Lessons from COVID-19 are shaping the response to monkeypox outbreak

The Lancet Regional Health — Europe

The Lancet Regional Health - Europe 2022;18: 100463
https://doi.org/10.1016/j.lanepe.2022.100463

As of June 24, Europe is at the epicentre of the escalating monkeypox outbreak with 29 countries reporting more than 2740 cases, accounting for 84% of the global total. Although the disease might seem new to people living in the European region, this is not the case in many African countries where sporadic outbreaks have occurred since 1970. What makes the current monkeypox outbreak in 2022 unique is the absence of epidemiological links to Africa or infected animals. Outbreaks in Africa before 2022 have been the result of zoonotic transmission from animals to humans and only rarely have there been reports of sustained human-to-human transmission. Other unique features of this outbreak include cases predominantly being detected through sexual health services and in men who have sex with men (MSM), geographically dispersed cases, and the heightened awareness and preparedness to respond to new outbreaks as a result of the COVID-19 pandemic.

There are two major stigmas associated with the disease. First, the name monkeypox assigned in 1958 is misleading and inaccurate, as it suggests that the virus originated in monkeys, when in fact the true origin is unknown, and the recognised animal reservoir is rodents. More importantly, there is a geographical stigma attached to the nomenclature of the two recognised clades—the central African (Congo Basin) clade and the west African clade—which refers directly to where they were first identified. COVID-19 has shown that the use of geographical names for viruses (eg, the Wuhan or Chinese virus for SARS-CoV-2) has a stigmatising impact on the country, its people, and the economy. This can increase hesitancy to share new information, as was the case when South Africa paid a high economic and social price for reporting the emergence of the SARS-CoV-2 omicron (B.1.1.529) variant. As such, a new practical and neutral system of nomen clature has been proposed by researchers and WHO has been swift in their proposed announcement for renaming the monkeypox virus, clades, and the disease it causes.

Second, stigma has been imposed on MSM—the population primarily reporting the disease. UNAIDS has expressed concern that some public reporting on monkeypox has used language and imagery, particularly portrayals of LGBTQI and African people, which reinforce homophobic and racist stereotypes. This could worsen discrimination and cause those who are affected to delay seeking care. There are serious concerns that such forms of communication could jeopardise public health measures by discouraging those who are affected to report and seek medical care. Therefore, all forms of communication around monkeypox should use an evidence-based approach that is non-sigmatising and non-discriminatory towards any specific population or ethnicity.

Although removing the above stigma associated with monkeypox might take some time, some crucial lessons learnt from the COVID-19 pandemic, such as the importance of rapid responses and sharing information, have been immediately applied in this outbreak. In less than 3 weeks after monkeypox cases began to be reported, the WHO R&D Blueprint convened a global research consultation to discuss knowledge gaps and set research priorities and public health recommendations. The European Centre for Disease Prevention and Control (ECDC) created a new process in EpiPulse, an online platform launched during the COVID-19 pandemic to integrate previously independent surveillance systems, that will enable monkeypox data sharing between countries, WHO, and ECDC. Additionally, Global.health team have created an open-access data base to track cases in different countries with the aim of providing real-time information. Such fast-paced advances would probably not have been possible without the experience of the COVID-19 pandemic.

As per the June 25 WHO recommendation stating that this outbreak does not constitute a Public Health Emergency of International Concern, there is growing concern that the virus might find an animal reservoir outside Africa that can spread more easily in humans. Therefore, there is a need for close collaboration between veterinary and public health authorities working from a 'One Health' perspective, to manage exposed pets and also to prevent the disease from being transmitted to wildlife. Additionally, the European Union has purchased more than 100 000 doses of a third-generation smallpox vaccine and countries like the UK, Canada, and the USA, have initiated a ring vaccination strategy, which consists of vaccinating people who have been exposed to a diagnosed case. The UK will also offer the smallpox vaccine to MSM who are at high risk of exposure to monkeypox, laboratory staff working with

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the virus and more healthcare workers. However, the most important public health measures that countries need to implement are epidemiological surveillance, contact tracing, patient care, isolation of cases, and sharing of accurate information.

Considering that the risk of future outbreaks or epidemics will always be present, the fact that lessons learnt from COVID-19 have contributed to the rapid response to this outbreak is encouraging and demonstrates that heightened alertness is continually needed to address future outbreaks. To prevent any future discrimination associated with other disease, it is important to rename many of the existing diseases that have stigma attached to them—eg Zika, Ebola, Legionnaires' disease, West Nile virus, Middle East Respiratory Syndrome, Valley Fever, Marburg disease, Lyme Disease, and Japanese encephalitis—and not wait for their next outbreak to occur.