisco have declared public health emergencies over the issue, citing a desire to become more strongly prepared to contain and slow the spread of the virus. In particular, both mention the impact it could have on marginalized populations, especially the LGBTQ+ community. By instituting states of emergencies, they seek to take steps to strengthen preventative measures against the virus, mainly by increasing the number of people eligible for the monkeypox vaccine and getting more vaccines.

With public health organizations starting to become concerned about this issue, the question of the most effective preventive measures for the virus has been a hotly debated topic. One important policy decision is the distribution of monkeypox vaccines. Distribution of the vaccines in the US, currently, is suggested to be limited to those that have either been exposed to monkeypox or are at a higher risk of contracting monkeypox. Being at a higher risk for contracting monkeypox is defined by the CDC as having a sexual partner that was diagnosed with monkeypox, having multiple sexual partners in an area with high monkeypox transmission rates, or having a healthcare or laboratory job that involves high risk of exposure to monkeypox. Additionally, while not listed as an official factor of being at higher risk by the CDC currently, health officials have identified men who have sexual intercourse with men as a group that has been more affected by the virus, leading to New York offering vaccines to those fitting the criteria. Two vaccines are currently used for monkeypox, one that is specifically made to prevent monkeypox, and one for smallpox.

Which has proven effective due to the similar nature of the viruses and the lack of supply of monkeypox vaccines. A combination of avoiding physical contact with those exposed to the virus and receiving a vaccine if you were exposed or a part of a high-risk group is the current recommended strategy by most health organizations.

Due to the lack of previous outbreaks outside of a few countries, and the virus’s impact on LGBTQ communities, there is a lack of knowledge and stigma surrounding the illness. One common misconception that health officials are warning against is the belief that monkeypox is sexually transmitted. While the disease is often spread through close contact that occurs during sex, there is currently no evidence to suggest that the disease is sexually transmitted. Additionally, surveys have shown that the public is not sure if the disease is more easily transmitted than COVID-19. Monkeypox, unlike COVID-19, isn’t
airborne and struggles to spread without close contact, making it far less likely to be spread in public the same way that COVID-19 can be spread. What monkeypox does have in common with COVID-19 are the conspiracy theories that have been propagated about its origin. Already, speculation about monkeypox being leaked from a laboratory has surfaced. All genetic sequences that have been gathered from the virus so far indicate an origin from the natural strain of monkeypox that has been circulating in West Africa for decades, making it unlikely that a laboratory unintentionally or intentionally leaked the virus. Another factor, making this theory unlikely, is that human travelers have been known to cause monkeypox scares before, especially in the UK, where cases have popped up in small clusters in the past couple of years.

As with any serious epidemic, it can be helpful to stay informed on the current situation. Currently, health organizations are quickly trying to send out information and preventative measures to the general population and specific vulnerable groups, believing quick action to be important. Especially in the wake of the COVID-19 pandemic, it is incredibly important to take caution to make sure that the information that is being spread around is credible and verifiable. Misinformation, which often crippled the ability to act effectively on the pandemic, should not be allowed to get in the way of an effective response to this growing epidemic. • • •