Mpox cases on the rise in Canada

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Despite the World Health Organization (WHO) having declared mpox an international public health emergency, cases continue to mount in Canada. The latest surge in cases stems directly from the neglect of the threat posed by the mpox virus, irrespective of the clade of the virus, by governments at the federal and provincial level.

As of mid-August, 164 cases have been recorded in the country this year, far outstripping the totals registered by the Public Health Agency of Canada (PHAC) in 2023. The government has been quick to note that the current spike is much lower than the figures observed during the initial spread of mpox globally in 2022 when more than one thousand were infected in Canada before the outbreak was unceremoniously declared over.

Presently the clade 1 strain of mpox is ravaging parts of central Africa, particularly the Democratic Republic of Congo (DRC), prompting the declaration of the second public health emergency of international concern (PHEIC) for mpox by the WHO in August. The current declaration comes on the heels of a new strain of mpox, clade 1b, that emerged late last year in South-Kivu, one of 26 provinces located in the eastern part of the DRC.

Initial investigation of the outbreak revealed it transmitted more easily between people and concerns were raised that the infection among the population was growing with its potential spread throughout the region and beyond the country's borders. With a case fatality ratio of 3.6 percent, it made it far deadlier than infections with the clade 2b strain that has spread to more than a hundred countries across the globe.

More recently, the presence of the clade 1b strain in the densely populated capital of Kinshasa, located 2,000 kilometers to the west of the epicenter of the outbreak, is raising new concerns. There are more than 17 million people living in the capital that has access to the rest of the world via its international airport, raising the immediate concerns that the clade 1 strains of the mpox virus may spread uncontrolled throughout the rest of the world.

The presence of the clade 1b strain in Sweden and Thailand may be the proverbial canary in the coal mine signaling the all too real threat of this strain spreading braodly. The complete abandonment of any semblance of a response to the clade 2b mpox outbreak in 2022 raises ample concerns over how public health authorities will respond once the clade 1 strain takes hold.

The lack of any sound epidemiologic response by Canada's health officials to the current strain of mpox is emblematic of the international anti-public-health response globally. At every turn, public health statements and announcements downplay the dangers posed by the virus and attempt to offer false assurances that these pathogens are no serious threat, and all the necessary tools are in place should they be needed. Statements like the one made by Chief Public Health Officer Theresa Tam, who admitted that the lack of any positive samples of clade 1 in wastewater "could change," should raise eyebrows.

The mpox virus has primarily affected the province of Ontario, where 142 confirmed cases have been reported since the beginning of the year. Two cases have needed hospitalizations, and no one has died so far.

Few, if any, of the positive cases were associated with international travel. Once introduced, the virus fueled a large outbreak entirely driven by local community transmission. Only 15 percent of cases reported travel outside the province in the 21 days before the onset of symptoms and the positivity rate for testing has been higher than 27.3 percent since late June, according to the provincial health ministry.

This implies health authorities have adopted the "live with the virus" strategy which has been taken in

relation to the COVID-19 pandemic rather than fighting to eradicate the disfiguring and potentially deadly mpox virus.

Officials are hoping that existing therapies, principally the antiviral Tecovirimat, combined with targeted vaccination of at-risk populations, can limit the spread of the disease.

However, individuals who have been recommended to get the vaccine in Toronto report experiencing extensive delays with booking appointments. Considering that post-exposure vaccines should be administered within two weeks of initial exposure according to Toronto Public Health, such delays can be catastrophic in a rapidly growing outbreak.

Additionally, the use of Tecovirimat did not seem to reduce the resolution of mpox lesions among children and adults in the DRC. What seemed to make the difference in mortality is hospitalization and delivery of high-quality supportive care. But a widespread epidemic can very quickly overwhelm health facilities, where they begin to act as vectors of spread of the disease.

Health Canada has cited its "sufficient supply" of vaccines as adequate in curbing the spread of the mpox virus even as the epidemiologists and other health professionals have criticized the futility of this approach, with one quoted by CTV News noting that "sooner or later that fire is coming for you."

A recent opinion piece in the medical journal *BMJ* denounced the vaccine nationalism of rich countries when it comes to mpox and pointed to the similarities with the response to COVID-19, where hoarding of vaccines led to untold deaths in poorer nations and ultimately facilitated the emergence of deadlier variants. The authors noted corporate interests at play, explaining that currently

> Africa CDC [reports] a need for approximately 10 million vaccine doses to control the outbreak, of which only about 280,000 are available, i.e., less than three percent of the estimated need, even as wealthy countries hoard, stockpile, and refuse to share vaccines. These same countries hoarded COVID-19 vaccines, actively blocked or delayed the patent waiver that could have enabled Global South countries to manufacture COVID-19 vaccines during the pandemic and eroded the equity clauses in the draft pandemic accord after lobbying by big pharmaceutical companies.

The Canadian government says it has no plans to share from its vaccine stockpile, which includes millions of doses of smallpox vaccines that are considered effective against mpox. With the eradication of smallpox in the early 1980s, younger age cohorts will not have received the smallpox vaccine at any point in their lives.

Experts have noted that the characteristics of the mpox virus should make efforts to curb its spread far more manageable than COVID, even in the crowded conditions of displaced persons camps in the war-torn DRC. The major impediment to achieving this remains, as it does with the ongoing COVID-19 pandemic, the relegation of public health behind the profit interests of the capitalist ruling elite and the division of the world into competing nation states.