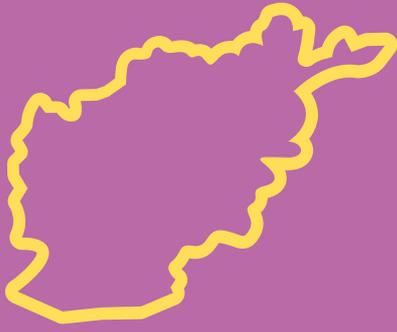


# Monkeypox Update

Internews in Afghanistan - August 2022



As of August 5th, 2022, there have been no recorded cases of Monkeypox in Afghanistan. However, [WHO has recently declared the multi-country outbreak a Public Health Emergency of International Concern](#).

As of August 5th, Monkeypox has been so far [reported in a total](#) of eighty-eight countries, being eighty-one of them countries where Monkeypox had not been previously reported. Overall, over 28,000 cases have been reported, with most of them belonging to the WHO European Region.

## Rumor Trends\*

*"These filthy people [WHO] with their [COVID-19] vaccine is the enemy of human beings. These bloodthirsty people are now working on another disease [Monkeypox] and then launching its vaccine in the market, forcing people to get vaccinated. Like this, 4-5 vaccines are injected to humans which after 3-5 years the organs of the human body become paralyzed. For example, liver, lung, or blood in the body becomes clogged up and the heart incapacitates. Do not believe in these dogs..."*

(28-May-2022, Man, Facebook)

*"It looks like this new virus is also a project of America, it was once Corona."*

(22-May-2022, Man, Facebook)

*"Corona has ended and now this one [Monkeypox] came. It is all result of biological weapons lab tests."*

(21-May-2022, Man, Facebook)

**\*Rumors from Afghan users on social media**

## Why is this important?

Monkeypox is not yet detected in Afghanistan. However, it is still extremely important to consider the collateral impacts that misinformation about Monkeypox/vaccine, and the questions that arise from that misinformation, can have on other vaccination efforts and the broader health response. These remirrors undoubtedly fuel the mistrust in western-supported programming and the intentions from vaccination teams, potentially contributing to further resistance to vaccine campaigns.

These remirrors play on longstanding anti-America and anti-western sentiments among Afghans. These kinds of rumors have been observed all along throughout our COVID-19 rumor data, especially in relation to vaccine roll-out efforts. These sentiments are often accompanied by the idea that western powers or institutions are creating lab viruses to reduce world population, to obtain financial gains or as a form of biological warfare against eastern competitors or Muslim populations. Overall, these rumors suggest high mistrust in western powers stemming from long-standing and historical geopolitical tensions.

With the current level of acute humanitarian needs, Monkeypox becomes just another scapegoat to express these sentiments and the present frustrations with an extremely volatile socio-economic situation. And this feeling is not unique to Afghans – our global rumor data and other sources of misinformation data and monitoring suggest that this outbreak is reviving the spread of a set of [‘cut-and-paste’](#) conspiracies from [COVID-19](#) across the world.

Taking into consideration the continued vaccine hesitancy in the country, as well as the six attacks on health care reported throughout 2022 (resulting in the [killing of eight polio workers](#) with another [eight polio vaccinators killed in 2021](#)), it deems essential to consider the drivers behind such violent resistance from communities amidst broader dynamics of violence against health care facilities. Recent rumor data suggests misinformation on polio vaccinations are also shaped around these key concerns and deep-rooted mistrust.

# Facts: the outbreak

- ✓ Monkeypox is endemic to some central and western African countries, often in proximity to tropical rainforests, and has been increasingly appearing in urban areas. Animal hosts include a range of rodents and non-human primates; however, the source of disease remains unknown.
- ✓ This unusual spread to countries which has not seen the virus circulating before, the rapid spread of cases through new modes of transmission, has led to the decision to call for the strengthened monitoring.
- ✓ The Monkeypox virus does not result from a lab and it is not a plan to eliminate population – the virus already existed in endemic areas and has been exported to other countries, therefore the alarm to control it and avoid unnecessary harm. As geneticist Fatima Tokhmafshan explains, it is possible to know about the origin of the virus through a genetic sequence study. The ones done so far trace it back to the strain of Monkeypox which commonly circulates in West Africa: "That tells us this is not something manufactured".

# Facts: the symptoms

- ✓ Monkeypox symptoms include fever, intense headache, swelling of the lymph nodes, back pain, muscle aches and lack of energy. The skin eruption usually begins within 1–3 days of appearance of fever ([WHO](#)).
- ✓ A person with Monkeypox can spread it to others from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed. The illness typically lasts 2-4 weeks ([CDC](#)).

