Universal Health Organisation (UHO) Weekly Newsletter – 23 Aug 2024

The weekly newsletters bring the updates on the science, battered and bruised during the pandemic, legal updates and impact of activism for a just society, across the world. These are small steps to promote Transparency, Empowerment and Accountability – the ethos of the UHO.

Announcement: Membership & endorsements to the UHO invited: https://uho.org.in/member.php

Monkey Pox (mpox), a virus which has risen from the phoenix and continues to mystify.

Introduction

Timely, consistent, relevant, and fact-based information is critical to gain public trust during a public health crisis. This week's newsletter is devoted to mpox which has been declared by the WHO as constituting a Public Health Emergency of International Concern (PHEIC) on 14 August 2024.

The declaration was triggered by a surge of cases of mpox in Congo and some neighbouring countries. The Congo strain of the mpox virus called Clade 1b is thought to be more aggressive than the Clade 2 found in West Africa. UHO recommends that this has to be taken in proper context. Reports that the current outbreak is mostly affecting children should be considered against the background of a country which is in the category of the least developed countries with Human Development rank of 179 out of 191 countries. The country has been facing decades of civil war and instability. Around 6,00,000 refugees from this country are living in neighbouring countries. Two million children face starvation and women and children resort to hunting rodents for food, the reservoir of mpox virus.

The behaviour of the mpox virus in Congo should not be extrapolated to other parts of the world

In the present outbreak in Congo, 14,000 cases have been reported with 524 deaths giving an infection fatality rate of 3.7%. In Congo, children comprise 70% of the cases and 85% of the deaths. One odd case has occurred in Sweden and four cases in neighbouring Pakistan. All the cases in both these countries have travel history to endemic regions. There have been no deaths outside Africa. The media reports of "deadly mpox" are hype and propaganda to fuel public panic and should be countered with data.

Obviously, the children of Congo and poor African nations would be more exposed to the virus and due to underlying malnutrition bordering on starvation the disease can be more serious in them. Cholera and other endemic diseases of the region, like malaria, combined with lack of access to health services also take a heavy toll. Extrapolating the higher fatality particularly among children in Congo to other parts of the world with better living conditions with no likelihood of exposure to infected rodents would be inappropriate verging on misinformation to generate public panic. Even in its native Congo, mpox may be taking a far lesser toll than other endemic diseases. The so called "deadlier" clade which is found in Congo may perhaps be not as deadly in other parts of the world with better living conditions.

Overlooking the context, media outlets have already started referring to it as "deadly mpox," and highlighting it as a member of the small pox family (while is true, but comparing mpox with small pox is like comparing Gandhi with Hitler!). Such propaganda needs to be countered with evidence to

allay public panic.

This is important because of the lessons learnt in the Covid-19 pandemic. The mismanagement of the pandemic made us realize that such false alarms lead to panic and knee jerk reactions right from the policy makers to the people causing much collateral harm in the ensuing chaos and anarchy.

Monkeypox: from origin to current behaviour is shrouded in mystery.

The name monkey pox itself is a misnomer. Monkeys and humans are accidental victims of monkey pox. The name has its origins due to detection of the virus from laboratory monkeys in Denmark around 1958 during research on polio virus. It is a mystery how the monkeys imported from Singapore carried the virus since in nature monkeys rarely carry the virus. Secondly, the research in the lab in Denmark was on polio virus which has no relation with the mpox virus by any stretch of imagination.

In nature, the virus is found more frequently among small animals like squirrels and other rodents.

The virus belongs to the same family as smallpox virus. The eruptions have some resemblance to smallpox, however, monkeypox is much milder and self-limiting with case fatality rate varying between 0-10% in the African continent. Outside Africa it is near zero, perhaps due to better nutrition and access to health care. The incubation period of mpox (time from infection to symptoms) is around two weeks. There is fever, muscle pain, swollen glands, and rashes which have to be differentiated from chickenpox, and other cases of fever with rashes. Human to human transmission is by intimate contact while respiratory transmission is possible, but not very efficient. The course of the illness is 2-4 weeks. The rashes heal without leaving any permanent scars unlike smallpox which had a case fatality rate of 30%.

In Africa, monkeypox cases were identified in the 1970's in the last phases of smallpox eradication campaign. Heightened surveillance activities in this phase found this virus, which turned out to be a mild self limiting infection. The cases of mpox were scattered in Congo and Western Africa.

