

**Children at risk: The overlooked threat of Monkeypox in Pakistan**

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*Dear Editor,* The manifestation of Mpox (widely known as monkeypox) cases in Pakistan sets in motion a new health challenge. It raises serious concerns, particularly in children whose case fatality ratio is found to be 9.6% under the age of 16.<sup>1</sup> Mpox, now emerging as a global threat, is a zoonotic disease caused by a virus of the Poxviridae family that manifests itself with rash, fever, lesions, and lymphadenopathy, leading to severe respiratory and gastrointestinal complications, encephalitis and eye infections in the paediatric population.<sup>2</sup> The disease is transmitted through human-to-human interaction, which renders children in crowded households and educational settings at a significant risk.

Pakistan has been globally identified as having the third-highest maternal, foetal, and child mortality rate.<sup>3</sup> A state where polio remains endemic despite notable efforts evokes more concerns regarding the Mpox outbreak. Dengue and cholera continue to challenge the strained healthcare system coupled with malnutrition, poor sanitation, misinformation, and inadequate healthcare facilities. As witnessed during the COVID-19 pandemic, the country has always suffered from vaccination hesitancy and resistance.<sup>4</sup> Recognising the limited isolation centres, laboratory equipment, hospital beds, and ventilators intensified the former pathogenic outbreak is imperative. The inescapable limitations of the healthcare infrastructure call for action to address the proactive approach to combat Mpox, given that the new variants are far more contagious and deteriorating.<sup>5</sup>

Being under-resourced, Pakistan needs heightened attention, especially among children, to effectively handle the potential outbreak. Vaccination and public awareness campaigns are important for prevention, early detection, and eliminating misconceptions hindering previous

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**Submission completed:** 12-09-2024 **1st Revision received:** 05-12-2024

**Acceptance:** 25-01-2025

**2nd Revision received:** 24-01-2025

disease eradication efforts. School campaigns can play a significant role, as educational institutions are the primary mode of disease transmission. Unfortunately, Pakistan is short on trained medical staff, and diagnostic and isolation facilities, which are crucial for disease management. This further escalates the need to collaborate with international bodies such as the World Health Organization (WHO) and UNICEF to secure technical assistance, antiviral treatments, and vaccines before the situation exacerbates.

In conclusion, an immediate and diverse approach is necessary to counter the catastrophic outcomes of Mpox, especially in vulnerable young population of Pakistan. The country requires an effective strategy to eradicate the social barriers hindering the administration of vaccines and constraining the healthcare system's compliance with required standards. Implementation of mitigation measures together with public awareness can prevent Mpox from emerging as another health emergency.

**Disclaimer:** None.

**Conflict of Interest:** None.

**Funding Sources:** None.

**DOI:** <https://doi.org/10.47391/JPMA.22073>

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**Author Contribution:**

**AJ:** Drafting, composing the content, literature review, revision, interpretation and final approval.

**ZAS:** Concept, referencing, literature review, revision, interpretation and final approval.