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## Commentary



## A commentary on “The 2022 monkeypox outbreak: Lessons from the 640 cases in 36 countries” (Int J Surg 2022;104:106712)

Dear Editor,

We would like to share some ideas on the publication “The 2022 monkeypox outbreak: Lessons from the 640 cases in 36 countries - Correspondence [1].” As a result of a higher prevalence in humans, particularly among immunosuppressed people, the monkeypox virus may have more chances to develop changes that enhance its survivability in human hosts, which could result in an increase in infectivity, pathogenicity, and potential harm. Global attention and effective communication are required for the present outbreak [1]. Novel zoonotic infections are a prominent source of concern in contemporary clinical practice [2]. The public’s health is seriously threatened by the spread of monkey pox throughout Europe [3]. Zoonosis is most likely to be blamed for the resurgence of the uncommon “monkey pox” [2]. The spread of monkey pox throughout Europe, America, and Asia has resulted in a significant public health issue [3]. Probably as a result of zoonosis, the uncommon monkey pox has resurfaced. The possibility of human-to-human transfer is being considered. The medical community is frightened as the number of cases reported in various countries climbs, and careful planning is required to get ready for a potential big outbreak.

The unprotected young population is at risk of infection if they come into contact because smallpox vaccination can provide cross protection but has been unavailable for more than four decades. With evidence of human-to-human transmission, the illness is essentially zoonotic [2]. The current situation is being made worse by the notion that the illness is a brand-new sexually transmitted infectious disease. In actuality, the ailment presents as a cutaneously visible acute febrile illness. There is still a risk of a peculiar manifestation, such an afebrile illness with no outward signs of illness. The unknown risk is a common worry when a new infectious disease appears. Some people were not aware of the risk when COVID-19 first appeared, and the operating room surgeon was one of the first to contract the disease. Similar planning and prevention are required for the current monkeypox problem. The possibility of viremia should be emphasized, and patients may be afebrile and asymptomatic [1]. A symptomatic complaint, such as unexplained pain, may also be present in certain individuals [3]. We must admit that we still do not fully understand the recent outbreak of monkeypox [4]. It is necessary to acknowledge that we still have a lot to learn about the latest outbreak of monkeypox. The highest level of preventive measure is the best strategy, according to the knowledge gained through COVID-19. The most crucial elements of the current scenario are readiness and acknowledgment.

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Pathum Sookaromdee 50% ideas, writing, analysing, approval for final submission.

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### Research registration Unique Identifying number (UIN)

1. Name of the registry:
2. Unique Identifying number or registration ID:
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### Guarantor

Professor viroj wiwanitkit.

### Provenance and peer review

Commentary, internally reviewed.

### Declaration of competing interest

No conflict of interest.

### References

- [1] F. Rahimi, A. Talebi Bezmin Abadi, The 2022 monkeypox outbreak: Lessons from the 640 cases in 36 countries - Correspondence, *Int. J. Surg.* 104 (2022), 106712, <https://doi.org/10.1016/j.ijso.2022.106712>.
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