Serologic and virologic studies in the 1980s by WHO in Africa detected antibodies in very few monkeys. More frequently, antibodies were found in Gambian rats and elephant shrews. Most of the human cases, around 75% were among poor children who lived close to animals and handled their carcasses. Among household contacts the secondary attack rate was less than 10% which rules out any pandemic potential.

Mpox in other continents.

In 2003, monkeypox infection of humans was identified in the US. This was traced to prairie dogs (small rodents) that were infected from African small mammals imported as exotic pets. Gambian rat, rope squirrel and dormouse from the African shipment of exotic species originating in Ghana were also implicated.

The biggest ever outbreak of monkey pox outside the African continent began in May 2022. By the end of this outbreak there were 99,518 cases and 207 deaths from 122 countries with a case fatality rate (CFR) of 0.2%. India reported 30 cases with no deaths. On May 11, 2023, the WHO declared

that mpox is no longer a PHEIC.

Data from the European continent give useful insights as well as throw up some mysteries, which can help in the strategy against mpox.

Majority of cases, 42%, were aged between 31 to 40 years, and interestingly, 99.5% were males. Only around 10% needed hospitalization, and only 3 (0.04%) needed ICU admissions. Interestingly 43% of those affected were HIV positive, and around half had history of other sexually transmitted infections in the past. Only 0.33% of the cases were health care workers.

In UK which had more detailed surveillance, 97% of the cases were homosexual or bisexual men. Of these, 54% had history of other sexually transmitted infections, and 31.8% had 10 or more sexual partners in the last 3 months.

What is baffling is how the outbreak in Europe and the USA in 2022-23 erupted almost simultaneously in most countries. A communicable disease spreads from person to person, then from community to community, and so on finally crossing international boundaries in chronological pattern.

Implications for preventive strategy

Monkeypox, which is more common in children in its native Africa, is showing a different epidemiology outside this continent. The surveillance data from the West suggests that it is behaving more like a sexually transmitted disease like HIV and other sexually transmitted infections. And, fortunately, there is very low fatality. Perhaps intimate handling of small animals and carcasses by undernourished African children makes them more vulnerable to both infection and a fatal outcome.

With these insights, our policy makers and our people should not panic. Promotion of condom use and safe sex, avoidance of multiple sexual partners, screening of blood donors, are all practices which we have refined over the years in our fight against AIDS. These should suffice to control the far less virulent mpox as well.

A self limiting disease with almost zero mortality in the healthy with access to health care as the European data indicate should not be cause for panic or stigma.

WHO and CDC recommendations overlook much of the above science with focus only on two "Vs" i.e. "The Virus" and "The Vaccine." Vaccine manufacturers have scaled up vaccine production.

The media hype and recommendations from WHO and CDC have given a boost to vaccine manufacturers. The WHO position on mpox vaccine is as follows:

- health workers at risk of exposure
- men who have sex with men
- people with multiple sex partners
- sex workers.

Thankfully, it has not recommended mpox vaccination for the masses yet. However, media hype have broken the speed limit and some headlines include vaccines to combat the monkeypox outbreak

taking the WHO recommendations out of context.

However, contradicting itself, the WHO urged the vaccine manufacturers to scale up vaccine production so that we have access to many, many more vaccines. Similarly, while the current CDC guidelines are on the same lines media hype by Newsweek .

Shares of Danish biotech firm Bavarian Nordic, which makes a mpox vaccine, jumped 50% due to the media driven hype. Meanwhile the global vaccine group GAVI (managed by the Gates Foundation), has set aside $500 million to procure mpox vaccines to countries affected by the mpox outbreak. This vaccine fund is the "repurposed" capital left over from the Covid-19 response corpus comprising donations from world governments and world donors for the Covid-19 response. It is estimated that drug developers would rally around to produce 3 million doses of vaccine in 2024 to be scaled up to 10 million doses in 2025 and the target group for pushing vaccine approval would be adolescents and children.

UHO is concerned that no research and investments is being considered to understand the natural course of the disease, which is self limiting in most cases, and confined to certain high risk groups. All the money invested in vaccines could be better utilized to improve the living conditions of children in Congo who are exposed to rodents due to privation which makes them vulnerable not only to mpox but more serious endemic diseases such as cholera and malaria against a background of malnutrition.

