



Commentary

Monkey Pox: Health Care System in Pakistan

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The Zoonotic viruses have been a threat to the health care systems in all around the globe. The spread was pandemic with high mortality and morbidity rates [1]. The zoonotic viruses like small pox and monkey pox is included in orthopox genus of poxviridae family and is public health concern all around the world. The newly emerging zoonotic diseases have the potential to cause epidemics and have high mortality, have long been a threat to the security of global health [2, 3]. Prior to 2003, the first human monkey pox case around the Africa was identified and the monkey pox was endemic to nations such as western and central African. There has been a lot of upheaval recently because to the monkey pox outbreak that has affected 18 non-African nations, totaling 103 sure diseases cases and about 106 cases who had a little suspicion or early signs related [4, 5]. The worldwide epidemic of this illness has shown no fatalities have been recorded yet. Following a warning from the World Health Organization regarding an increase in cases of monkey pox in non-endemic nations, the National Institute of Health (NIH) Pakistan's health authority, issued a warning to provincial and national health organizations advising them to intensify surveillance of the occurrence [3, 6]. Pakistan now is attempting to deal with the COVID-19 difficulties in this dire political and economic scenario. Another health and economic catastrophe rose in the next days as a result of the brittle healthcare system, inability to prevent fatal illnesses, and lack of resources [7]. A sensitive people are more vulnerable to subsequent epidemic cycles because of the ecological void left by the rising number of people lacking poxvirus protection after the smallpox vaccination programme was discontinued. In light of these challenges, Pakistan must make proactive plans in advance to prevent any disastrous events. The smallpox vaccine has historically demonstrated cross-protective immunity against monkey pox; however, Pakistan stopped administering the smallpox vaccine after the WHO proclaimed the globe free of the disease in 1980. Given that there are presently no monkey pox diagnostic tests accessible in Pakistan, the likelihood of an epidemic is even more concerning [8]. As a result, urgent action is required to stop the spread of the monkey pox virus [9]. The monkey pox infection spreads slowly as compared to Covid and requires the isolation and immunization to health care professionals before and after the exposure. No stigma should be attached to the distribution of health advice. The medical and allied professionals in the clinical practice may interact with suspected or confirmed case of monkey pox and advised to practice a maintained distance and limitation in contact, including proper maintained handling of all equipment and other things like contaminated syringes, garbage, and clothing. The disinfection of the surfaces of equipment and surrounding should be performed [10]. Public health emergency and control teams should be constituted as soon as the existence of a disease in the nation is confirmed in order to oversee and coordinate the response. Surveillance should involve an active search rather than depending on medical personnel's passive disease reporting. Monkey pox case identification and increased surveillance are crucial tools for comprehending the dynamic epidemiology of this emerging disease [11, 12].

Conflicts of Interest

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