

Sri Lanka safe despite surge in global MONKEYPOX cases

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Though it came to the global spotlight only recently, following the much talked about Coronavirus pandemic, Monkeypox is not a new disease. In some African countries it is endemic. However, it was the international outbreak which began in May 2022, that has prompted the World Health Organisation (WHO) to declare it as a global health emergency.

Infections in non-endemic areas in more than 10 countries with no links to travel from endemic countries and infected animal contact raised concerns. Studies are underway to determine the source of infection and to provide the necessary health care to prevent further spread.

The Allergy Immunology and Cell Biology Unit of Sri Jayewardenapura University too had red flagged that there is a risk of Monkeypox entering Sri Lanka. Speaking to the *Daily News* Senior Lecturer Dr. Chandima Jeewandara stated that the spread of the virus can be far less than that of the Coronavirus as symptoms can be detected easily.

“So far we have not detected any suspected or confirmed Monkeypox infections. However, a close surveillance will be done to prevent entry



Dr. Chandima Jeewandara

and spread of Monkeypox in Sri Lanka,” he said adding that Sri Lanka is not facing an immediate threat though neighbouring countries like India and Thailand have reported infections.

From just a handful of cases in Europe in early May, more than 25,000 cases, mostly in men, were reported from 85 countries by early August. According to WHO data the number of confirmed infections rose to 77 percent from late June through early July.

Eleven deaths have been recorded

so far according to WHO and data collated by *global.health.Brazil* confirmed the first Monkeypox death outside the African continent on July 29. Soon after Spain reported the first Monkeypox death in Europe on the same day. India reported Asia's first Monkeypox death on July 30.

The virus has probably been circulating undetected in Europe since at least April. Caseloads tripled in

visit these areas get infected with the virus by physical contact with infected animals and spread it to other human beings. Rashes, body fluids such as pus or blood from skin lesions and scabs are particularly infectious. The virus also spreads through saliva so objects which have been in possession of the infected person such as clothes, bedding and utensils can carry the virus.

The symptoms of this disease usually include fever, severe headache, muscle aches, back pain, low energy, swollen lymph nodes, and skin rashes or lesions. The rash usually begins on the first or third day of the onset of fever. The lesions may be flat or slightly raised, filled with clear or yellowish fluid, then crust over, dry up, and fall off. The rash tends to appear on the face, the palms of the hands, and the soles of the feet. They can also be found in the mouth, genitals, and eyes. In several cases the symptoms include skin infections, pneumonia or eye infections which can result in vision loss.

July in the US, with the virus reported in more than 40 States.

Monkeypox originated in 1958, when it was detected in several laboratory apes. It is a zoonotic viral disease, meaning that it can be transmitted from animals to humans. It can also pass from human to human.

Human Monkeypox was first identified in 1970 in Congo. It was detected in a nine-month-old boy living in an area where smallpox had been eliminated in 1968. The symptoms were similar to those found in smallpox but less severe.

The first Monkeypox outbreak outside Africa was recorded in 2003 in USA. It was reported that the virus was suspected to have emerged in those who have links with pet prairie dogs.

Monkeypox is endemic in regions of Central and Western Africa where animals carrying the disease are found in rainforests. People who

