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Letter to the Editor

Mpox emerges in Zimbabwe: A turning point in global health vigilance

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Dear Editor,

Zimbabwe has recorded its first cases of Mpox, signaling a critical moment in the ongoing global battle against this re-emerging disease [1]. The Ministry of Health and Child Care announced that two individuals—a young boy in Harare and a male adult in Mberengwa— tested positive for Mpox. Both patients have a history of recent travel to countries experiencing outbreaks, highlighting the ability of the virus to transcend borders in our interconnected world. The 11-year-old boy visited South Africa in August 2024 and returned to Zimbabwe on September 10. He began exhibiting symptoms on September 23 but is now recovering at home and is no longer infectious. Seven contacts have been identified and are under monitoring. The second case involves a 24-year-old man who traveled to Tanzania on September 12 and returned on September 21. He developed symptoms on September 29 and is also in home isolation, no longer posing an infection risk. Contact-tracing efforts are underway in both cases.

These developments have occurred against the backdrop of increasing Mpox cases globally. In 2024 alone, Africa reported 7535 confirmed cases and 32 deaths [2]. The World Health Organization (WHO) declared Mpox a Public Health Emergency of International Concern on August 14, 2024, underscoring the urgent need for a coordinated international response [3]. Mpox, caused by the monkeypox virus (MPXV), is a zoonotic disease that has traditionally been endemic to Central and West Africa [4]. However, the virus has recently been shown a troubling ability to mutate and spread to new regions [3]. Two genetically distinct clades exist: Clade I, which is highly infectious with higher mortality rates, and Clade II, which has been predominant in the global outbreak of 2022–2023 [2]. Notably, a new variant known as Clade Ib has emerged, spreading to countries like Rwanda, Burundi, Uganda, and Kenya, and has even been reported in Sweden in a traveler returning from the Democratic Republic of the Congo [2,3].

Zimbabwe's health authorities have activated a response plan that includes awareness campaigns and training of healthcare personnel. These measures are crucial; however, the situation calls for broader actions. Vaccination efforts need to be accelerated, especially in highand low-income countries. Equitable access to vaccines and antiviral treatments, such as tecovirimat, is essential to prevent further spread and mutation of the virus [2]. The Mpox cases in Zimbabwe serve as a turning point that highlights the consequences of neglecting diseases that are perceived as confined to specific regions. The global community must recognize that delayed action can lead to wider epidemics with more severe strains. Investing in global health infrastructure and adopting a One Health approach that considers human, animal, and environmental health are imperative [5].

As the world continues to grapple with the aftermath of the COVID-19 pandemic, the emergence of Mpox in new regions underscores the need for sustained vigilance and proactive measures. Zimbabwe's experience is a clarion call to re-evaluate global health strategies, prioritize equity in healthcare access, and strengthen international cooperation to address not just Mpox but future infectious disease threats.

CRediT authorship contribution statement

Chelsea Rachael Tafawa: Conceptualization, Project administration, Supervision, Validation, Writing – original draft, Writing – review & editing. Manvinder Brar: Writing – original draft, Writing – review & editing. Sanjit Sah: Writing – original draft, Writing – review & editing. Rachana Mehta: Writing – original draft, Writing – review & editing. Ganesh Bushi: Writing – original draft, Writing – review & editing. Ashok Kumar Balaraman: Writing – original draft, Writing – review & editing. Sakshi Pandey: Writing – original draft, Writing – review & editing. Amogh Verma: Writing – original draft, Writing – review & editing.

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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