

GUEST EDITORIAL

UNCOVERING THE MONKEYPOX MYSTERY: PAKISTAN FACES A NEW HEALTH CHALLENGE

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Recently, there has been an uptick in the number of cases of the disease occurring in non-endemic regions. The majority, but not all, of these cases have been reported among homosexual men.¹ Prior to the present outbreak, the majority of human cases were found in Africa, notably in the Congo Basin and West Africa. The present outbreak that is named as hMPXV1 /human pox virus is also belong to same family.²

There have been 87,113 cases recorded all around the world and 130 fatalities. Total of 111 countries have been effected accounting for the majority of these cases in United States, Brazil, Spain and France. In 2022, around one hundred nations reported mpox cases for the first time.

Transmission on a local level has not been established as of yet. Direct contact with body fluids, skin lesions or respiratory

droplets and indirect contact with contaminated fomites of infected animals can result in transmission.³ The Centers for Disease Control and Prevention (CDC) developed by Pustular Rash Illness Protocol or Acute Generalised Vesicular developed with the addition of lymphadenopathy to the necessary main criteria might be used to decide which individuals require further testing. Later CDC advises taking two samples, each from a variety of lesions in various places.^{4, 5} Both isolation in viral culture and Polymerase Chain Reaction (PCR) testing for mpox virus Deoxyribonucleic acid (DNA) from a patient material can be used to confirm mpox infection.⁴

There are presently no treatments that are known to be effective against mpox infection. Management of symptoms, often known as supportive care, is the treatment technique for

viral infections. Nevertheless, there are preventative measures that may be performed in order to avert an epidemic. It is recommended that the infected individual practise isolation, wear a surgical mask, and cover their lesions until all crusts have naturally detached and a new layer of skin has formed. Temperature and symptoms of persons who have been exposed to the virus should be monitored twice daily for a period

of 21 days. This is because 21 days is the generally regarded upper limit of the mpox incubation period. There are three vaccines available to prevent mpox, MVA-BN, LC16, and OrthopoxVac. Vaccination should only be considered for those who are at risk (such as those who have had intimate contact with someone who has mpox or those who are members of a high-risk group). At this time, widespread immunization is not suggested.

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