



MONKEYPOX

Advice for chiropractors

August 9, 2022

On July 23, 2022, the World Health Organization (WHO) declared the spread of Monkeypox to be a public health emergency of international concern. This advice note has been produced to support chiropractors using information considered current as at the date of publication.

On July 23, 2022, the World Health Organization (WHO) declared the spread of Monkeypox to be a public health emergency of international concern [1].

In light of this step, which represents the highest level of alert, the World Federation of Chiropractic (WFC) considers it appropriate to issue this advice note.

The first cluster of cases was reported in May 2022 in the United Kingdom and was first seen in an individual with travel connections to Nigeria, where the disease is endemic [2].

Until 2022, Monkeypox had rarely been reported outside Africa. At the time of issuing this advice note, 88 countries worldwide have reported cases of Monkeypox.

As of August 5, 2022, there have been 28,220 confirmed cases reported [3], although WHO has stated that they consider the number of cases is significantly underestimated. At the time of writing of this advice note, there are more than 7500 cases have been reported in US, which has led to the government declaring a public health emergency [3].

The United Nations reports that while a vaccine was developed in 2019, its availability is limited [4].

Monkeypox is an infectious viral disease. It is related to smallpox virus, but the symptoms are less severe [5]. The incubation period can range from 5 to 21 days [6]. It manifests typically 7 to 14 days after exposure with fever swollen lymph nodes and other non-specific symptoms which may include

musculoskeletal pain. It produces a rash, typically on the face and extremities, in the mouth, or genitals, which can last up to a month before lesions dry up, crust, and fall off. Symptoms usually resolve between 2 and 4 weeks.

Monkeypox is usually self-limiting, however, WHO reports that case fatality is around 3–6%. Monkeypox in children and those who are immunocompromised are at greater risk of severe cases [6].

Chiropractors should be advised that Monkeypox spreads through direct contact with rashes, or bodily fluids from an infected person, by touching objects and fabrics that have been used by someone with Monkeypox or through respiratory secretions [6].

In the early stage of this outbreak, the majority of cases reported have been in young to middle-aged males who have had sex with men or who have had new or recent contact with multiple sexual partners [7]. However, any person having close contact with respiratory secretions, skin lesions of an infected person or recently contaminated objects [6] may be at risk. The first reports of young children in the US contracting Monkeypox state they likely contracted the disease from household contacts or daycare workers [8].

The WFC advises chiropractors to continue to use appropriate hygiene in the clinical setting (washing hands, clearing surfaces) and to be alert to the potential for Monkeypox in patients reporting cases of fever, headache, lethargy, and rash, which may be concentrated on the face (95% of cases), extremities (75% of cases involve the palms of the hands and soles of the feet), genitalia (30% of cases) and conjunctivae (20% of cases) [6].

Patients with such clinical presentations should be referred urgently for medical attention with a view to appropriate screening for the disease.

References

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