Germany becomes global monkeypox hotspot

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Monopox is spreading worldwide, and Germany is becoming an international hotspot. Despite this, the government is downplaying the danger of the virus and doing nothing to curb its spread.

The first monkeypox case in Germany was reported on May 20. Since then, the number has risen steadily, from 28 cases per week in late May to 125 in early June. There are now 300 to 400 cases per week and a total of 2,916 cases have been reported to the Robert Koch Institute (RKI) in Germany to date, corresponding to an incidence level of 3.54 cases per hundred thousand inhabitants. This is more than ten percent of the worldwide cases outside Africa. A recent study estimated the reproductive rate (R-value) of monkeypox in Germany to be 1.21, which is higher than the COVID-19 R-value, which is currently 0.86.

Due to widespread ignorance about the symptoms of monkeypox and generally limited testing facilities, it can be assumed that the actual number of infections is much higher.

Worldwide, Germany is among the most affected countries. In absolute numbers, Germany has the third most infections after the United States with 9,461 cases and Spain with 5,162 cases. On a per capita basis, however, the incidence rate in Germany, at 3.54, is already much higher than in the US, with 2.15 cases per hundred thousand inhabitants. This is despite the fact that the US administration has already declared monkeypox a public health emergency.

Within Germany itself, several cities are emerging as particular hotspots. Berlin, for example, has an incidence level of 41.18 with 1,443 cases—twelve times the national level. Other cities are also seeing an accumulation of cases: Cologne has had 325 cases, Munich 143, Hamburg 131, Düsseldorf 83, and Frankfurt 80.

So far, adults have mostly contracted the virus, but the RKI has also already confirmed three cases in minors—a 4-year-old, a 15-year-old and a 17-year-old.

Although monkeypox continues to spread and the World Health Organization (WHO) declared an international health emergency on July 23, the German government is downplaying the threat. On the official website of the German Health Ministry, Health Minister Karl Lauterbach (Social Democratic Party, SPD) says: “Monkeypox won’t cause a pandemic, the virus does not transmit fast enough for that, and we will get it under control with containments of those who are affected before there is a really big outbreak worldwide.”

Since Lauterbach made this statement on June 2, infection numbers have steadily increased and are approaching 32,000 cases worldwide. The 7-day average of new daily cases is 1,267.

To combat the virus, the government has so far received only 40,000 vaccine doses it ordered. Cities such as Berlin, which has received 9,500 vaccine doses, have already nearly used them up. Additional doses, however, are not expected until late September. Even then, only 200,000 doses are expected to arrive, and the government has no plans to order more for the time being. At the same time, organizations such as Deutsche Aidshilfe (DAH) recently called for one million vaccine doses to combat the virus.

Axel Jeremias Schmidt, an epidemiologist and DAH medical and health policy officer, said, “We don’t expect the epidemic to be over when the doses available so far have been used.” As long as there are monkeypox infections, he said, people who are at risk must be offered a vaccination.

Ulf Kristal of the DAH board also called on the German government to work for a massive expansion of vaccine production so that all people worldwide at risk could have access to vaccination. The goal, he said, must be to reduce the number of infections and bring them under control in the long term. “This is only
possible if as many people at risk of infection as possible are vaccinated, in Germany and in all other affected countries.”

However, the German government has been doing nothing to stop the spread of the coronavirus pandemic, setting a precedent for what will be done with monkeypox. With the recently announced Infection Protection Act, it also relaxed the last existing COVID-19 mitigation measures to a bare minimum.

Contrary to the way it is commonly presented, monkeypox is not a harmless disease. Infection causes lesions on all parts of the body, which in some people can lead to blindness, suffocation and scarring of the face or other parts of the body. Infected people often describe it as the most painful experience of their lives, unable to sleep or perform basic bodily functions without excruciating pain. Hospitalization is required in about 10 percent of all cases, primarily to manage this intense suffering.

To date, the mortality rate for the monkeypox strain now spreading worldwide has been estimated at about 1 percent, which is comparable to the mortality rate for COVID-19. Infection transmission can occur via aerosols, droplets, and fomites, with skin-to-skin and respiratory droplet infection considered the most important routes of transmission. Significantly, monkeypox can also spread through contaminated fabrics and surfaces and those infected with the virus can be contagious for over a month.

Especially with the end of summer vacation and the beginning of classes this fall, the spread of the virus threatens to worsen in the coming weeks. Just as with the coronavirus pandemic, the spread of monkeypox is revealing the indifference of the ruling class to human health and the lives of millions. Only a working class movement can impose a scientific fight against these extremely dangerous viral diseases.

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