

Monkeypox: Is the Fear Campaign Losing Steam?

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Before bidding good-bye to Covid 19 pandemic, WHO boss, Mr. Tedros has exhorted us to welcome yet another PHEIC under the shadow of monkeypox.

As a part of global co-ordinated response, the [national](#) and [international media](#) dutifully carried scary headlines to sound the loudest alarm bell. Even some experts expressed their deep [anguish on rapidly closing window of opportunity for containing global outbreak!](#)

Since then one and half month has elapsed with no appreciable sense of horror and anxiety smouldering among the masses. Reports of the most innocuous sibling of deadly smallpox virus spreading like wildfire are disappearing as fast as they caught us unaware. Let alone the big headlines and frightening data on monkeypox, not even few lines in small print are now visible any longer.

It appears that monkeypox has either detested the co-ordinated and earth-shaking hullabaloo and preferred to remain incognito or it is waiting in it’s wings to allow the strengthening of vaccine-ecosystem. The purpose of this article is not to resurrect a horror story that has already started dying out. Rather, it will be more sensible to raise a pertinent question, is the fear campaign on monkeypox losing steam? Curiously, the answer is both yes and no.

What are the possibilities of the answer being ‘Yes’?

There is a host of implausible statements and goof-ups on the part of WHO boss who failed to create convincing and awe-inspiring pre-conditions that could lead the monkeypox borne PHEIC to a predictable pathway of pandemic and follow the foot-prints of Covid 19.

Firstly, he said that he acted as tie-breaker by unilaterally declaring monkeypox a PHEIC when his own advisors of EC, on 21 July, 2022 resolved against his decision by 9 against and 6 for opinion.

One month ago, on 23 June, the similar move of Mr. Tedros was also defeated by 11 against and 3 for PHEIC. Secondly, though he tried his best to outsmart those holding opposite view,

he ended up with [such statement](#), “scientific principles, evidence and other relevant information- which are currently insufficient and leave us with many unknowns”. It was the fourth component of five elements of IHR that he invoked to justify his action. In the same speech given on 23 July, he said, “outbreak that has spread around the world rapidly, through new modes of transmission, about which we understand too little.” In the same breath, he [claimed](#), “with the tools we have right now, we can stop transmission and bring this outbreak under control.”

With many unknowns and insufficient informations how could he play a messiah to bring out magic “tools to stop the transmission”? wondered even the most hardened believer of vaccine and RT-PCR method of diagnosis of viral infection. While Mr. Tedros [said](#),

“the outbreak has been concentrated largely among gay, bisexual, and other men who have sex with men, with many occurring in men who have had multiple recent sex partners,”

And on that same day, one of his temporary [recommendations \(2.a.iii\)](#) issued by WHO reads:n

“Implement response actions with the goal of **protecting vulnerable groups** (immune suppressed individuals, children, pregnant women) who may be at risk of severe monkeypox disease.”

How can the children & pregnant women be vulnerable with a disease “largely concentrated among MSM” - is comprehensible only to a corrupt global leader of public health who knows how to make mockery of scientific truth.

All five deaths ostensibly occurred were confined to two African countries which are said to be the home of monkeypox. Untill then, no death was reported in USA or Europe. Yet, Europe was placed on high alert requiring “accelerated research into use of vaccine, therapeutics and other tools.”

On the day Mr. Tedros declared PHEIC, WHO [published an interim guidance](#) on Laboratory Testing for the Monkeypox. It says, to differentiate monkeypox from a group of closely resembling set of clinical features, laboratory confirmation of specimen is to be done by NAAT (generic to Orthopox virus) or real-time PCR test specific to monkeypox virus. They cunningly brushed aside a fundamental question, can PCR test confirm the presence of an infectious virus? A [research article](#) published by CDC on 7 July, 2006 unequivocally said,

“PCR can only identify short stretches of poxvirus DNA (1,7). Nevertheless, since EM and PCR cannot discriminate between infectious and noninfectious virus particles or nucleic acids, they are not satisfactory when an evaluation of the infectious capacity of viral particles is required.”

It went on to say,

“Virus concentration should exceed 10 particles/mL; however, even at these concentrations only the virus family can be determined, and no additional classification is possible.”

The [latest disclaimer](#) on Monkeypox generic real time PCR test issued by CDC on 6 June, 2022 says, “The recipient testing laboratory is responsible for generating validation or

verification data as applicable.” The generic test method was “just an example on how the test was done” in their lab. They did not claim that this test method was validated or verified for universal use. Nevertheless, by 22 June, “CDC in collaboration with US department of HHS began shipping orthopoxvirus tests to five commercial laboratory companies, including the nation’s largest reference laboratories.” Buoyed by the prospect of sharpening the most lucrative tool, [HHS secretary said](#).

“All Americans should be concerned about monkeypox cases. Thankfully we have right now the tools to fight and treat cases in America by dramatically expanding the number of testing locations throughout the country, we are making it possible for anyone who needs to be tested to do so.”

All the hypes and hooplas about monkeypox and cacophony on mounting co-ordinated response with already approved vaccine, test method and drugs failed to seduce the monkeypox virus due to a simple reason. It is the fact that monkeypox has remained endemic in the wretchedly poor west and central African countries for last three decades causing almost zero death in healthy individuals. Therefore, when this self-limiting virus was reported to have hopped too far, on the developed European countries and number of exported cases occurred in hundreds which are far in excess of that happened in the countries where it is endemic, it poses an uncanny situation for the epidemiologists who are thinking very seriously to restore people’s trust in their science. Given the lack of validation and verification of generic rt-PCR tests, the poxvirus must have encountered profound identity crisis. So did Mr. Tedros, but in his case, credibility crisis has become so much disabling that monkeypox scare is surely fizzling out from public psyche.

