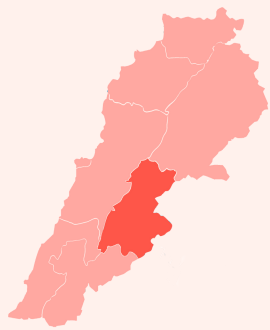


Monkeypox Update

Rit 2.0 Lebanon Team



On 20 May 2022 news about monkeypox started to reach local news media and social media outlets in Lebanon. As soon as that happened, rumors started to circulate. To-date, procedures and measures to-be taken by the Lebanese government and private health sector organizations remain controlled, with staying alert to new cases and setting up surveillance, early identification and reporting, and investigation tools in coordination with WHO. As for procurement of tests and vaccines, there is no need for it at the national level as of yet, as there are no active cases reported in Lebanon nor anywhere close in the region, and it is a controllable virus with limited serious side effects, more visible symptoms than COVID-19 and less transmission and mortality rates.

Rumor

"I'm hearing that monkeypox is a hoax created by other countries. Is that true?"



Monkeypox was first discovered in 1958 when two outbreaks of a pox-like disease were noticed in colonies of monkeys that were being kept for research. However, it is more commonly transmitted by other animals than monkeys, such as rodents (rats, mice and the African squirrel) The first human case of monkeypox was recorded in 1970, so unlike Covid-19 it is not a new disease.



There are two strains of the virus: West African monkeypox and Congo Basin monkeypox. Of these, the Congo Basin strain is more severe with a fatality rate of up to 10%, but it is the milder West African strain (with a fatality rate of around 1%) which is currently spreading in Europe and North America.

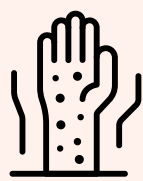


Ministries of health in sub-Saharan Africa, WHO and partners have long been working to better understand the extent and cause of an outbreak of monkeypox. The virus is endemic in some animal populations in a number of countries, leading to occasional outbreaks among local people and travelers, notably Nigeria and Central African Republic. However, recent outbreaks reported across 11 countries so far are atypical and concerning as they are occurring in non-endemic countries.

Facts



Monkeypox was first discovered in **1958**



1970 recorded the First Human Case



11 Countries reported so far

Recommendations

For Community Members

- Although Monkeypox is not an aerosol and has less transmission rate than COVID-19, it can still spread by respiratory droplets, which require closer contact. Therefore masking, good airflow, sanitation, and physical distancing — measures that will also protect people against COVID-19 — will protect you from monkeypox infection and prevent monkeypox transmission in your community. Monkeypox is more likely to be transmitted via close physical contact, bodily fluids, bedsheets, etc.
- Monkeypox can also spread via fomites or surfaces and materials, in particular bedsheets. To protect yourself and prevent Monkeypox infection and spread if you come into contact with surfaces or materials that have been used by a person with suspected or diagnosed monkeypox the CDC recommends disinfection of contaminated surfaces with 0.5% sodium hypochlorite or other EPA-approved high-level disinfectants.
- Unprotected contact with wild animals, especially those that are sick or dead, including their meat, blood and other parts must be avoided. Additionally, all foods containing meat or animal parts must be thoroughly cooked before eating.
- If you suspect that you or anyone you know might have monkeypox, contact the MoPH Epidemiological Surveillance Unit's number to report it and get further assistance and directions: **01-614194 | 01-614196**
- Know your facts and follow trusted sources such as WHO: Monkeypox (who.int), also available in Arabic: <https://www.who.int/ar/news-room/fact-sheets/detail/monkeypox> and you can also follow MoPH relevant pages: [Facebook](#) - [Twitter](#) - [Website](#) to stay up to date on the most relevant and accurate real-time news.

More key facts about Monkeypox

- Infected individuals may be contagious from 1 day before the rash appears and up to 21 days after the initial symptoms, or until all skin lesions have formed scabs and no other symptoms are present.
- Monkeypox produces smallpox-like skin lesions, but symptoms are usually milder than those of smallpox. Flu-like symptoms are common initially, ranging from fever and headache to shortness of breath. One to 10 days later, a rash can appear on the extremities, head or torso that eventually turns into blisters filled with pus. Overall, symptoms usually last for two to four weeks, while skin lesions usually scab over in **14 to 21 days**.
- Prevention of monkeypox can be achieved through smallpox vaccine, cidofovir, ST-246, and vaccinia immune globulin (VIG), which are effective up to 85%. Both are not easily available in Lebanon, or even globally, due to the eradication of smallpox.
- Currently, there are no treatment or cure specifically for monkeypox. Supportive care in combination with antiviral drugs may be offered to patients with severe cases or those hospitalized. Vaccination after exposure to the virus may also help decrease chances of severe illness. The CDC currently recommends smallpox vaccination only in people who have been or are likely to be exposed to monkeypox. Immunocompromised people are at high risk.
- Although most cases in current outbreaks have presented with mild disease symptoms, monkeypox virus (MPXV) may cause severe disease in certain population groups that are more vulnerable (young children, pregnant women, immunosuppressed persons).

