

*Perspective***Transmission of monkey pox from animals to humans****Jenny Joy***

Department of Infectious Disease, University of Sheffield, Sheffield, UK.

Received: 13-May-2022, Manuscript No. AJIDD-22-63822; Editor assigned: 16-May-2022, PreQC No. AJIDD-22-63822 (PQ); Reviewed: 30-May-2022, QC No. AJIDD-22-63822; Revised: 06-Jun-2022, Manuscript No. AJIDD-22-63822 (R); Published: 14-Jun-2022

ABOUT THE STUDY

Monkey pox is caused by monkey pox virus, which is a member of the Orthopoxvirus species in the Poxviridae family. Monkey pox is a viral zoonotic disease that primarily occurs in tropical rainforest areas of Central and West Africa and is occasionally transferred to other parts of the globe. Monkeypox is characterized clinically by fever, redness, and swollen lymph nodes. The monkey pox virus is usually transmitted to humans by wild animals such as rodents and vertebrates, but human-to-human transmission occurs as well.

Signs and symptoms

Monkey pox can last 6 to 13 days to incubate, but it can take up to 21 days. The invasion period (which lasts between 0 and 5 days) is characterized by fever, severe headache, lymph node, back pain, myalgia, and severe asthenia. Adenopathy distinguishes monkey pox from other diseases that may initially look similar (chickenpox, measles, smallpox). The skin eruption usually begins within 1-3 days of the fever's appearance. The rash generally occurs on the face and extremities rather than the body. It has an effect on the face, palms of the hands, and soles of the feet. Oral mucous vesicles, reproductive organs, conjunctivae, and the cornea are also affected. Monkey pox is generally a conscience disease, with symptoms lasting two to four weeks. Severe cases are more common in children and are associated with the extent of virus exposure, patient health status, and the nature of complications. Secondary infections, bronchopneumonia, sepsis, encephalitis, and corneal infection with subsequent vision loss are all possible complications of monkey pox.

Diagnosis

Chickenpox, measles, pathogenic bacteria skin infections,

scabies, syphilis, and medication-related allergies are among the rash pathogens that must be considered in the clinical differential diagnosis. Lymphadenopathy during the prodromal stage of illness could be used to differentiate monkey pox from chickenpox as well as smallpox. Sometimes when monkey pox is suspected, healthcare practitioners should gather an appropriate sample and securely transport it to a laboratory equipped with the necessary appliances. The type and quality of the specimen, as well as the type of laboratory test, are used to confirm monkey pox.

Treatment and vaccine

There is no standard treatment for monkey pox at the moment. Vaccination against smallpox with vaccinia vaccine has been shown to be approximately 85% effective in preventing monkey pox in several epidemiological studies. As a result, prior smallpox vaccination in childhood may result in a milder disease stages. The original smallpox vaccines, however, are no longer accessible to the general public. In 2019, a newer vaccinia-based vaccine was certified for the prevention of smallpox and monkey pox, but it is not yet widely accessible to the public segment.

Prevention

The main prevention strategy for monkey pox is to raise public awareness of risk factors and educate people about the steps they can take to reduce their vulnerability to the virus. Scientific research is currently being conducted to determine the feasibility and appropriateness of using vaccinia vaccine to prevent and control patients with this condition. Some countries have or are establishing policies to use vaccinia vaccine to prevent infection, such as in laboratory and health workers who may be exposed.

*Corresponding author: Jenny Joy, E-mail: Joyjenn@yahoo.com.