

Texas public health officials confirm death of immunocompromised man infected with monkeypox

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Public health authorities in Harris County, Texas, confirmed that a male adult who was severely immunocompromised and diagnosed with monkeypox died on Sunday, making it the first known fatal case in the US since the outbreak was declared a national emergency by Health and Human Services Secretary Xavier Becerra on August 4.

However, tremendous care has been taken in how the announcement was worded. Houston officials are reiterating that the case remains under investigation, and they have yet to determine what role monkeypox played in the individual's death until autopsy results are completed. This will take several weeks, but the statements themselves bear an uncanny resemblance the recent arguments made by the Centers for Disease Control and Prevention (CDC) that people were being hospitalized or dying with COVID and not because of COVID.

Texas Department of State Health Services Commissioner Dr. John Hellerstedt's perfunctory press statement has been carried by every press outlet covering the story. He said, "Monkeypox is a serious disease, particularly for those with weakened immune systems. We continue to urge people to seek treatment if they have been exposed to monkeypox or have symptoms consistent with the disease." There was no mention of what is being done to stop the spread and identify every case, nor how people should protect themselves or how it is spread.

Harris County Judge Lina Hidalgo, who has called out the Biden administration on their inaction on delivering monkeypox vaccines, released a statement on the death of the as of yet unnamed individual: "We are sharing this information to err on the side of transparency and to avoid potential misinformation about this case. The best way for us to fight this virus is through [Bavarian Nordic's Jynneos Smallpox] vaccines. Our goal is still to get as

many people who qualify vaccinated as quickly as possible."

Fatalities have remained rare during the current global outbreak compared to historical experience over the last four decades with monkeypox. There have been 16 deaths thus far, with six countries outside endemic regions documenting deaths—Brazil one, Spain two, India one, Ecuador one, Cuba one, and the US one—and three countries in endemic African regions—Ghana three, Nigeria four, and the Central African Republic two.

However, in other endemic resource-poor regions of Africa, monkeypox infected at least 2,000 people in the first seven months of 2022, killing 75 people with a case fatality rate of 3.7 percent. Since the beginning of 2020, 12,500 people on the continent were infected and 365 have died of monkeypox.

The infected populations have been different for the current outbreak as it has predominately impacted adult men. Historically, the vast majority of the infected in Africa were among children under 15.

Also, for Africa, monkeypox has been a public health emergency since 2020 in conjunction with COVID. Yet none of the therapeutics and diagnostic tools, including vaccines, were available to African states.

The cumulative case count for the current global monkeypox pandemic has surpassed 50,000 cases across 102 countries and territories. The epicenter of the pandemic shifted last month from Europe to the Americas. Yet despite the unprecedented outbreak across the globe over the previous four months, global cases appeared to have stabilized.

The World Health Organization's (WHO) regional director for Europe, Dr. Hans Kluge, said on Tuesday that there had been a decline in cases week-on-week across major European countries, the UK, and a slowdown

across parts of the United States. “We believe we can eliminate sustained human-to-human transmission of monkeypox in the European region. To move towards elimination ... we need to urgently step up our efforts.”

In the US, cumulative cases have reached over 19,000, with the seven-day average of new cases plateauing at around 600 to 750 throughout August. In Brazil, daily monkeypox cases have stayed around 175 cases per day for the last three to four weeks. The average number of cases in the UK has steadily declined 20 percent to 130 new cases daily. Across the major countries in the European Union, the cumulative case count has reached over 17,000 cases, and the seven-day average has declined by almost half from a high of 473 in August to 246.

As important as it is to ensure these trends continue and earnest efforts by countries to eradicate the virus are immediately undertaken, the lack of vaccine availability and the overwhelming focus on the prevention and detection of cases among men who have sex with men opens up the possibility that the monkeypox virus will begin to spread among other social networks, particularly among young people.

With school reopening underway, there has been a small but rising number of cases among people aged 0 to 19. In total, 66 such cases have been reported accounting for 0.56 percent of all cases in the US. Most of these infections (21 cases) have been documented in Florida with the first pediatric case there diagnosed on August 16 in a toddler under the age of four in Martin County. At the time, there were only seven pediatric monkeypox cases across the country, with the first two in July. Florida opened schools in early August.

The American Academy of Pediatrics (AAP), whose weekly COVID database was a critical source of information in the first two years of the pandemic, has added a monkeypox page to its website. They note that very young children (under eight) with skin disorders like eczema and immunocompromised conditions can be at risk for severe disease if they contract the virus. They note there are no prophylactic or post-exposure vaccines for children.

Because of the side effects and rare lethal complications with the older generation of smallpox vaccines, only Bavarian Nordic’s Jynneos vaccine is licensed by the Food and Drug Administration (FDA) to prevent monkeypox infection. It is also being used as post-exposure treatment. As *STAT News* noted, the FDA’s decision to approve the vaccine against monkeypox was

based on data extrapolated from animal trials.

Anne Rimoin, an infectious disease epidemiologist, based at the University of California, Los Angeles, Fielding School of Public Health, and an internationally recognized expert on Ebola, monkeypox, and disease emergence in central Africa, explained that the first-generation smallpox vaccines may have been effective, though this was based on limited observational data from the 1980s.

However, she told *STAT News*, “I’m not aware of any good data on vaccine protection ... This is the crux of the problem. I think that we are expecting more from these vaccines than they were designed for. This kind of intense, often repeated, mucosal exposures [close contact transmission] are very different from animal exposures, household, fomite, or respiratory droplet transmission.”

Given the limitations on these vaccines’ quantity and efficacy, the strategy to eradicate monkeypox will require rigorous contact tracing and supportive care for infected and exposed individuals for the duration of the illness. However, these measures require central planning and adequate funding to hire staff and medical services to ensure the program’s sustainability. Additionally, there must be regular data updates and public education on the outbreak to ensure broad cooperation through clear and direct messaging.

Unfortunately, the monkeypox outbreak only affirms what COVID exposed so starkly, that society under capitalism functions at the behest of the financial markets and not needs of the masses, allowing for the rapid spread of new diseases and the resurgence of those long thought vanquished.



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