All You Need to Know about Monkey-Pox.

Introduction

Monkeypox is an infection that starts with a fever, headache, fatigue, and swollen lymph nodes, followed by a rash of raised bumps on the face and body a few days later. It is transmitted by the monkeypox virus, which is a type of pox virus. It is a viral disease of animals, particularly certain rodents and primates, including monkeys and humans, that causes symptoms similar to those of smallpox, though less severe. It is caused by the monkeypox virus, a member of the same virus family that causes smallpox and cowpox.

History

Monkeypox was first identified in laboratory monkeys in 1958. The virus is usually found in primates and rodents in Central and West Africa, where monkeypox has proved to be most dangerous in children, who have had a mortality rate as high as 10 percent in some outbreaks. In addition, the monkeypox virus has been brought out of Africa in infected "exotic pets," such as giant pouched rats, brush-tailed porcupines, and rope squirrels. In the United States, captive prairie dogs infected by imported African pets have passed monkeypox to humans. Infected animals may display fever, rashes, swollen lymph nodes, eye discharge, and general listlessness.

The first human case of monkeypox was recorded in 1970. Prior to the 2022 outbreak, monkeypox had been reported in people in several central and western African countries.

Previously, almost all monkeypox cases in people outside of Africa were linked to international travel to countries where the disease commonly occurs or through imported animals. These cases occurred on multiple continents.

How does it spread?

Monkeypox spreads in a few ways.

- Monkeypox can spread to anyone through close, personal, often skin-to-skin contact, including:
    - Direct contact with monkeypox rash, scabs, or body fluids from a person with monkeypox.
    - Touching objects, fabrics (clothing, bedding, or towels), and surfaces that have been used by someone with monkeypox.
    - Contact with respiratory secretions.
- This direct contact can happen during intimate contact, including:

    - Oral, anal, and vaginal sex or touching the genitals or anus of a person with monkeypox.
    - Hugging, massage, and kissing.
    - Prolonged face-to-face contact.
    - Touching fabrics and objects during sex that were used by a person with monkeypox and that have not been disinfected, such as bedding, towels, fetish gear, and sex toys.
- A pregnant person can spread the virus to their fetus through the placenta.

It's also possible for people to get monkeypox from infected animals, either by being scratched or bitten by the animal or by preparing or eating meat or using products from an infected animal.

A person with monkeypox can spread it to others from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed. The illness typically lasts 2-4 weeks.

Scientists are currently researching whether:

- If the virus can be spread when someone has no symptoms
- How often monkeypox is spread through respiratory secretions, or when a person with monkeypox symptoms might be more likely to spread the virus through respiratory secretions?
- Whether monkeypox can be spread through semen, vaginal fluids, urine, or feces.

However, there have been many conclusions that can be made based on those infected with the MonkeyPox Virus. A majority of cases have been identified all across the world in sexual health clinics are people who are gay, bisexual, or have sex with men, that is (Homosexual beings).

Signs if you have MonkeyPox?

Symptoms of monkeypox can include:

