

Ensuring appropriate reporting and surveillance of monkeypox cases in Nigeria

Francisca Ogochukwu Onukansi¹, Don Eliseo Lucero-Prisno III^{2,3}

AFFILIATION

1 Department of Public Health, Federal University of Technology Owerri, Owerri, Nigeria

2 Department of Global Health and Development, London School of Hygiene and Tropical Medicine, London, United Kingdom

3 Faculty of Management and Development Studies, University of the Philippines Open University, Los Baños, Philippines

CORRESPONDENCE TO

Francisca Ogochukwu Onukansi. Department of Public Health, Federal

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University of Technology Owerri, 1526, PMB, Owerri, Ihiagwa, Nigeria.

E-mail: onukansifrancisca@gmail.com

ORCID ID: <https://orcid.org/0000-0001-9262-1135>

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Dear Editor,

The human monkeypox virus, which first appeared in 1970s in central Africa, is undoubtedly being given little attention in Nigeria. This is despite the fact that it is now considered to be a Public Health Emergency of International Concern¹. Before this recent outbreak, human monkeypox outbreaks were already recorded in the Democratic Republic of the Congo (DRC), Central African Republic (CAR), Cameroon, Republic of Congo (ROC), Liberia, and Nigeria, between August 2017 and August 2018². From January to July 2022, there have been 357 suspected cases and 133 confirmed cases in 26 states in Nigeria³.

Monkeypox virus is transmitted through bodily fluids and close skin-to-skin contact, including through sexual activity⁴. Despite the media raising awareness of the virus, there are still no behavioral changes, and the attitude of the population remains the same⁵. This happens within the context of a declining immunity to smallpox and a rise in the incidence in the country⁶. The need for an effective risk communication strategy thus becomes imperative. It has been observed that the media have a way of reporting outbreaks, which evokes more fear and anxiety among the population instead of educating them. For instance, when the first cases of human monkeypox were reported in Nigeria, the media exaggerated the symptoms and the impact of the virus, by using unverified pictures of people with skin rashes. The media even branded the outbreak 'a new airborne Ebola'⁷, leading to a lack of trust in the media. Subsequent information regarding the outbreak was not believed to be true eventually. During the outbreak in 2017, conflicting reports were reported by the media regarding preventive measures against the virus. This resulted in skepticism amongst the general population about messages on health prevention⁷. The rumor that the Nigeria military

was responsible for injecting school children with the monkeypox virus, as reported by the media, led to the closure of schools⁷. It is therefore imperative to shift the role of the media from one that is disruptive to one that performs a role of a partner in containing and stopping the spread⁸. With the recent resurgence, there is a need to strategically strengthen risk communication and revert the trust of the population to the media.

It has also been reported that the ongoing COVID-19 pandemic led to a drastic reduction in the surveillance and reporting of monkeypox disease in Nigeria⁹. With reported cases of human monkeypox virus being transmitted through contact with or consumption of animals such as rats, squirrels, and other primates¹⁰, there is a need to continue surveillance in the country.

The current situation provides a wake-up call for the government, to address the distrust towards the media by the population and further develop surveillance systems for the appropriate monitoring of outbreaks.

REFERENCES

1. de Menezes Filho ACP, Ventura MVA, Alves I, Taques AS. Monkeypox: World health emergency in 2022. *Brazilian Journal of Science*. 2022;1(10):5-11. doi:10.14295/bjs.v1i10.180
2. Beer EM, Rao VB. A systematic review of the epidemiology of human monkeypox outbreaks and implications for outbreak strategy. *PLoS Negl Trop Dis*. 2019;13(10):e0007791. doi:10.1371/journal.pntd.0007791
3. An Update of Monkeypox Outbreak in Nigeria. Nigeria Centre for Disease Control. Accessed July 30, 2022. <https://ncdc.gov.ng/diseases/sitreps/?cat=8&name=An%20Update%20of%20Monkeypox%20outbreak%20in%20Nigeria>
4. Heskin J, Belfield A, Milne C, et al. Transmission of monkeypox virus through sexual contact – A novel

- route of infection. *J Infect.* 2022;85(3):334-363. doi:10.1016/j.jinf.2022.05.028
5. Wogu JO, Chukwu CO, Orekyeh ESS, Nwankiti CO, Okoye-Ugwu S. Assessment of media reportage of monkeypox in southern Nigeria. *Medicine (Baltimore).* 2020;99(5):e17985. doi:10.1097/MD.00000000000017985
 6. Nguyen PY, Ajisegiri WS, Costantino V, Chughtai AA, MacIntyre CR. Reemergence of Human Monkeypox and Declining Population Immunity in the Context of Urbanization, Nigeria, 2017–2020. *Emerg Infect Dis.* 2021;27(4):1007-1014. doi:10.3201/eid2704.203569
 7. Oyebanji O, Ofonagoro U, Akande O, et al. Lay media reporting of monkeypox in Nigeria. *BMJ Glob Health.* 2019;4(6):e002019. doi:10.1136/bmjgh-2019-002019
 8. Cui J, Sun Y, Zhu H. The Impact of Media on the Control of Infectious Diseases. *J Dyn Differ Equ.* 2008;20(1):31-53. doi:10.1007/s10884-007-9075-0
 9. Amao LK, Olatunji DI, Igbodo G, et al. Trend and enhanced surveillance of Monkeypox during COVID-19 pandemic in Nigeria. *J Public Health Afr.* 2022;13(1):2184. doi:10.4081/jphia.2022.2184
 10. Ogoina D, Izibewule JH, Ogunleye A, et al. The 2017 human monkeypox outbreak in Nigeria—Report of outbreak experience and response in the Niger Delta University Teaching Hospital, Bayelsa State, Nigeria. *PLoS One.* 2019;14(4):e0214229. doi:10.1371/journal.pone.0214229

CONFLICTS OF INTEREST

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