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EDITORIAL

The Impending threat of Monkey pox: Responsiveness of Pakistan's Health System

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Monkeypox is a viral zoonotic disease, with symptoms much similar to smallpox.[1] The term monkeypox was coined when the virus was first discovered in monkeys in a Danish laboratory in 1958. The first known human case was identified in a child in the Democratic Republic of the Congo in 1970.[2] The causative agent is a virus belonging to orthopoxvirus genus of the Poxviridae family.[3] The virus is transmitted through direct contact and also through droplet transmission. In a recent surge of cases in non-endemic countries, most but no exclusively the disease has occurred in homosexual men.[4]

Monkeypox disease starts with a prodrome of symptoms, which include fever, lymphadenopathy, headache, and muscle aches followed by development of a characteristic rash climaxing in firm, deep-seated, well-circumscribed and sometimes umbilicated lesions. The rash usually starts from the face or the oral cavity and progresses through several corresponding stages on each affected area and concentrates on the face and extremities, including lesions on the palms and soles.[5]

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Since the COVID 19 pandemic, the world has become more cautious about infectious diseases.[6] In a recent turn of events, since May 2022 monkeypox outbreaks have been reported in 12 non-endemic countries namely; Austrailia, Belgium, France, Germany, Italy, Spain, Sweden, USA, UK, Netherlands, Portugal and Canada. The disease has been known to be endemic mostly in African countries, which include; Benin, Cameroon, the Central African Republic, the Democratic Republic of the Congo, Gabon, Ghana (identified in animals only), Ivory Coast, Liberia, Nigeria, the Republic of the Congo, Sierra Leone, and South Sudan.[7]

The COVID 19 pandemic has taught us many things. The modern transportation systems created by humans, don't only carry people and goods, they also carry diseases. Countries with weaker health systems are at a greater threat of crumbling under pressure when faced with epidemiological emergencies.[8] Pakistan has a weak health system, especially in terms of infectious disease monitoring, surveillance and control. We have been unable to eliminate Polio,[9] important concepts like contact tracing and partner notification are almost non-existent even for easily traceable diseases such as HIV and Syphilis,[10] and the data we gather as evidence is often non-trustworthy. [11]

Pakistan is a low middle income country, with inequitable distribution of scarce resources.[12] In the year 2021, the government spent 1.2 percent of the GDP on health, this amount is far less than the WHO recommendation of Five percent.[13] The

responsiveness of the health system is another major issue, added on by a reactive instead of a proactive approach, we usually identify problems when they have already been complicated. The same holds true when we are faced with disasters of varying intensity.[14]

In conclusion the health system of Pakistan needs a major paradigm shift, in order to tackle disease outbreaks. The infectious disease burden of Pakistan is immense, as we are persistently struggling to reduce the burden caused by chronic communicable diseases like viral hepatitis, tuberculosis and HIV. The constant impending threat of emerging infectious diseases has the potential to force the health system to redirect the already scarce resources from already existent health needs and problems, towards newer challenges. A health systems approach is imperative to simultaneously deal with our long list of public health problems.

References

[1] Oladoye MJ. Monkeypox: A Neglected Viral Zoonotic Disease. Electronic Journal of Medical and Educational Technologies. 2021 May 15;14(2):em2108.

[2] Brown K, Leggat PA. Human monkeypox: current state of knowledge and implications for the future. Tropical medicine and infectious disease. 2016 Dec;1(1):8. doi: 10.3390/tropicalmed1010008.

[3] Lefkowitz EJ, Wang C, Upton C. Poxviruses: past, present and future. Virus research. 2006 Apr 1;117(1):105-18. doi: 10.1016/j.virusres.2006.01.016.

[4] Memariani M, Memariani H. Multinational monkeypox outbreak: what do we know and what should we do?. Irish Journal of Medical Science (1971-). 2022 Jun 6:1-2.

[5] Duque MP, Ribeiro S, Martins JV, Casaca P, Leite PP, Tavares M, et al. Ongoing monkeypox virus outbreak, Portugal, 29 April to 23 May 2022. Eurosurveillance. 2022 Jun 2;27(22):2200424.

[6] Balkhair AA. COVID-19 pandemic: a new chapter in the history of infectious diseases. Oman medical journal. 2020 Mar;35(2):e123. doi: 10.5001/omj.2020.41

[7] World Health Organization. Multi-country monkeypox outbreak in non-endemic countries. [Available From: https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON385]

[8] Abdullah MA, Rashid F. COVID-19 Pandemic: Impact on Countries with Weak Health Systems. Journal of Islamabad Medical & Dental College. 2020 Mar 29;9(1):4-5.

[9] Andrade GE, Hussain A. Polio in Pakistan: political, sociological, and epidemiological factors. Cureus. 2018 Oct 27;10(10). DOI: 10.7759/cureus.3502

[10] Abdullah MA, Shaikh BT, Ghazanfar H. Curing or causing? HIV/AIDS in health care system of Punjab, Pakistan. Plos one. 2021 Jul 9;16(7):e0254476.

[11] Qazi MS, Ali M. Pakistan's health management information system: health managers' perspectives. JPMA. The Journal of the Pakistan Medical Association. 2009 Jan 1;59(1):10.

[12] Abdullah MA, Mukhtar F, Wazir S, Gilani I, Gorar Z, Shaikh BT. The health workforce crisis in Pakistan: a critical review and the way forward. World Health Popul. 2014 Jan 1;15(3):4-12.

[13] Bollyky TJ, Templin T, Cohen M, Dieleman JL. Lower-income countries that face the most rapid shift in noncommunicable disease burden are also the least prepared. Health affairs. 2017 Nov 1;36(11):1866-75. DOI: 10.1377/hlthaff.2017.0708

[14] Khan I, Ali A, Waqas T, Ullah S, Ullah S, Shah AA, et al. Investing in disaster relief and recovery: A reactive approach of disaster management in Pakistan. International Journal of Disaster Risk Reduction. 2022 Jun 1;75:102975.