

Amid looming vaccine shortage

Official monkeypox cases surpass 6,000 as model projects over 1 million cases globally by this fall

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The unprecedented global outbreak of monkeypox is deepening throughout the world, raising concerns among scientists and physicians internationally that another pandemic is now unfolding alongside the COVID-19 pandemic.

On July 1, a record 781 new cases were identified worldwide, more than half of which were in Spain, bringing the seven-day rolling average to 402 cases per day, a 10-fold increase since May. Over the past four weeks, the number of infections worldwide has risen more than sixfold to 6,229 total cases, with 6,178 confirmed and 51 suspected infections. There are now 459 official infections in the US, an almost 20-fold increase over the past four weeks.

The global outbreak has quickly expanded to 67 non-endemic countries and territories across every part of the globe. Spain, England and Germany have each surpassed more than 1,000 confirmed cases, while the US has 459. Given the Biden administration's laggard response to the unfolding crisis, public health advocates and infectious disease experts believe that the US will soon catch up with its European counterparts.

As of Sunday evening, 32 states and the District of Columbia have reported monkeypox infections since the first case was identified six weeks ago. The states leading in the number of confirmed infections are California (95), New York (90), Illinois (53) and Florida (50), given their immediate connections to international travel and population density. Public health authorities have affirmed that official figures are certainly undercounts, as medical professionals are missing cases due to a lack of widespread testing and unfamiliarity with the signs and symptoms of the disease.

Over the weekend, a TikTok video went viral in which a young woman named Halle shared her experience attempting to get tested for monkeypox, revealing how totally unprepared the American health care system is for this growing outbreak.

After contacting two urgent care centers and two primary care physicians who were unaware of the monkeypox outbreak and even the disease itself, she was told to return to work and

prescribed antibiotics. A dermatologist she was to consult with canceled her appointment and told her to contact the CDC.

Halle noted, "I called the CDC. The CDC says, 'Call your PCP [primary care provider].' The lady I talked to at the CDC had no idea what she was talking about and couldn't answer any of my questions. I have not been able to get tested anywhere. Doctors have refused to see me, and I have this mysterious and painful rash all over my face, chest, arms and back... The CDC has no idea what they are doing, nobody is educated, not even doctors, and doctors will refuse to see you, treat you or test you. And the CDC does nothing about it."

White House COVID-19 Response Coordinator Dr. Ashish Jha recently commented on the monkeypox outbreak in his typically complacent manner, stating, "We as a global community have known about it for decades. We know how it spreads. We have tests that help identify people who are infected. We have vaccines that are highly effective against it."

Jha's first pronouncement on monkeypox is as false and empty as his threadbare refrain regarding the COVID-19 pandemic, "We have the tools." In reality, while the "tools" may exist, they are not being deployed and managed in a coordinated fashion due to the decades-long dismantling of public health, which has been starkly revealed and exacerbated during the coronavirus pandemic.

James Krellenstein, a co-founder of the HIV treatment advocacy group Prep4All, gave the opposite assessment of Dr. Jha to *The Hill*, stating bluntly, "We've been sort of screaming for a month about how bad the diagnostic situation is for monkeypox. And that really was a clear error, preventable, and it's very clear that this administration has not learned lessons from early COVID."

David Harvey, Executive Director of the National Coalition of STD Directors, told *The Hill*, "Where we have lagged is streamlining testing, making vaccines available, streamlining access to the best therapeutics. All three areas have been bureaucratic and slow, and that means we haven't contained

this outbreak.”

These comments only begin to get to the heart of the matter. The entire public health infrastructure is underfunded and in complete disarray, meaning the mistakes made previously will continue unless serious measures are taken to restore the edifice. The inability to fund one of the most important social functions of government while making available all resources for permanent war is not simply a mistake of omission or want; it is a deliberate and bipartisan policy decision made on behalf of the corporate-financial oligarchy.

