

Letter from Field



WHO ends Monkeypox emergency status: what next?

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Conflict of Interest

The authors declare that they have no competing interests.

Dear Editor,

Nearly one year after resurfacing, the Monkeypox (MPOX) virus has been officially declared by the World Health Organization (WHO) as no longer posing a public health emergency of International concern.¹ On 23 July 2022, the WHO classified the virus as a public health emergency of international concern (PHEIC), with more than 87,000 reported infections and approximately 129 deaths² while approximately 88,600 laboratory-confirmed cases and 152 deaths were reported from 113 member states to the WHO between 1 January 2022 to 24 July 2023.³ MPOX belongs to the Poxviridae family and is a contagious virus that spreads through bodily fluids, sores, and contaminated objects. Its severity varies, with most infected individuals experiencing mild symptoms such as fever, headache, muscle aches, respiratory issues, and a rash that begins on the face and spreads. Typically, the rash resolves within 2 to 4 weeks. However, in some cases, MPOX can lead to more serious complications such as pneumonia, sepsis, and encephalitis, particularly among immunocompromised individuals or those with underlying health conditions. The virus rapidly spread to 111 locations, including 104 locations with no historical records of such a virus, demonstrating its high transmissibility.² The outbreak overwhelmed healthcare systems in multiple countries, leading to delays in diagnosis and treatments, putting additional strain on already burdened resources due to the ongoing COVID-19 pandemic. The closure of businesses and a decline in tourism further devastated economies, resulting in widespread job losses and financial hardships. Moreover, the fear-driven impact of the disease exacerbated social divisions and discrimination, adding stigma to the challenges faced by affected populations.^{4,5}

However, as of the declaration that the MPOX virus is no longer a public health emergency, significant steps have been taken to address the aftermath and rebuild the affected communities.⁶ The outbreak served as a stark reminder of the rapid and easy spread of diseases in our interconnected globalized world. It became increasingly clear that effective mitigation of future outbreaks hinged upon global collaboration, information sharing, and coordinated responses. Global collaboration played a pivotal role in the exchange of vital information regarding the virus, its symptoms, and modes of transmission. This shared knowledge was instrumental in the development of effective strategies for prevention and treatment. The WHO collaborated closely with countries in establishing robust surveillance systems, fostering the development and implementation of coordinated strategies to effectively address the outbreak.⁷

Authors Contributions

Conceptualization: Okesanya OJ, Gbolahan O, Olaleke NO, Haruna UA, Lucero-Priso DE III; Project administration: Okesanya OJ; Supervision: Okesanya OJ, Gbolahan O, Lucero-Priso DE III; Writing - original draft: Okesanya OJ, Gbolahan O, Olaleke NO, Haruna UA, Lucero-Priso DE III; Writing - review & editing: Okesanya OJ, Gbolahan O, Olaleke NO, Haruna UA, Lucero-Priso DE III.

As countries recover, there is a risk of dismantling preventive and responsive systems, which could potentially expose populations to future outbreaks. This letter emphasizes the importance of maintaining preparedness measures, such as remaining vigilant, prioritizing vaccination campaigns, and strengthening healthcare infrastructure. It is crucial to learn from this situation and develop strategies to ensure the safety of lives and protect communities from the MPOX virus, drawing on the lessons learned from the MPOX pandemic. By understanding the interconnected nature of global health concerns and fostering ongoing collaboration, nations can reduce risks, enhance resilience, and safeguard public health in the face of emerging infectious threats. With the recent declaration by the WHO, it is crucial for stakeholders and individuals to recognize that viruses do not adhere to our textbooks or declarations. To shift focus from crisis management to long-term preparedness for MPOX, nations should prioritize the following strategies:

Vaccination campaigns: Nations can enhance their policies by increasing the availability and accessibility of preventive and effective vaccines. Examples include the Imvanex vaccine, which has been used for prevention, and Jynneos, a 2-dose vaccine designed to protect against MPOX and smallpox infections. Complete protection requires both vaccine doses, with the second dose administered 4 weeks after the initial dose.⁸ The CDC website offers further information on who can benefit from vaccination and its potential impact.⁹ Governments can work towards boosting MPOX vaccination rates, particularly among high-risk groups, and promote general immunization in the population.

Surveillance and training: Countries should strengthen their surveillance systems for MPOX by improving contact tracing and testing capabilities. This will facilitate early detection and prompt containment of outbreaks. Developing comprehensive plans to handle MPOX epidemics, including training healthcare professionals, stockpiling supplies, and enhancing cooperation with foreign partners and different governmental levels, is essential. Healthcare personnel should receive training on MPOX diagnosis, treatment, and self-protection measures. Maintaining an adequate supply of personal protective equipment (PPE), vaccinations, and antiviral drugs is crucial for managing and silencing MPOX effectively.

Support research, global coordination and community intervention: Nations are encouraged to support research initiatives focused on MPOX, including funding the development of new vaccines, medications, and diagnostic procedures. Strengthening coordination efforts in the global response to MPOX is vital for state parties. This involves close collaboration to share resources, communicate critical information, and implement best practices in combating the outbreak successfully.⁶ A comprehensive intervention strategy, involving timely and coordinated efforts at the community level, should include active surveillance and early detection of cases, swift isolation of probable infected individuals, and contact tracing to contain the spread. Well-aware and educated community leaders, along with well-equipped healthcare facilities, play a crucial role in effectively handling cases and promoting proper hygiene practices and personal protective measures. These measures are pivotal to mitigating the impact of MPOX and preventing further outbreaks in the community and larger population.¹⁰

Operational guide: We strongly recommend adherence to MPOX operational guidelines to prevent its spread. Individuals diagnosed with the infection should ideally isolate themselves at home for the entire 2- to 4-weeks duration of the illness. If full isolation is not possible, they should wear a well-fitting mask, cover the rash, avoid close contact, and practice good

hand hygiene until all symptoms have resolved while avoiding sharing items, crowds, and congregate settings to minimize transmission risk.^{11,12}

In conclusion, the recent declaration by the WHO that the MPOX virus no longer poses a public health emergency signifies an important step forward in addressing the outbreak. The experience with MPOX has highlighted the need for a next step in global collaboration, information sharing, and coordinated responses to effectively mitigate future outbreaks. Maintaining preparedness measures, including vaccination campaigns, surveillance systems, and research initiatives, is crucial in safeguarding public health and ensuring a proactive response to emerging infectious threats. By learning from the MPOX pandemic and prioritizing these strategies, nations can enhance their resilience, reduce risks, and protect communities from the impact of future outbreaks.¹³

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