**Monkeypox**

Rapidly after the world settled into relative ease following the public availability of the coronavirus vaccine, communities have had to grapple with a new threat in the form of monkeypox. Monkeypox is a zoonotic virus presenting similarly to smallpox, albeit with less severe results and clinical outcomes. While this virus is endemic in some African nations and emerged for the first time in America more than a decade ago, the intensity of the coronavirus has placed the West on high alert. Therefore, understanding the nature and number of monkeypox infections is a priority for America and other regions to prevent its devolving into a pandemic. Indeed, while monkeypox has presented as a significant health threat to urban populations, the ability to control its onset and the limited clinical outcomes diminish fears of its turning into a pandemic like covid-19.

**Monkeypox Globally and in America**

Human monkeypox typically presents symptoms close to but not as severe as smallpox. The virus incubates for an estimated ten to fourteen days, after which a range of symptoms manifest in the patient (Weinstein et al., 2005). The indicators involve a fever and swollen lymph nodes, which often precede the presentation of a rash. Chills, headaches, and sore throats may also accompany these primary indicators. Most of these components are similar to smallpox and chickenpox, complicating early diagnosis and management capacity (McCollum & Damon, 2014). Notably, a distinguishing feature of monkeypox is the occurrence of lymphadenopathy, making it helpful in diagnosis.

Nevertheless, vaccination against smallpox has proven effective in reducing the risks of infection. People with this preventive measure report an 82% reduction in virus transmission, and over 90% of unvaccinated patients report swollen lymph nodes (Lum et al., 2022). Ultimately, monkeypox is only minimally fatal; even when it happens, the death mainly occurs in the second week after symptom presentation.

Monkeypox is a virus whose natural host is wild animals like rodents and non-human primates. Nevertheless, since 1970, cases have emerged in people living around the Congo basin in Africa, close to the rainforest (McCollum & Damon, 2014). The burden of monkeypox remains uncertain, especially as African countries’ statistics on these issues may be unclear. Nevertheless, in 2003, America reported the first case of monkeypox linked to contact with prairie dogs and Gambian pouched rats (Philpot et al., 2022). Nigeria experienced the first severe outbreak in 2017, with over 700 suspected and confirmed cases. Even so, the fatality rate remains below 3%. More recently, America linked its monkeypox outbreak to travelers to Nigeria in 2021, with later developments showing reported cases in non-endemic countries by the end of the year (Lum et al., 2022). These developments have precipitated efforts to clarify the history and epidemiology of this condition for better management.

The number of monkeypox infections has grown significantly from 2000 to 2022. The Democratic Republic of Congo reported a vast number of cases, reaching 20,000 (Lum et al., 2022). Israel had one incident in 2018, seven in the United Kingdom in 2019, and two in the United States in 2021. These statistics increased significantly in 2022, whereby 50 countries produced an estimated 50,000 cases (Lum et al., 2022). The Centers for Disease Control and Prevention indicated that approximately 2900 people had suspected or confirmed infections in the United States (Philpott et al., 2022). Seventy-four percent of all the cases were locally acquired, and most of those suffering from the illness were men. The disease is also prominent among gay people with active sex lifestyles, implying the potential for transmission through unprotected sex (Philpot et al., 2022). Multiple sexual partners also escalate infection risks. These patterns have escalated the concerns surrounding monkeypox and contributed to the World Health Organization’s (WHO’s) declaration of this condition as a global emergency.

**Pandemic Status Like the Coronavirus**

The most significant concern surrounding the outbreak of monkeypox is that it could escalate into a global pandemic like the coronavirus. According to Jacobsen (2022), a disease qualifies as a pandemic when the number of cases is sufficiently high to be considered an epidemic and the occurrences are global. Monkeypox has been endemic in specific African regions for more than four decades. Recent accounts have shown an expansion in the reach of infections in other areas. However, the transmission rates are insufficient to justify the consideration of monkeypox as an epidemic in America, Asia, Europe, or conventional African countries (Jacobsen, 2022). As of July 2022, the number of cases in different age and socioeconomic classifications were insufficient to justify the declaration of epidemic status. In addition, monkeypox transmission is person-to-person, unlike the covid-19 virus, which relies on respiratory contamination (Chadha et al., 2022). The coronavirus is also more deadly than monkeypox. These trends explain the uncertain status regarding the path of this disease within the population and diminish the possibilities of monkeypox reaching pandemic status.

**Conclusion**

Despite the onset of monkeypox cases in countries beyond Africa, especially in the United States, the disease has minimal risks of accelerating into a pandemic. The statistics indicate a low incidence of the illness over the decades, often concentrated in Africa. However, the 21st century has seen cases spread to other continents globally. Furthermore, recent outbreaks in America, Asia, and Europe suggest the expanding reach of monkeypox. Despite this growth, the incidents have insufficient intensity and fatalities to present as an epidemic. Consequently, monkeypox remains an issue of concern from a worldwide health perspective, but the resulting outcomes and responses do not justify identification as a pandemic.

**References**

Chadha, J., Khullar, L., Gulati, P., Chhibber, S., & Harjai, K. (2022). Insights into the Monkeypox virus: Making of another pandemic within the pandemic? *Environmental Microbiology, 0*(0).

Jacobsen, K. H. (2022, July 15). *Is monkeypox a pandemic? An epidemiologist explains why it isn’t likely to become as widespread as COVID-19, but is worth watching*. The Conversation. https://theconversation.com/is-monkeypox-a-pandemic-an-epidemiologist-explains-why-it-isnt-likely-to-become-as-widespread-as-covid-19-but-is-worth-watching-186872

Lum, F. M., Torres-Ruesta, A., Tay, M. Z., Lin, R. T., Lye, D. C., Rénia, L., & Ng, L. F. (2022). Monkeypox: Disease epidemiology, host immunity and clinical interventions. *Nature Reviews Immunology*, 1-17.

McCollum, A. M., & Damon, I. K. (2014). Human monkeypox. *Clinical Infectious Diseases, 58*(2), 260-267.

Philpott, D., Hughes, C. M., Alroy, K. A., Kerins, J. L., Pavlick, J., Asbel, L., . . . Feldpausch, A. (2022). Epidemiologic and clinical characteristics of monkeypox cases—United States, May 17–July 22, 2022. *MMWR. Morbidity and Mortality Weekly Report- CDC, 71*(38), 1018-1022.

Weinstein, R. A., Nalca, A., Rimoin, A. W., Bavari, S., & Whitehouse, C. A. (2005). Reemergence of monkeypox: Prevalence, diagnostics, and countermeasures. *Clinical Infectious Diseases, 41*(12), 1765-1771.