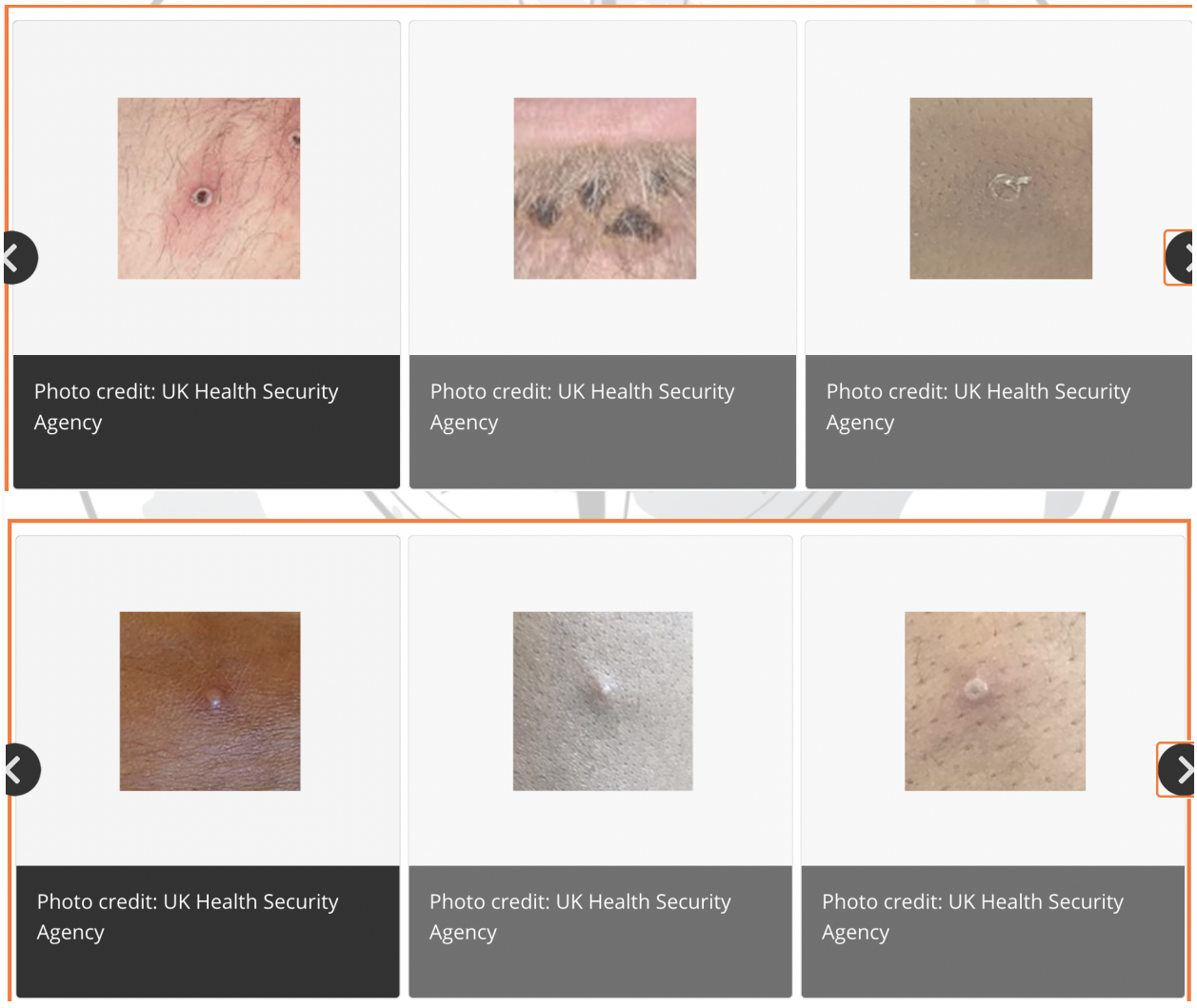
- Fever
- Headache
- Muscle aches and backache
- Swollen lymph nodes
- Chills
- Exhaustion
- Respiratory symptoms (e.g. sore throat, nasal congestion, or cough)
- A rash that may be located on or near the genitals or anus but could also be on other areas like the hands, feet, chest, and face, or mouth.
    - The rash will go through several stages, including scabs, before healing.
    - The rash can look like pimples or blisters and may be painful or itchy.

You may experience all or only a few symptoms

- Sometimes, people get a rash first, followed by other symptoms. Others only experience a rash.
- Most people with monkeypox will get a rash.
- Some people have developed a rash before (or without) other symptoms.

Monkeypox symptoms usually start within 3 weeks of exposure to the virus. If someone has flu-like symptoms, they will usually develop a rash 1-4 days later.
Monkeypox can be spread from the time symptoms start until the rash has healed, all scabs have fallen off, and a fresh layer of skin has formed. The illness typically lasts 2-4 weeks.

Monkeypox Rash Photos



Prevention and treatment methods

Take the following steps to prevent getting monkeypox:

- Avoid close, skin-to-skin contact with people who have a rash that looks like monkeypox.
    - Do not touch the rash or scabs of a person with monkeypox.
    - Do not kiss, hug, cuddle or have sex with someone with monkeypox.
- Avoid contact with objects and materials that a person with monkeypox has used.
    - Do not share eating utensils or cups with a person with a monkeypox.
    - Do not handle or touch the bedding, towels, or clothing of a person with monkeypox.
- Wash your hands often with soap and water or use an alcohol-based hand sanitizer, especially before eating or touching your face and after you use the bathroom.