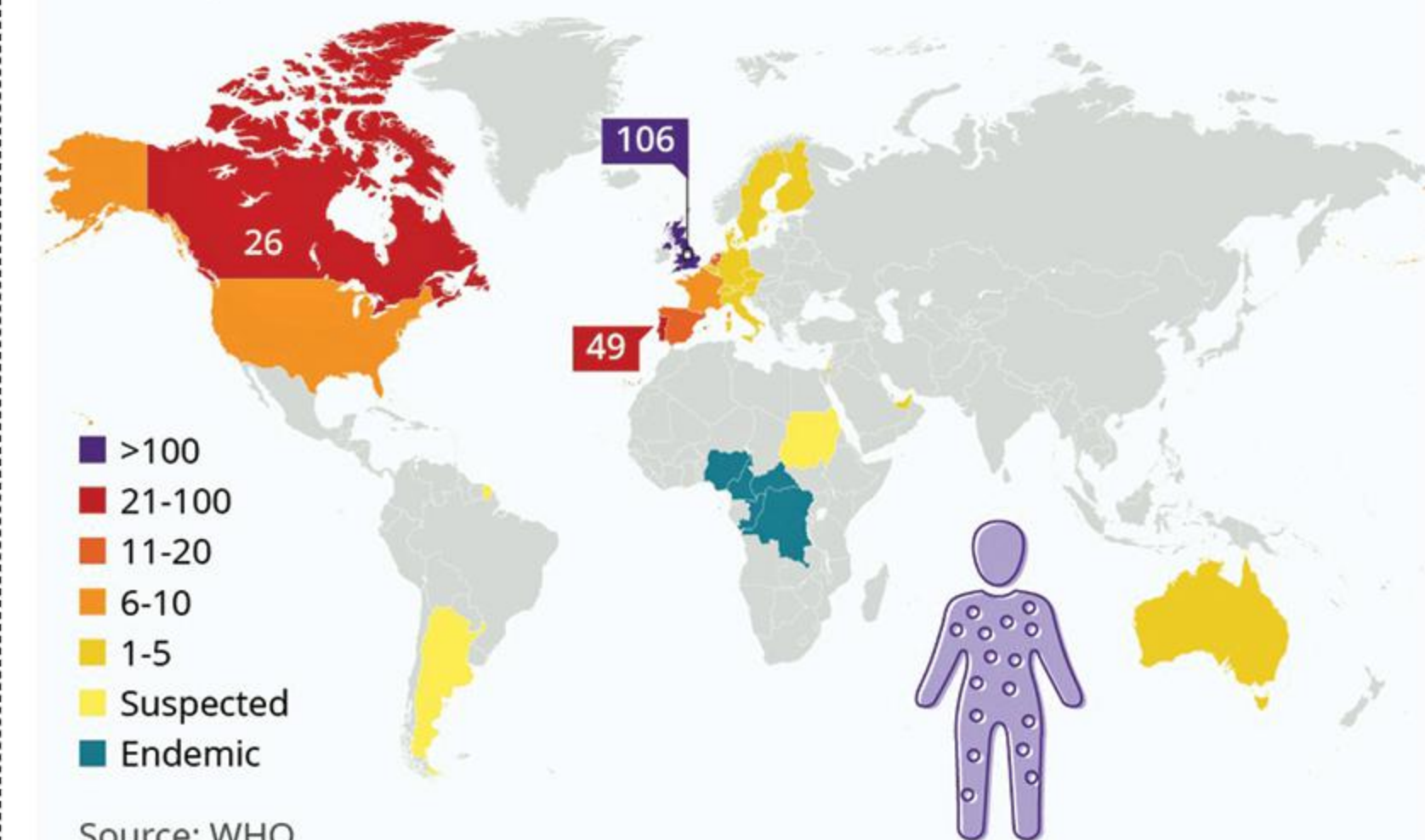
“Raising awareness about the disease is important especially among those who are at risk. Health workers too need to be updated on how to handle and treat the infected,” Dr. Jeewandara pointed out.

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In most cases, the symptoms of Monkeypox go away on their own

Where Has Monkeypox Spread To?

Number of recorded monkeypox cases per country (May 13-26, 2022) and where disease is endemic



Source: WHO

within two to four weeks but, in between three and six percent of cases reported in countries where it is endemic, it can lead to medical complications and even death. Newborn babies, children, and people with health conditions may be at risk of more severe symptoms and death. Skin-to-skin contact is the main means in which the virus can spread. The virus can also be transmitted from a pregnant woman to the foetus through the placenta.

Apart from infections linked with travel, the outbreaks have primarily affected men who have sex with men. Around 97.5 percent of the transmissions from this category are gay, bisexual and other men who have sex with men, according to a WHO report released on August 3.

Avoid contact with people who you suspect is infected with the virus. If you have to live in the same house with an infected person, encourage the infected person to self-isolate. Wear a mask and use

disposable gloves in the presence of an infected person. Wash your hands regularly with water and soap. Use an alcohol-based hand sanitizer. Clean and disinfect any contaminated surfaces.

Notify a doctor immediately if you suspect that you have symptoms which are related to the disease. Isolate yourself. Avoid contact with others. Your health authorities will take a sample for testing.

Several vaccines which have been created to fight smallpox are effective against Monkeypox. Centres for Disease Control and Prevention says smallpox vaccine, antivirals, and vaccinia immune globulin can be used to treat Monkeypox as well as control it. Tecovirimat, also known as Tpoxx, was approved by the European Medical Association for Monkeypox in 2022, but isn't yet widely available. The UK Health Security Agency (HSA) also lists cidofovir as an antiviral that can be used.

