



LETTER TO THE EDITOR

COVID-19 pandemic mistakes and monkeypox: Correspondence



Dear Editor, we would like to share ideas on the publication by Boschiero et al.¹ Although monkeypox doesn't seem to have the same potential for spreading, Boschiero et al. noted that public health policies should be implemented to reduce the spread and fatality of monkeypox and prevent the emergence of a new "COVID-19." These policies include a proper testing policy, implementation of vaccination, proper clinical management, self-isolation, when necessary, and even the investment in new antivirals to treat monkeypox. We all concur that a strong public health response strategy is required to combat the spread of monkeypox. The knowledge gained through COVID-19 may be helpful. The main issue may be the under-recognition and low awareness of the issue, which can recur. Normal public health measures, including airport screenings to prevent disease importation, are in place in a number of countries, but the disease can still spread to new regions like Southeast Asia. According to our scenario, which takes place in Southeast Asia, the local public health ministry first devised the procedures for conducting airport screening, much like it had just done during COVID-19.² However, the issue of faulty diagnosis from screening for monkeypox exists, and the final imported monkeypox case—which could pass the screening at the airport—occurred—just as it did in the recent COVID-19 incident. Specifically, there is one instance where the patient passed immigration disease screening before receiving a diagnosis at a regional hospital inside a nation. This particular patient ultimately evaded hospitalization and again made it through the emigration process into a neighboring country (see details at <https://www.thansettakij.com/health/533845>). It is important to remember that the initial imported cases typically exhibited abnormal clinical symptoms, a skin lesion on a concealed area of the body, and a lack of fever. Lack of a certain expert with enough experience is typically another serious issue. In developing nations, it occasionally happens that local scientists exaggerate their capabilities to control the disease.³ In July 2022, the first case of monkeypox was reported. The first article in the regionally cited medical journal of the local Department of Medicine was made available in September 2022 to correspond to the newly

emergent concern. Without any specific information from local experience, the local reference's information on basic epidemiology, disease diagnosis, and treatment is taken directly from the WHO reference.⁴ Additionally, there are no clear criteria for disease control.⁴ This ought to be a moment for open dialogue. It is acceptable to admit that one knows little about a new condition and that asking for advice from knowledgeable colleagues around the world will be helpful.

Conflict of interest

None.

References

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