# Facts: the monkeypox vaccine

- ✓ A 2-dose vaccine that protects against Monkeypox and smallpox was approved for public use in 2019. However, its availability remains limited. The vaccine, named Imvamune in Canada, Imvanex in the UK and Europe, and Jynneos in the USA, is made by the Danish company Bavarian Nordic.
- ✓ The vaccine is currently being administered in countries with the highest incidence of cases, following the so-called ring vaccination. This is an immunization strategy to vaccinate everyone who has been or could have been exposed to someone infected with the virus. Unlike mass vaccination strategy, only specific groups at high risk will receive the vaccine, either as pre- or post-prophylaxis.
- ✓ As there are no cases of Monkeypox in Afghanistan so far, there are no plans to vaccinate any groups in the country. The main efforts are currently placed in halting the spread of the virus in those countries and groups with already reported cases, while boosting prevention measures and strengthened disease surveillance in the rest of countries.
- ✓ In contrast with the Monkeypox vaccination strategy, COVID-19 requires mass vaccination to reduce mortality and severe disease development, as well as to reduce the burden on health system. Given the challenges of the health system in Afghanistan, vaccination remains especially important for groups at high risk (elderly, people living with chronic diseases).

# Facts: the modes of transmission

- ✓ Anyone who comes into physical contact with someone with symptoms or an infected animal, is at increased risk of infection. Those who live or daily interact with infected people have a high risk of infection. For example, health workers, by the very nature of their job, are at risk of exposure.
- ✓ Transmission can occur when getting in close contact with these animals (animal to human transmission) or being exposed to a person who host the virus (human to human transmission).
  - ✓ Monkeypox virus is transmitted from one person to another by close contact with lesions, body fluids, respiratory droplets, and contaminated materials such as bedding.
  - ✓ It is also possible for people to get Monkeypox from infected animals, either by being scratched or bitten by the animal or by preparing or eating meat or using products from an infected animal.
  - ✓ A pregnant person can spread the virus to their fetus through the placenta.
- ✓ In the current outbreak, cases have been more often identified in gay, bisexual or men who have sex with men communities. Yet, it is important to remember that anyone who has close contact with someone who is infectious is at risk.

Monkeypox can be transmitted through contact with an



Infected Person



Infected Animal



Contaminated Surface

# What can humanitarian actors do?

- **Keep realistic with your communication and discuss with communities any updates that relate to their context, avoiding unnecessary alarm.** Monkeypox is everywhere on the news – but the virus is not yet in Afghanistan (or not yet identified). Discuss where this is happening and why it is important to continue monitoring, while maintaining risk perceptions at the proper level as the outbreak evolves globally and within the country.
- **Prepare for the future considering the strong stigma that Monkeypox cases may carry.** Inform about Monkeypox symptoms and modes of transmission/groups at higher risk to prepare them for any potential future event within the country, while having in mind the many other health priorities they face.
- **Discuss the difference between COVID-19 and Monkeypox vaccination strategies – and the relevance for the general population.** It is important for communities to understand the why, who and how of getting the different shots. While mass vaccination for COVID-19 pandemic response is necessary to reduce the risk of mortality and severe disease for the broader population, Monkeypox spread is more controlled and therefore only the people directly exposed needs to get vaccinated. Understanding this will reduce the anxiety of communities to receive another vaccine for a disease they never heard about before.
- **Consider the insiders.** All health-related information and communication should be derived from sources which are trusted by communities including but not limited to religion influencers, community leaders and Afghan doctors. They can help in translating all the complex mandates behind Monkeypox outbreak, COVID-19 and other diseases into information that relates to people's contexts.

## Other resources you can use to guide your communications on monkeypox and COVID-19:



- [Internews' Good to Know – One-health Toolkit on Monkeypox' for journalists and other information providers](#)
- [WHO's Risk communication and community engagement \(RCCE\) for Monkeypox outbreaks: Interim guidance, 24 June 2022.](#)
- [Monkeypox Outbreak Toolbox \(who.int\)](#)

Rooted in Trust (RiT) is a USAID BHA-funded project run by Internews to support humanitarian, public health agencies and local media to combat and manage the spread of rumors and misinformation about COVID-19. This regular collection of community insights aims to provide humanitarian and public health agencies ideas to integrate and align their risk communication activities with community perspectives and provide information according to the needs to the community. In Afghanistan, Internews is collaborating with local media partners and the Risk Communication and Community Engagement Sub-Working Group (RCCE SWG).

The rumors highlighted in this flash report were collected by Internews, Dari, Pashto and English, from public and private social media spaces.

*We would love your feedback on this product! Contact us also to join our mailing list, collaborate and share data. Please contact Mir Rohullah Sadat, Senior Program Coordinator, Internews - [msadat@internews.org](mailto:msadat@internews.org).*