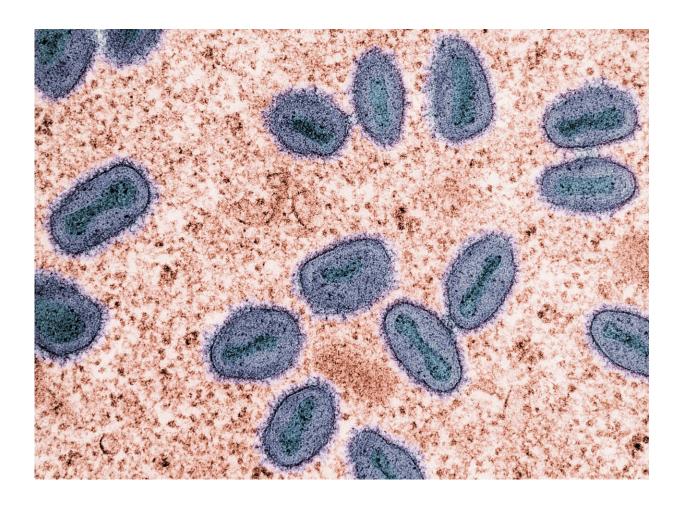


Mpox global emergency not an imminent threat in US, expert says

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While the World Health Organization declares mpox a global emergency based on rapid spread in African countries, the infectious disease



formerly known as monkeypox has been considered an epidemic in the U.S. since 2022.

Dr. Kevin Dieckhaus, chief of UConn Health's Division of Infectious Diseases, has been keeping an eye on it, both here and overseas.

"At this point there is no cause for great alarm," Dieckhaus says. "Our local epidemic is not from the strain that led to the WHO declaration of a public health emergency of international concern. At this time, the concern in Africa is due to increased reported cases of a more infectious strain, Clade 1 virus, which to date has been primarily seen in Burundi, Central African Republic, Democratic Republic of Congo, and the Republic of the Congo."

Dieckhaus, who monitors potential global health risks as a physician in UConn Health's International Traveler's Medical Service, says other countries in Africa also have seen cases, and a suspected case of transmission was reported in Sweden in mid-August.

Noting the Clade 1 strain has not reached the U.S., Dieckhaus says known mpox cases in Connecticut tallied 11 through the first half of 2024. It went from 145 in 2022 to four last year, after an mpox vaccine was introduced.

"Many, but not all, cases in the United States are associated with close physical contact including <u>sexual contact</u>, although cases can be seen in those with any type of close physical contact or environmental proximity, sharing bedding or clothing, and mother-to-child transmission," Dieckhaus says. "Rodents serve as a natural reservoir in Africa; however, the virus does not seem to have yet established a rodent reservoir within the United States."

Mpox causes a rash that can look like pimples or blisters on the face and



the mouth, or in other parts of the body including the hands, feet, chest, or genital areas. It also can cause swollen lymph nodes, fevers, chills, muscle aches, and respiratory symptoms.

"The severity of illness can be quite varied; many people recover spontaneously; however, the illness may be especially severe in those with immunocompromising conditions," Dieckhaus says. "The epidemic in the United States has disproportionately affected the LGBTQ+ community. As such, the majority of the described cases have been in young adult males; however, either gender or any age can be affected from infancy through the elderly."

Those considered at high risk can take a two-dose vaccination, available in Connecticut through the Department of Public Health and administered at more than 20 sites statewide. Health care providers who suspect mpox send specimens to the DPH lab. Antiviral therapy is available for serious illness, but in many cases, a healthy immune system is enough to defeat the virus.

The COVID-19 pandemic showed how novel infectious diseases can be introduced from international locations, more so with the ease and rapidity of modern-day international travel, Dieckhaus says.

"The CDC and WHO have established sentinel systems worldwide to identify agents that could lead to epidemics anywhere, including potential introductions into the United States," he says. "This recent warning about mpox is an example of those systems working."

Dieckhaus also brings the perspective of a physician who's been on close to two dozen medical mission trips to Africa throughout his career.

"My time in Africa is often characterized by working with limited clinical data and uncertain diagnoses," Dieckhaus says. "Oftentimes, we



do not have the tools to definitively diagnose many conditions. The WHO's declaration on mpox underscores that we need to be vigilant to identify new infectious agents, especially areas that are poorly equipped to identify emerging outbreaks.

"We are an increasingly global community. Recognition of newly evolving epidemic agents not only provides an opportunity to support <u>local populations</u> and health structures, but importantly, may allow us to contain them and thus limit spread of these agents to new sites and populations."

Still, most of Dieckhaus' first-hand experience with mpox has been in the U.S., diagnosing and managing patients at UConn Health, developing protocols for appropriate management and isolation, and promoting vaccination campaigns to local high-risk populations.

From a public health standpoint, he says the DPH has been mitigating risk by actively engaging high-risk communities to encourage vaccination and is engaged with providers to ensure access to diagnostic testing and antiviral medications when needed.

"A significant increase in mpox cases in populations with high rates of illness could theoretically cross over into lower-risk populations and/or infect certain rodent reservoirs within the United States, leading to an ongoing endemic illness," Dieckhaus says. "But because this is a reportable disease, any significant rise in local cases will be identified in order to better focus our prevention and health-related efforts."

Provided by University of Connecticut

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