The high rate of mpox morbidity and mortality among children in Congo is being used to create panic in other parts of the world where children are least exposed to the risk of mpox but may succumb to high pressure vaccine marketing once a huge sum has been invested by stakeholders with vested interests.

The present lots of vaccine against mpox are derived from the small pox vaccine.

The South Africa Vaccine Injury Medicolegal Study Group (SAVIMS), has stated its position on the roll out of mpox vaccine as follows:

- They do not support the Africa CDC and WHO declaration of a global health emergency for monkeypox.
- It is established that monkeypox is predominantly a self-limiting condition. This does not warrant vaccine intervention.
- They strongly object, based on the scientific evidence, to the "emergency" rollout of repurposed smallpox vaccines or any other proposed monkeypox vaccine to the people of Africa.
- They question the authenticity of the number of deaths associated with monkeypox, as reported by the Africa CDC, unless it can be verified through autopsy.
- We warn members of the public about the inherent risks of taking any vaccine, including those proposed for Mpox, of which the effectiveness and safety have not been reliably determined by Level 1 clinical trials. There can be no justification for a vaccine with

unknown adverse effects.

- They urge the public to exercise their inherent human rights to refuse to give consent to any medical intervention that they do not feel comfortable in taking.

UHO concurs with all of the above points. Some Indian experts have also slammed the WHO for raising a false alarm over mpox.

Much publicised review meetings by the Health Minister, PMO's office and knee jerk reactions by "celebrity" Indian Experts

However, ignoring the balanced views of few Indian experts, the Health Ministry of the Government of India, instead of questioning the WHO's declaration of mpox as a PHEIC, is towing their line by raising the alarm. The Minister of Health and Family Welfare conducted a detailed review with senior bureaucrats of the Ministry and spelt out measures such as alerting all airports, sea ports, and border crossings, stepping up testing laboratories, detecting, isolating, and managing cases and so on.

The Prime Minister Office (PMO) also held a separate meeting on mpox under the Principal Secretary P K Mishra to review the preparations for an impending outbreak of mpox in the country reiterating the same recommendations. The Prime Minister himself is monitoring the mpox status in the country.

This may be taken as a routine practice by the Ministers and bureaucrats to demonstrate an "illusion of control." What is dismaying is that some medical "experts," who should follow the science and know better have gone overboard in speaking through the hat. Overlooking the mismanagement during the Covid-19 pandemic, including inappropriate mass vaccination, these experts have upped the demand for vaccine and similar measures which not only failed but proved disastrous in the recent pandemic. UHO wishes that our doctors should do more homework and use critical thinking keeping our public health priorities in context instead of parroting the narrative of the WHO. None of these experts raised their voice on the stock outs of anti-TB drugs in the country for months. TB kills over 1400 daily in our country and such stock outs can lead to extreme Drug Resistance TB (XDRTB). And neither the Health Minister nor his bureaucrats conducted any publicised review meeting to resolve the crisis which is very real in the Indian context.

Serum Institute of India takes the cue and announces that mpox vaccine would be ready within a year.

The ill conceived hype by media and "experts" on the threat of mpox in the country has created a fertile ground for the leading vaccine manufacturer Serum Institute of India (SII) to promote their products not based on solid science but hype and high pressure marketing. The manufacturer of the ill fated "Covishield Vaccine" which had to be withdrawn due to serious side effects such as blood clots and caused unnecessary deaths of young people, has announced that Mpox vaccine is going to be manufactured soon by them.

Conclusion

We have come full circle. Modified smallpox vaccine is being promoted to build up immunity against monkeypox. Edward Jenner looking down from heaven must be amused. Jenner improvised smallpox

vaccination by using fluid from the lesions of milkmaids suffering from cowpox another milder cousin of the pox family. Today we are improvising vaccination for a much milder cousin monkeypox using the smallpox vaccine! Edward Jenner must be chuckling on the fragility of humans on earth today going to great lengths to prevent a self-limiting disease. There are hundreds of viruses waiting to be discovered by virologists in the race to promote their careers and vaccine manufacturers, who have tasted success, to promote their vaccines. Do we envisage a future where we will have to take hundreds of vaccines to combat real or imagined threats?