CDC recommends vaccination for people who have been exposed to monkeypox and people who may be more likely to get monkeypox.

People more likely to get monkeypox include:

- People who have been identified by public health officials as a contact of someone with monkeypox
- People who are aware that one of their sexual partners in the past 2 weeks has been diagnosed with monkeypox
- People who had multiple sexual partners in the past 2 weeks in an area with known monkeypox
- People whose jobs may expose them to orthopoxviruses, such as:
    - Laboratory workers who perform testing for orthopoxviruses
    - Laboratory workers who handle cultures or animals with orthopoxviruses
    - Some designated healthcare or public health workers

Avoid:

- Avoid sex or being intimate with anyone until you have been checked out by a healthcare provider.
- If you don't have a provider or health insurance, visit a public health clinic near you.
- When you see a healthcare provider, wear a mask, and remind them that this virus is circulating in the area.
- Avoid gatherings, especially if they involve close, personal, skin-to-skin contact.

Prevention in congregation:

If a staff member, volunteer, or resident of a congregate living setting has a monkeypox infection, transmission could occur within the setting. For the purposes of this document, congregate living settings are facilities or other housing where people who are not related reside in close proximity and share at least one common room (e.g., sleeping room, kitchen, bathroom,

living room). Congregate living settings can include correctional and detention facilities, homeless shelters, group homes, dormitories at institutes of higher education, seasonal worker housing, residential substance use treatment facilities, and other similar settings. These settings may provide personal care services but are not traditional healthcare settings (e.g. hospitals). If healthcare services are provided on-site, they are usually provided in specific healthcare areas or by outside healthcare personnel (e.g., home health care workers). In these circumstances, healthcare personnel should follow recommendations in Infection Control: Healthcare Settings | Monkeypox | Poxvirus | CDC.

If a monkeypox case has been identified in a congregate living facility, consider the following actions:

- Communicate with staff, volunteers, and residents — Provide clear information to staff, volunteers, and residents about monkeypox prevention, including the potential for transmission through close physical contact such as sexual activity. Provide prevention guidance including considerations for safer sex
- Keep messages fact-based to avoid introducing stigma when communicating about monkeypox.
- Respond to cases — Consider the following actions to respond to cases in the facility:
    - Staff, volunteers, or residents who are suspected to have monkeypox should be medically evaluated and tested for monkeypox. Anyone who is identified to have monkeypox should isolate away from others until all scabs separate and a fresh layer of healthy skin has formed underneath. Decisions about the discontinuation of isolation should be made in consultation with the local or state health department.
    - Staff or volunteers who have monkeypox should isolate at home until they are fully recovered. Flexible, non-punitive sick leave policies for staff members are critical to prevent the spread of monkeypox.
    - Some congregate living facilities may be able to provide isolation on-site while others may need to move residents off-site to isolate themselves. Resident isolation spaces should have a door that can be closed and a dedicated bathroom that other residents do not use. Multiple residents who test positive for monkeypox can stay in the same room.
    - Staff should only enter isolation areas if they are essential to isolation area operations.
    - If residents with monkeypox need to leave the isolation area, they should wear a well-fitting disposable mask over their nose and mouth and cover any skin lesions with long pants and long sleeves, or a sheet or gown.
    - Waste from isolation areas (i.e., handling, storage, treatment, and disposal of soiled PPE, patient dressings, etc.) should be managed in accordance with U.S. Department of Transportation (DOT) Hazardous Materials Regulations. Required

waste management practices and category designation can differ depending on the Monkeypox virus clade (strain) the patient has.

