Mpxo pandemic spreads into China after lifting of Zero-COVID policy

Lily Zhao
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Since the beginning of June 2023, China has experienced a significant outbreak of mpxo (previously known as monkeypox), joining ranks with the rest of the world in the ongoing but rarely reported on mpxo pandemic. Unsurprisingly, this development is taking place in the aftermath of the Chinese Communist Party (CCP) abandoning its Zero-COVID policy that maintained a strict public health program against the spread of COVID-19 within its national borders.

The mpxo pandemic began in May 2022 with the relaxation of most anti-COVID mitigation measures and limitations to public gatherings, with an initial cluster of cases detected in the United Kingdom. By the end of the month several countries, predominately in Europe, but including Asia, Africa, North America and Oceania had reported cases. This was the first time in history that the virus that caused mpxo had spread so widely outside of Central and West Africa.

On July 14, 2023, the Chinese Center for Disease Control and Prevention (CDC) published a situational report where they confirmed they had diagnosed 106 new cases across seven provinces and municipal cities in the month of June. The same monthly report published in August revealed that in July the number of new infections rose sharply to 491 and geographically spread across 23 of the 31 provinces and municipal cities in mainland China.

By the end of July, 597 new cases were confirmed by health authorities. The unprecedented outbreak of mpxo in China and more broadly across East Asia this summer is consistent with the abandoning of public health measures against COVID and another dire warning that capitalism is fundamentally incapable of mobilizing the necessary resources against any global public health emergency.

Nearly a third of the cases have been centered in Guangdong Province in the southeast, followed by 126 cases in Beijing. The southwestern province of Sichuan reported 49 cases, while the coastal provinces in the east, Jiangsu and Zhejiang, each recorded 39 and 41. While the majority of cases concentrated in the far more populous eastern part of the country, the virus has spread across most provinces in just two months.

This ongoing mpxo outbreak is developing with the most rapid pace in the world at present, according to reports from the World Health Organization (WHO). According to the international health agency, as of August 29, 2023, 114 countries have reported cases with nearly 90,000 cases confirmed and 157 fatalities.

Before June, China had reported only one mpxo patient from September 2022 in the southwestern municipal city of Chongqing, and this case was imported from abroad. Because the Zero-COVID policy was still in place back then, the patient was quarantined upon entry into China, during which he was immediately tested for mpxo after rashes developed on his skin.

This had remained the only mpxo case in China until June this year. The sudden uptick, by no coincidence, took place after the ending of Zero-COVID policy and the lifting of all restrictions on domestic and international travels last winter. The virus was most likely introduced again into China this year and was allowed to spread across the country due to the lack of any preventive public health measures.

Even after this outbreak on the national level, the response from the CCP regime has focused on downplaying the danger of the virus and promoting misinformation about how it transmits.

In a Q&A published on August 2 after the sharp increase in cases caused widespread concern, the CDC reassured the general public that “since the outbreak of mpxo in many countries around the world in 2022, the majority of cases, clinically speaking, have been mild…. Deaths were mostly among people who were infected with HIV but were not able to receive treatment or other immunocompromised people. Since 2022, the death rate is about 0.1 percent in regions where the disease is not endemic.”

In the meantime, the regime also disseminates illusions that the virus almost only spreads between men who have sex with men (MSM). In the report on July mpxo cases, the CDC concluded that since all confirmed cases have been
among men and 96 percent of them were MSM, risks through other forms of contact are extremely low.

The CDC in Beijing published an article in mid-June where one of the subheadings is “for normal people, the chance of being infected with mpox is low.” Xinhua News Agency, the official state media, declared on July 14 that “the possibility of a large-scale infection is low.”

Even though statistically speaking, most patients so far have been MSM, the virus can and has spread into and threatens other sections of the population, especially children, pregnant women and the immunocompromised, who are more likely to develop complications after infection.

Before the beginning of this year, according to a study in *Lancet*, there had been 59 cases among children in Europe and 31 in the United States. Many of the infections were through the household environment. In Brazil, 38 children under the age of four, including two infants, were infected with mpox, and the ratio between male and female is about one-to-one, contrary to the media propaganda that the virus only infects men.

Transmissions outside of sexual contact are not negligible either. In the WHO’s latest release on mpox data, it issued a special warning against occupational exposures. Healthcare workers constituted 4.8 percent of all cases since 2022, and 8 percent of all infections are healthcare-associated.

Quarantine measures have also been very limited. Per the recent guidelines on mpox, jointly published by the CDC and the National Health Commission on July 26, suspected and confirmed cases should be quarantined at a medical facility, but they will be allowed to quarantine at home once their skin vesicles have scabbed. Patients with mild symptoms are allowed to quarantine at home from the beginning. According to interviews in the *South China Morning Post*, patients quarantined at a hospital must pay for all costs out of pocket.

The guideline suggests patients should quarantine at home. Should they have to leave their homes, however, they advised them to cover their skin, wear masks and avoid the crowd if they need to leave their homes. Close contacts are not required to quarantine at all, but only need to self-monitor for 21 days by measuring body temperature, watching for potential symptoms and avoiding blood donation.

No reference to vaccinations is made in the guidelines. In the CDC’s Q&A article, it simply stated that “mainland [China] has no vaccines against mpox for the time being.”

As noted, the current surge in China is part of a broader resurgence of mpox infections. Although the WHO ended the public health emergency (PHE) on mpox in May, around the same time they ended the PHE for COVID-19, at a press conference on August 25, Director-General Dr Tedros Adhanom Ghebreyesus admitted, “we have seen a significant increase in cases in the last two months in Asia.”

According to WHO data, over the past three weeks, there has been a 72 percent increase in cases from Western Pacific Region, including China, Japan and South Korea, countries who have witnessed upticks in cases in the recent period. During the same period, the increase has been 48 percent and 11 percent for Europe and the Americas, respectively. Portugal reported a 201 percent increase, the highest relative increase in cases.

For China, the recent outbreak is another testament of the criminality and dire consequences of lifting the Zero-COVID policy. On top of close to two million deaths, waves after waves of infections and mass debilitation, other dangerous viruses have and will emerge and spread almost entirely unchecked around the country.

But this is not just the result of a national failure. Under capitalism, every aspect of economy, transportation and life have been integrated internationally. As the impossibility of eliminating COVID-19 based on a nationalist program demonstrates, one cannot build an isolated sanctuary to forever shut viruses out of national borders. Only a globally coordinated strategy, based on the prioritization of public health over private profits, can stop the needless spread of these and many other preventable diseases.

Given the concerted efforts by leading economies to dismantle their public health systems, it is widely accepted that the current figures on mpox, like COVID, are a vast undercount. Despite mpox being a DNA virus that does not mutate as easily as SARS-CoV-2, the failure to contain its spread and to develop and distribute effective vaccines over a year into its global outbreak is a further damning exposure of capitalist decay.