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Letter to the Editor

Monkeypox outbreak 2022: disparities and prevention



Sir,

We read with interest the letter by Gagneux-Brunon *et al.* who emphasized a need for better communication regarding potential exposure and subsequent consequences to increase acceptance of monkeypox virus (MPV) vaccine [1]. We commend the authors on their important contribution, and further expand on their conclusions by drawing a parallel with the coronavirus disease 2019 (COVID-19) pandemic and focusing on disparities and prevention strategies for monkeypox.

There has been a massive surge in cases of monkeypox recently throughout the world. More than 80,000 cases have been reported in over 100 countries that have previously been non-endemic for MPV [2]. MPV is an orthopoxvirus that can cause disease progression like that of smallpox, albeit with a much lower mortality rate [3]. This rapidly developing outbreak is of grave concern for a multitude of reasons. Partial immunity for monkeypox was achieved through vaccinia vaccination; however, with the eradication of smallpox, there has been a decline in vaccination efforts [4]. Furthermore, the world is still recovering from the devastation of the COVID-19 pandemic, in which both healthcare systems and infrastructure were ravaged and left debilitated.

In dealing with the ongoing effects of the COVID-19 pandemic, we have developed substantial infrastructure systems coupled with newly improved legislation, such as the COVID-19 Vaccine Distribution and Production Act, that could be leveraged to combat the new threat of MPV [5]. However, we must still work towards dismantling the health disparities that exist when examining health prevention between groups of differing socio-economic statuses. Perhaps drawing a parallel with the ongoing COVID-19 pandemic could help to identify several problems. For example, in understanding the disparity among marginalized groups due to COVID-19, we see that African Americans are over-represented in the number of deaths in certain states. For instance, in Louisiana, where African Americans represent 32% of the population, they account for >70% of COVID-19-related deaths [6]. Furthermore, these outcomes are exacerbated due to the fact that African Americans seek treatment at minority-serving institutions [6]; these institutions have a limited budget, a shortage of critical care physicians, and inadequate medical supplies and equipment, which results in a lower quality of care [3].

Early distribution of the vaccine and containment of disease through equitable efforts for contact tracing, isolation and prevention of monkeypox may decrease the need for mass isolation that we saw with COVID-19, which tends to create distrust in the government and opposition to containment efforts. Also, MPV is conducive to a ring vaccination strategy because it spreads more slowly than most human viruses and has a long incubation period. Increasing availability of testing through commercial laboratories which are less fragile after the recent influx of testing due to the COVID-19 pandemic can help to accelerate tracing efforts and track data regarding progression of the disease. Contact tracing infrastructure used for the COVID-19 pandemic can also be pivoted and repurposed for MPV. We can also take measures to make the contact tracing infrastructure most robust and oriented towards the future with the implementation of artificial intelligence. Algorithmic frameworks based on machine learning can be integrated into electronic health record systems to enhance the speed and efficacy of contact tracing [7]. Decreasing any barriers to prescription of these vaccines through policy changes can increase the rate of adoption and administration of the vaccine. Making these vaccines more accessible in the form of grassroots movements that engage and educate the community regarding the vaccines may also help.

It is imperative as clinicians and future leaders that we take this threat of MPV seriously. The gravity of both monkeypox and COVID-19 are witness to the fact that healthcare disparities exist and are more prevalent than ever. Minority groups are being cast as fungible in the grasp for a cash nexus and squall for a limited number of resources – it is crucial to lay foundations to treat this ravaging disease systematically. To engage in a transformative pedagogy, we must engage in active discourse through recognition of the massive inequities that exist, and devise plans to combat them thoroughly.

Conflict of interest statement

None declared.

Funding sources

None.

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Available online 15 December 2022