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Deadly Pandemia: Monkeypox Disease, a Case Study

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The double-stranded enveloped DNA virus known as the Monkeypox virus (MPXV), a member of the family Orthopoxvirus, is responsible for the reemerging zoonosis known as monkeypox. Variola virus, which causes smallpox, is related to MPXV. Infected sores, body fluids, blood, aerosols, and direct animal contact are the main ways that monkeypox is spread. Additionally, it may be transmitted by close human contact or respiratory secretions that resemble smallpox in terms of clinical traits and the development of serologically cross-reactive immunity.

Monkeypox has an incubation period of 7 to 21 days before symptoms like fever, headache, and cough appear. After that, there is typically a skin rash on the face and extremities, along with fever over the next one to three days.

Since the first verified case in the UK on May 7, 2022 [1], the monkeypox outbreak has spread to 13 nations and has drastically risen. Monkeypox is a potential public health issue that requires an appropriate response to stop an outbreak.

Monkeypox may remain in a semi-endemic equilibrium, where there is no infection in its animal host but the disease endures in people, according to mathematical modeling of an available literature [2].

Since there is no effective vaccination or medication to treat monkeypox, it is managed as a syndrome by controlling symptoms and reducing or eliminating sequelae.

According to earlier studies, the smallpox vaccine offers 85% protection against monkeypox. In addition, Tecovirimat (Tpoxx[®]), antiviral medication for smallpox, was approved by the European Medical Association (EMA) in 2022 to treat monkeypox based on both animal and human research. Tecovirimat, commonly known as ArestvyrTM (formerly ST-246), was discovered to be a powerful and selective inhibitor of multiple *Orthopoxvirus* replication [3]. However, preventive health practices including using proper hand hygiene and avoiding contact with infected animals or people are still preferable for illness prevention [4,5].

Monkeypox should be recognized as a possible hazard to public health in need of proper containment and investigation in this era of pandemics, despite the mild clinical course and low transmission rate [6].

Given the ongoing COVID-19 pandemic and the possibility of a co-infection with the monkeypox virus, it is crucial to take into account the recent spread of monkeypox [7]. Changes in one or both of the illnesses' infectivity patterns, severity, management, or vaccine response may follow [8]. That might also have a detrimental effect on how effectively the diagnostic tests used to diagnose the two diseases [9]. Additionally, the interaction between the two viruses may promote the creation of a novel SARS-CoV-2 variant of concern (VOC) [10], which could

have characteristics that would complicate the present pandemic management measures and put a strain on the entire healthcare system [11-14].

Studies have outlined and emphasized the likely causes that could cause the monkeypox virus to spread widely over the world [15-18]. Since the disastrous impacts of COVID-19 are still so vivid in the collective human mind [14], resolving these concerns must be done immediately in to avert another pandemic [19-21].

It is important to remember the lessons from the COVID-19 epidemic and to quickly adapt and use them [22-25]. "COVID-19 slowed us down, but what have we learned?" as author Donna Maltz puts it in her book "Conscious Cures: Solutions to 21st Century Pandemics [26-30]." We had some time to contemplate thanks to the virus, but what are we thinking? These are important topics that we should all think about in relation to the monkeypox virus before it is too late [31-33].

Conclusion

Although there are licensed medications and vaccines that offer promise for slowing the spread and course of monkeypox epidemics, such preventative treatments are not currently widely accessible. It is still too early to tell whether the present monkeypox outbreak is a standalone occurrence or whether the COVID-19 pandemic has made it worse. Because of this uncertainty, healthcare authorities must move cautiously to prevent epidemics before the alarm bell begins to ring louder as cases rise and contact with other infectious agents, not least SARS-CoV-2, results in the creation of variants with increased pathogenicity.

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