

The global mpox emergency and the destruction of public health

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The declaration by the World Health Organization of a Public Health Emergency of International Concern (PHEIC) for the more lethal variant of mpox (clade 1b, also designated 1 MPXV) underscores the dangers facing the world's population from the systematic destruction of public health services under capitalism.

The mpox emergency comes amid a blistering ninth COVID-19 wave that has driven up infection rates the world over, while at the same time the rapidly evolving H5N1 bird flu virus threatens human populations.

There has been barely a word mentioned by the leaders of the major capitalist countries on the threat posed by yet another deadly virus, on top of outbreaks of polio, cholera, dengue, measles and other diseases in many parts of the world.

In the US elections, neither Democrat Kamala Harris nor Republican Donald Trump has said one word about the mpox emergency declaration and its implications. Both treat COVID-19 as a thing of the past, except as a weapon in their efforts to demonize China.

Meanwhile, the WHO has yet to find the paltry \$15 million in funding to address the most acute needs of bringing trained personnel and supplies to a conflict region, the eastern portion of the Democratic Republic of Congo (DRC), to suppress the mpox outbreak.

This is the third PHEIC in four years. The WHO Director General Dr. Tedros Adhanom Ghebreyesus declared the COVID-19 emergency on January 30, 2020. The second was in July 2022, when a multi-country outbreak of mpox occurred with the less deadly strain of the virus, which began in May of that year in conjunction with the complete lifting of all social precautions against COVID-19. The emergency declarations for both COVID-19 and the mpox clade 2b were prematurely ended in May 2023 despite ongoing infections and the threat to the safety of the public.

The first mpox outbreak led to 100,000 confirmed cases across 116 countries, with 208 reported deaths, according to the latest figures. But the more virulent strain of mpox which has now spread outside the DRC to neighboring countries in Africa, as well as through travelers outside the continent, could have far more dire consequences.

Although health authorities have repeated that the mpox virus

is spread only through direct and close contact, recommendations by the European and US CDC have suggested that respiratory precautions be taken and that only healthcare workers vaccinated against mpox should care for patients. Whether this particular strain is capable of airborne transmission or may be able to become so needs to be disclosed and appropriate precautions taken in the firmest manner possible.

The public health response to the more virulent mpox strain shows the same troubling pattern as with coronavirus and the previous mpox outbreak: worsening situation reports, punctuated by continued inaction and a laissez faire attitude about the dangers posed by these pathogens, both to the local population immediately at risk and to the global population.

Since the beginning of 2022, health authorities have identified 37,583 confirmed and suspected cases of mpox clade 1b with 1,451 deaths, a case fatality rate (CFR) of 3.9 percent across 15 African Union member states. This figure is well above the 2-3 percent CFR worldwide from COVID-19 first cited in 2020. A further review in 2021 placed that figure even lower at 1 percent for the general population. Mpox could thus be three or four times as lethal as COVID-19.

Unlike COVID-19, where the fatality index is higher among the oldest patients, the reverse is true with the current virulent strain of mpox. As WHO data shows, children are nearly four times more likely to die from the virus than adults. While the case fatality rate is 2.4 percent for adults, it jumps to 8.6 percent among those 15 and younger. Of the mpox deaths reported in 2024, 62 percent were among children under five.

Once infected, there is an incubation period of 2-3 weeks before symptoms, when patients experience fevers, aches, fatigue and enlarged lymph nodes; then a few days later, the characteristic rash develops. Additionally, patients with confirmed or suspected infection or exposure must also be isolated for at least four to eight weeks until they are cleared of harboring the virus, or the disease is allowed to run its course, and they are no longer infectious. Depending on their symptoms, they need constant evaluation and monitoring by medical professionals.

In the war-torn region of eastern DRC, in the capital of North Kivu, Goma, where the population of 2 million is

predominately composed of refugees and internally displaced people seeking safety from the rebel militias, there are ample opportunities for the mpox virus to run through the makeshift camps and infect people. The healthcare centers are flooded with patients beyond any normal capacity.

As one epidemiologist and mpox expert said to Save the Children:

The worst case I've seen is that of a six-week-old baby who was just two weeks old when he contracted mpox and has now been in our care for four weeks. He got infected because hospital overcrowding meant he and his mother were forced to share a room with someone else who had the virus, which was undiagnosed at the time. He had rashes all over his body, his skin was starting to blacken, and he had a high fever. His parents were stunned by his condition and were scared he was dying.

For the whole of 2023, there were close to 15,000 mpox cases reported in African countries, a 78.5 percent increase compared to 2022. In the first seven months of 2024, health authorities have identified 14,250 cases, nearly as many as in the entire previous year, and representing a 160 percent increase over the same period in 2023. The number of deaths, 456, is up 19 percent from the same period last year. So far, 96 percent of all cases and deaths have occurred in the DRC.

With last week's confirmation of mpox clade 1b in a person, who sought care in Stockholm a day after the PHEIC declaration, it is reminiscent of the same scenario that played out two years earlier, when authorities offered assurances that the threat posed to the public was minimal before mpox spread quickly to every corner of the globe. Even though the European CDC has stated that they expect more cases with the deadlier strain, they continue to assert the overall risk remains *low*.

This completely turns on its head the precautionary principle in public health, a fundamental tenet that asserts the need to prevent disease rather than adopting a passive wait-and-see approach.

The driving force of public health policy under capitalism is not saving lives or preventing debilitating illness, but minimizing the impact on capitalist profit-making. This has produced devastating consequences in the still-raging coronavirus pandemic: deaths of tens of millions, hundreds of millions becoming infected and reinfected with SARS-CoV-2 each year, and the emergence of Long COVID as a mass disabling disease that has become as common as heart and circulatory disorders combined. Estimates at the end of 2023 place the number of Long COVID cases at a staggering 410 million people.

The long-term consequences on the generations of working

class people who continue to face the brunt of Long COVID remains unknown, but early indications suggest that things can continue to worsen. There exists a very real possibility of higher rates of chronic respiratory, cardiac and neurological disorders not only for the elderly or immunocompromised, but for even the youngest patients and those who suffered only asymptomatic infections. There is also growing evidence that cancers are appearing at an earlier age and assume more aggressive characteristics.

The emergence of new diseases even deadlier than COVID-19 (although so far, mercifully, less transmissible) only underscores the warnings that the WSWS and the International Committee of the Fourth International have made since the COVID-19 pandemic began early in 2020.

As the WSWS International Editorial Board warned in its New Year statement:

The only way that the pandemic can be stopped is through a globally-coordinated elimination strategy, in which the entire world's population acts in solidarity and with a collective determination to enforce a broad-based public health program...

After four years of the pandemic, it is abundantly clear that such a global strategy will never arise under world capitalism, which subordinates all public health spending to the insatiable profit interests of a money-made financial oligarchy. ... Only through world socialist revolution will it be possible to end the pandemic, as well as stop the further descent into capitalist barbarism and World War III.



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