

Australia: Community transmission reported in two states as monkeypox infections climb

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The first locally-acquired case of monkeypox in New South Wales (NSW) was reported by state health officials on Sunday, bringing the total number of infections recorded in Australia's most populous state to 42.

Community transmission is already prevalent in Victoria, with half of the 40 infections recorded up to August 19 contracted within the state.

The outbreak is growing under conditions where Australians are dying from COVID-19 at a higher rate than ever. In July, 1,949 COVID-19 deaths were reported, making it the most deadly month on record. A further 1,638 people have died this month, at a rate of more than 70 per day.

The first two cases of monkeypox in Australia were reported on May 20. By June 27, 13 infections had been found, and by August 5, the total had reached 57. In the next 13 days, an additional 32 cases were reported, bringing the total to 89 on August 19.

These figures represent a fraction of the true spread of the virus, in part because its long incubation period of up to three weeks means testing lags far behind infection.

While the total number of cases reported in Australia remains low on a global scale, the emergence of local transmission and the rapidly rising rate of infection are cause for serious concern.

Infectious diseases specialist Sanjaya Senanayake told the Australian Broadcasting Corporation (ABC): “[N]ow there is local transmission and we see what’s happening in Europe and the Americas as well. I think we have to be very worried about this... As we’ve seen with COVID, if you allow enough people to get infected where the virus replicates, who knows what it might do?”

As is the case around the world, Australian health authorities have downplayed the global monkeypox outbreak and promoted the misconception that the virus can only be transmitted through sexual contact between men. NSW Health’s online fact sheet on monkeypox recklessly declares: “Most people are not at risk of monkeypox.”

Appearing Monday on ABC TV, Heath Paynter, deputy CEO of the Australian Federation of AIDS Organisations blithely proclaimed: “Only gay and bisexual men need to be worried about this, the general population isn’t at risk.”

These are dangerous lies. While prolonged close contact

(such as during sex) appears to be the primary means of transmission, monkeypox is not a sexually transmitted disease, and certainly not one confined to men. Infection can be spread via aerosols, respiratory droplets and fomites—contaminated fabrics, bedding and other surfaces.

Globally, more than 43,000 infections have been detected in 95 countries and at least 12 people have died outside of Africa. While the vast majority of cases worldwide have been detected among men who have sex with men, this is only an accidental product of the community in which the outbreak first emerged.

The failure of health authorities worldwide to contain the outbreak is already leading to infections outside this demographic. According to the World Health Organisation (WHO), at least 362 women and 35 children under the age of five have been diagnosed with monkeypox as part of the global outbreak. More than 250 infections have been recorded among health workers.

The most common symptoms are fever, aches, fatigue, swollen lymph nodes and pimple-like skin lesions, which take two to three weeks to heal. While Australian health authorities insist “illness is usually mild,” the ulcerating lesions can cause severe pain.

A 50-year-old Melbourne man who contracted the virus told the *Age*: “Imagine the absolute height of pain of ulcers in your mouth and multiply that by 20.”

The virus can also result in complications including eye infection, blindness, skin infection, sepsis, encephalitis, rectal abscess and pneumonia. These occur most commonly in children and people who are immuno-compromised.

In West Africa, monkeypox has a case fatality rate of 3.6 percent. Deaths on this scale are preventable, and severe infections treatable, with ready access to antiviral drugs and high-quality medical care. However, with Australia’s health system already on its knees as a result of the ongoing COVID-19 pandemic and decades of funding cuts, the impact of monkeypox has the potential to be devastating.

Because mass vaccination against smallpox, to which monkeypox is closely related, was never carried out in Australia, there is almost no immunity, even among older sections of the population.

In an article published last month in the *Medical Journal of*

Australia, Professors Raina MacIntyre and Andrew Grulich, of the Kirby Institute, warned: “Stigmatising people with monkeypox and people who may be perceived at high risk must be avoided, as this may lead to decreased testing and reduced engagement with health advice.”

Yet this is precisely the course Australian health authorities are following. Public health notices about monkeypox are peppered with references to “multiple sexual partners” and “sex on premises venues.”

Adding to the confusion, NSW Health’s fact sheet warns: “People who have recovered from monkeypox should use condoms when engaging in sexual activity for 8 weeks after recovery,” although, as the agency’s Executive Director of Health Protection, Dr. Richard Broome, explains, “condoms are not effective at preventing the transmission of monkeypox.”

The public health response to the monkeypox outbreak has been almost entirely placed in the hands of sexual health and HIV clinics. It is unquestionably important that men who have sex with men—the demographic that is *currently* most affected—are able to access medical care without prejudice.

However, as the virus inevitably spreads throughout society, the absence of any broader, coordinated response will mean that infections will go undetected until they are at an advanced stage, and people will not receive the medical treatment they require. This will be a particular danger as monkeypox begins, if it has not already begun, to spread through schools, which have also been key vectors of the coronavirus pandemic.

A third-generation vaccine for smallpox and monkeypox, marketed as Jynneos, has been available since 2013 and is considered to be around 85 percent effective at preventing infection after two doses. However, only one company, Bavarian Nordic, produces the vaccine and global stocks are in short supply.

Just 22,000 doses have arrived in Australia, with a mere 78,000 more expected before the end of the year. NSW has received only 5,500 doses, while Victoria has 3,500 and Queensland a pitiful 300. In total, just 450,000 doses have been ordered.

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) President Dr Nick Medland told the *Saturday Paper*: “The message can’t be ‘get vaccinated’ if we haven’t got enough vaccines yet.”

Post-exposure vaccination can be effective if administered within around four days of exposure, long before symptoms appear, meaning accurate contact tracing is vital. The current campaign of misinformation about the risk factors and vectors of transmission will mean people who have been exposed will not be identified and will not receive the vaccine, even as it becomes more widely available.

As continues to be the case with COVID-19, “vaccine nationalism” and the subordination of medical science to corporate profit has played a filthy role in allowing this global outbreak to develop. Since 2013, the US has allowed more than

28 million doses of the Jynneos vaccine in its “strategic national stockpile” to expire, rather than use them to stop growing outbreaks in parts of Africa where monkeypox is endemic.

Between the start of 2022 and the tenth of August, 2,947 cases of monkeypox, and 104 deaths have been reported in Africa, including in two countries where the virus is not endemic. Since the start of the COVID-19 pandemic, almost 13,500 monkeypox infections and at least 394 deaths have been reported, as the “outbreak in Africa continued to grow from one country to another with little international attention,” the Africa Centres for Disease Control and Prevention reported.

In Australia and internationally, the response of capitalist governments to monkeypox has been to replicate every aspect of the homicidal pandemic policies responsible for 6.5 million global deaths, according to official figures, and a real toll likely in excess of 20 million. Within Australia, the open adoption of the “let it rip” COVID policy last December has resulted in more than 11,000 deaths and almost ten million infections.

As the response to monkeypox demonstrates, this criminal policy, enforced by the entire political establishment, has struck a blow at decades of public health practice and standards. It has set a blueprint for similar responses to all future outbreaks of infectious disease, aimed at blocking the necessary public health measures in the interests of government budget austerity and ensuring full profit-making operations continue.

The alternative for the working class is to take up a struggle for a scientific approach to monkeypox and COVID-19, in which all necessary resources are devoted to the protection of human health and lives throughout the world. This is inseparable from the fight for socialism and for global production to be reorganised under democratic workers’ control to serve human need rather than corporate profits.



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