At the global level, the World Health Organization IHR Emergency Committee met on June 23 and refrained from formally declaring the global monkeypox outbreak a Public Health Emergency of International Concern (PHEIC), opting to wait for an unspecified period of time until more data is accrued.

This decision draws comparisons to the WHO’s delayed response to the COVID-19 pandemic, which was not declared a PHEIC until January 30, 2020, at which point there were already 7,818 confirmed cases in 19 countries throughout the world. Not until March 11, 2020, did the WHO formally declare the coronavirus a pandemic. As the WHO continues to drag their feet, modeling estimates predict dire consequences as the number of cases continues to rise exponentially.

The results of a recent modeling study published on June 21, 2022, in *The Conversation* by Adam Kleczkowski, a professor of Mathematics and Statistics at the University of Strathclyde, offered four scenarios for how the monkeypox outbreak could play out in the UK. The second scenario, which estimates that monkeypox infections in the UK could reach as high as 60,000 cases per day by the end of the year, appears to be the most plausible given the current exponential trajectory.

As Kleczkowski noted, “The size of the outbreak is already well beyond the most prominent 2017–19 outbreak in the Democratic Republic of Congo (760). It is possible that large gatherings, including raves and festivals, have created new transmission clusters.”

This is in line with projections made by data scientist J. Weiland that without any mitigation measures the total number of monkeypox cases worldwide could reach 100,000 by August and 1 million by late September.

As the global monkeypox outbreak continues its assault everywhere, the demand for resources will likely soon outstrip the available supply of vaccines and therapeutics. Bavarian Nordic, a small Danish company, is the manufacturer of Jynneos, the only vaccine developed against the monkeypox virus.

On Friday, the company announced that US Biomedical Advanced Research and Development Authority (BARDA) had ordered an additional 2.5 million doses of liquid frozen Jynneos. With previous orders from BARDA, a total of 4.4 million doses are being delivered to the US in 2022 and 2023. The current stockpile is around 56,000 doses, with 300,000

more expected in the next several weeks.

However, Bavarian Nordic’s manufacturing capacity for the monkeypox vaccine has been reduced due to the partial shutdown and planned expansion of its facilities since last August. As a result, the rest of the world will have to wrangle over the limited doses of vaccines (enough for possibly 2.5 million people) available to them.

According to the *New York Times*, the vaccine production facility is not expected to reopen until late summer at the earliest, and any additional vaccines would not be available for at least six months. That means the company would only be able to produce, at most, less than five million doses of the two-dose Jynneos regimen for the rest of the world through 2022.

Professor Angela Rasmussen, a research scientist at the Vaccine and Infectious Disease Organization at the University of Saskatchewan in Canada, observed that the current supply of monkeypox vaccines “is certainly not enough to vaccinate everybody who’s going to be at risk.”

In Europe, Spain has been the first to initiate vaccination of high-risk individuals. Last week, the country received 5,300 doses from the European Commission’s Health Emergency Preparedness and Response Authority (HERA), out of 109,090 doses they procured from Bavarian Nordic.

The vaccines will be administered through a ring vaccination program where close contacts of cases at risk of contracting the virus, including health care personnel, will be targeted. The European Medicines Agency is also eyeing the use of the smallpox vaccine Imvanex, which provides nearly 85 percent protection against monkeypox. However, the safety profile of earlier generation smallpox vaccines can have significant consequences for certain individuals, including possible damage to the heart.

CDC Director Rochelle Walensky reported last week that the public health agency had activated its Emergency Operations Center “to meet the outbreak’s evolving challenges.” New York City and Washington D.C. have offered a limited supply of the vaccines to residents that meet high-risk criteria, such as men who have sex with men, sex workers or workers at an establishment where sexual activities occur. However, while the current outbreak is primarily spreading within this section of the population, all of society is vulnerable to infection and it is only a matter of time before it begins spreading through all demographics.



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