    - Identify people who might have been exposed to monkeypox — Facilities should work with their state or local health department to identify and monitor the health of any staff, volunteers, or residents who might have had close contact with someone who has monkeypox. Contact tracing can help identify people with exposure and help prevent additional cases. However, this might not be feasible in all settings.
    - Where contact tracing is feasible, use exposure risk assessment recommendations to identify people who had a high degree of exposure to someone with monkeypox. The state or local health department can provide post-exposure vaccination for people with a high degree of exposure.
    - In facilities where contact tracing is not feasible, staff, volunteers, and residents who spent time in the same area as someone with monkeypox should be considered to have an intermediate or low degree of exposure, depending on the characteristics of the setting (e.g. level of crowding). Post-exposure vaccination is not necessary for low or intermediate-degree exposures unless deemed appropriate by the state or local health department.
- Ensure access to handwashing — Soap and water or hand sanitizer with at least 60% alcohol should be available at all times and at no cost to all staff, volunteers, and residents. Anyone who touches lesions or clothing, linens, or surfaces that may have had contact with lesions should wash their hands immediately.
- Clean and disinfect the areas where people with monkeypox spent time — Avoid activities that could spread dried material from lesions (e.g., use of fans, dry dusting, sweeping, or vacuuming) in these areas. Perform disinfection using an EPA-registered disinfectant with Emerging Viral Pathogens
- . Follow the manufacturer's directions for concentration, contact time, and care and handling. Linens can be laundered using regular detergent and warm water. Soiled laundry should be gently and promptly contained in a laundry bag and never be shaken or handled in a manner that may disperse infectious material. Covering mattresses in isolation areas (e.g. with sheets, blankets, or a plastic cover) can facilitate easier laundering.
- Provide appropriate personal protective equipment (PPE) for staff, volunteers, and residents — Employers are responsible for ensuring that workers are protected from exposure to the Monkeypox virus and that workers are not exposed to harmful levels of chemicals used for cleaning and disinfection. PPE should be worn by staff, volunteers, or residents in these circumstances:
    - Entering isolation areas — Staff who enter isolation areas should wear a gown, gloves, eye protection, and a NIOSH-approved particulate respirator equipped with N95 filters or higher.

- Laundry — When handling dirty laundry from people with known or suspected monkeypox infection, staff, volunteers, or residents should wear a gown, gloves, eye protection, and a well-fitting mask or respirator. PPE is not necessary after the wash cycle is completed.
- Cleaning and disinfection — Staff, volunteers, or residents should wear a gown, gloves, eye protection, and a well-fitting mask or respirator when cleaning areas where people with monkeypox spent time.

People with pets:

People with monkeypox should avoid contact with animals, including pets, domestic animals, and wildlife to prevent spreading the virus. If your pet is exposed to monkeypox:

- Do not surrender, euthanize, or abandon pets just because of a potential exposure to or Monkeypox virus
- Do not wipe or bathe your pet with chemical disinfectants, alcohol, hydrogen peroxide, or other products, such as hand sanitizer, counter-cleaning wipes, or other industrial or surface cleaners.

Treatment

There are no treatments specifically for monkeypox virus infections. However, monkeypox and smallpox viruses are genetically similar, which means that antiviral drugs and vaccines developed to protect against smallpox may be used to prevent and treat monkeypox virus infections.

Antivirals, such as tecovirimat (TPOXX), may be recommended for people who are more likely to get severely ill, like patients with weakened immune systems.

If you have symptoms of monkeypox, you should talk to your healthcare provider, even if you don't think you had contact with someone who has monkeypox.

Should be as worried as we are for Covid-19?

While the monkeypox outbreak is attracting headlines, there is little threat of a global pandemic - and no comparison to COVID-19.

Monkeypox, a rare disease usually found in West and Central Africa, is hop-scotching across continents, with cases growing in the United States, Europe, and Australia. While the outbreak is attracting headlines, there is little threat of a massive global pandemic – and no comparison to COVID-19.

There are important differences that make monkeypox a much less serious threat than COVID-19, says Amy Edwards, MD, University Hospitals Rainbow Babies & Children's pediatric infectious disease specialist. These include:

- Monkeypox does not spread easily.
- Infected people are easier to identify.
- Outbreaks are easier to contain.
- There are two vaccines that are effective against monkeypox.

"Unlike COVID-19, this virus doesn't transmit human to human very efficiently," Dr. Edwards says. "It's also much easier to isolate infected individuals and prevent the spread."

Hence, in conclusion, it is better to remain safe and not take chances, by preventing the spread of MonkeyPox. But in no circumstance should its severity be compared with Covid-19. With that being said, populations should remain vigilant and always work towards a safer society.