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Strides toward a better understanding of the “Current efforts and challenges facing responses to Monkeypox in United Kingdom”

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Letter to the Editor

We read the article by Idris and Adesola [1] about the current efforts in the prevention and control of Monkeypox and the challenges encountered during the outbreak in the United Kingdom with great interest. We would like to raise some concerns and foster a deeper understanding of the topic that requires discussion.

Globally, the United Kingdom is one of the ten most affected countries due to Monkeypox with about 3635 confirmed cases as of 26 September 2022 [2]. In the epidemiological milieu, the authors have indicated that the termination of vaccination against smallpox is the reason underpinning the resurgence in human Monkeypox cases, but they didn't emphasize that waning smallpox immunity in the general population plays a pivotal role. In this line, a recent report by Nguyen et al. found that the individual immunity to Monkeypox declines at a rate of 1.29% per year until it reaches zero percentage, whereupon the individual becomes vulnerable to Monkeypox [3].

In addition to the clinical symptoms specified by the authors (based on previous outbreaks), a recent observational analysis of the UK population showed that clinicians should be aware of the unusually increased cases presenting genital and perianal skin lesions [4].

The authors have not mentioned the risk of Monkeypox infection in the vulnerable populations (except the children)—particularly pregnant women [5] and immunocompromised persons. There was no mentioning of vertical transmission of the virus from the mother to the fetus and sexual transmission.



In addition to ramping up the conventional surveillance approaches in health care and community settings, the authors have not discussed the utility of wastewater-based surveillance as a component of disease surveillance toolbox.

Overall, the communication is appealing but lacks certain critical information about Monkeypox in the epidemiological, clinical, and surveillance milieu.

Conflicts of interest

The authors declare no conflicts of interest.

Footnotes

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