What are the possibilities of the answer being “No”?

Let’s begin with a fundamental question, will the scare of PHEIC or future pandemic end with the frenzy on monkeypox losing steam?

Answer is a resounding ‘No’.

It is because fear is universal in nature. It has no species, family or population and pathogen specificity. So do the vaccines developed by CEPI **against new and unknown pathogen**. Does it sound crazy? May be.

But, the claims made by CEPI (Coalition for Epidemic Preparedness & Innovations) are far more weird. The CEO of CEPI wrote an [article](#), “Could monkeypox give us an R&D blueprint to end pandemics?” on 24 May, 2022. He said that wiping out a deadly disease called smallpox was the crowning glory.

Yet, he wanted us to believe that they have created a global stockpile of smallpox vaccine and anti viral drugs for use in case of outbreak or bio-terrorist attack. Even in wildest fantasy, it is difficult to conjure up bio-terrorists innovating means to weaponise an eradicated virus so much so that it would cause epidemic outbreak.

If they really exist on this planet and they are armed with cutting edge technology of genetically manipulating a plethora of deadly pathogens, why raising a gigantic fund of 3.5 billion US\$. Why not eradicating the imagined bio-terrorists? Why so much furore and funding(read investment) to put out imaginary fire, instead of stamping out the source of fire? The greatest lesson of Covid 19 is that common sense and plain truths are the principal

targets of blitzkrieg of high voltage campaign spiced up with pseudo- scientific jargons. As a perfect example of this fact, let me cite an outlandish [statement of CEO of CEPI](#),

“COVID-19, and now monkeypox, have made us all too aware of an unfortunate biological truth: viruses do not respect borders. But if governments and industry can work together, transcending those same borders that viruses so effortlessly pass through, we can create a vaccine library with prototype vaccines against almost any viral threat.”

Nevertheless, the most pragmatic lessons learnt by Mr.Tedros is this – “let me highlight three specific lessons as they relate to CEPI, our CEPI”. In the [key note speech at Global Pandemic Preparedness Summit](#), on 8 March, 2022 he made this statement explaining further,

“A commitment to CEPI is commitment to science.” “fully funded CEPI is a commitment for better future”. “That’s why I welcome CEPI’s 100 Days Mission and urge donors to fully fund CEPI’s 3.5 billion US dollar investment case.”

Such a glib talk makes us curious to know something more about his CEPI. It is a WHO-mediated platform for worldwide promotion of vaccines, drugs and diagnostics under the pretext of pandemic preparedness. Structurally, it is a [coalition](#) of big pharma companies manufacturing vaccines, anti- virals and diagnostics, big financial and banking giants like Goldman Sachs and private organizations like Welcome trust, Bill & Melinda Gates Foundation & World Economic Forum. Founded in Davos summit of WEF in 2017, It coaxed most of the governments across the world to pump money into it’s coffer.

[It’s annual report of 2020](#) mentioned that one of it’s missions is “to fill the critical gap in vaccine eco-system”. Needless to say that the critical gap is not imaginary, it is real. It owes it’s existence to the gap between production and market. They also answered how would they fill this ‘gap’-

Firstly. By moving vaccine candidate [before epidemic begins and stockpiling for use in outbreak](#). Secondly, Development of vaccine against [NEW & UNKNOWN pathogen](#).

It must be appreciated that they have enough wisdom to predict that the new and unknown virus will not only respect border but will certainly respect their seamless business strategy across the borders and will not undermine the critical gap they are bridging up. Anyone may ask, how will they manage the critical gap while taking out the chosen vaccine from the shelves of their so called vaccine library within 100 days, if drug regulatory bodies approves them only after due process?

The thought leaders of CEPI has already roped in EMA, FDA and WHO by co-opting them as a part of [co-ordination group](#). On the otherside of the spectrum of this formidable coalition, the scientists and researchers are sitting in the [scientific advisory committee](#). Quite expectedly, these greatest scientists of our time will be churning out hundreds of research papers and study results to justify the making of vaccines against new and unknown pathogen.

The whole pandemic preparedness project thus appears so watertight that no amount of truth-seeking criticism or relentless questioning will be able to make a dent on it. This is the

reason why CEPI can non-chalantly say that they have had five priority pathogens on their portfolio. They even [clarified](#). “In 2019, there were outbreaks of all of CEPI’s priority pathogens: Ebola, Nipah, MERS, Lassa, Rift, Chikungunya as well as many other diseases.”

Finally, the bombshell was dropped by Mr. Tedros himself. He clarified in his [keynote speech](#) at CEPI summit that two years before the CEPI was born or by 2015 they had already developed vaccines against SARS, MERS and yet then unidentified disease X which turned out to be Covid 19. He [added](#),

“But of course, COVID-19 will not be the last Disease X.” and

“we are here to prepare for respond rapidly to future pandemics” and most important of all,

“This pandemic(Covid 19) is not over anywhere until it is over everywhere.”

Therefore, the pandemic preparedness is essentially a formidable two-pronged tool. On the one hand, there is the pretext of perpetual pandemic and on the other hand there shines the monkeypox-inspired blue print of R & D for vaccines for all possible future outbreaks. This is the reason why the saga of monkeypox is not going to fizzle out with the temporary waning of co-ordinated cacophony.

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