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CIRCULAR 050/2024

ALERT: OUTBREAK OF MONKEYPOX (MPOX)

MPOX INTERNATIONAL EMERGENCY

On 14th August 2024, the Director-General of the World Health Organization (WHO) has determined that the upsurge of MPOX cases in Congo and a growing number of African countries, constitutes a public health emergency of international concern under the International Health Regulations (2005), as there has been an upsurge possess a potential to spread further across countries in Africa and possibly outside the continent.

The Organization has informed that, since early May 2022, MPOX has been reported from non-endemic countries too. Most confirmed cases with travel history reported travel to countries in Europe and North America, rather than West or Central Africa where the mpox virus is endemic. This is the first time that many mpox cases and clusters have been reported concurrently in non-endemic and endemic countries in widely disparate geographical areas.

According to WHO, the MPOX is a zoonosis, a disease that is transmitted from animals to humans, which can also spread from humans to humans. It can be transmitted through contact with bodily fluids, lesions on the skin or on internal mucosal surfaces, such as in the mouth or throat, respiratory droplets and contaminated objects.

Detection of viral DNA by polymerase chain reaction (PCR) is the preferred laboratory test for mpox. The best diagnostic specimens are taken directly from the rash – skin, fluid or crusts, or biopsy where feasible. Antigen and antibody detection methods may not be useful as they do not distinguish between orthopoxviruses.

MPOX CASES IN ARGENTINA

In Argentine, we have seen recently two foreign vessels which presented crewmember/s with symptoms compatible with MPOX.

Whilst so far there does not seem to be a specific protocol to deal with MPOX, in these two initial cases, the Health Authorities have put the vessel on quarantine before any suspected case.

So far, where: i) the PCR of the suspected individual did not react to MPOX (or any other infectious disease); and ii) all the crew was examined with no symptoms compatible with MPOX, the Health Authority lifted the quarantine on the vessel, albeit the suspected individual remained in quarantine, possibly, until the scab lesions in the skin fall off.

Otherwise, it is likely for the vessel to remain in quarantine albeit so far it seems uncertain for how long.

So far, as far as we know, there have been no specific requirements from the Health Authorities in relation to the MPOX. However, as the MPOX has attracted relevant media attention, a strong and intransigent reaction of the Authorities can be expected in case of any suspected or confirmed case on board.

It goes without saying, that any compatible symptom on board should be reported to the Health Authorities on advance to vessel's arrival, or right away if they become evident while in Argentina.

WHAT TO LOOK?

It has been reported by WHO that the incubation period of mpox can range from 5 to 21 days.

The febrile stage of illness usually lasts 1 to 3 days with symptoms including fever, intense headache, lymphadenopathy (swelling of the lymph nodes), back pain, myalgia (muscle ache), and an intense asthenia (lack of energy).

The febrile stage is followed by the skin eruption stage, lasting for 2 to 4 weeks. Lesions evolve from macules (lesions with a flat base) to papules (raised firm painful lesions) to vesicles (filled with clear fluid) to pustules (filled with pus), followed by scabs or crusts.

We shall continue monitoring the situation and reporting in case of relevant developments. In the meantime, we remain at your disposal if clarification and/or additional information is needed.



Yours Faithfully,

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