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Letter to the Editor

The greatest threat to mpox control is institutional amnesia

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Dear Editor,

As mpox incidence declines in several affected countries, there is a risk that surveillance and vaccination capacities established during recent outbreaks will diminish. Such erosion may occur given the persistence of the biological and epidemiological conditions that facilitated mpox reemergence.

The 2024–25 mpox outbreak in Uganda highlighted the importance of aligning vaccination strategies with transmission dynamics. Although ring vaccination has traditionally been recommended for mpox control, its effectiveness depends on timely identification of cases and contacts. During the Ugandan outbreak, transmission occurred predominantly within sexual networks where contacts were frequently anonymous or difficult to trace. Enhanced surveillance and outbreak investigations therefore served not only to detect cases, but also to characterize transmission pathways. These observations enabled vaccination to be directed toward epidemiologically defined high-risk populations rather than exclusively toward identified contacts. The subsequent decline in transmission suggests that understanding transmission networks may be as important as vaccine availability itself.

The need to preserve these capacities is reinforced by broader epidemiological trends. Nearly five decades after the cessation of routine smallpox vaccination, population-level immunity to orthopoxviruses has progressively declined, creating an expanding pool of susceptible individuals and increasing the potential for sustained transmission [1].

Similarly, the unexpected emergence of monkeypox virus (MPXV) Clade Ib provided a substantial impact and shift on disease epidemiology posing a considerable public health threat due to its enhanced transmission potential and the severity of illness it causes [2]. These findings underscore a fundamental limitation of current surveillance systems: emerging pathogens may evolve and spread long before they are recognized as public health threats. The challenge is therefore not only responding to outbreaks but also detecting them sufficiently early to alter their trajectory.

This concern is compounded by evidence of continued genomic evolution within Clade Ib and sustained human-to-human transmission across multiple countries [3,4]. Although the implications of these evolutionary changes remain uncertain, they reinforce the need for surveillance systems capable of detecting epidemiological and virological shifts before widespread dissemination occurs.

Surveillance and vaccination represent complementary components of outbreak control. Surveillance, including molecular techniques, identifies emerging transmission networks and changing epidemiology, while vaccination provides a mechanism to interrupt transmission once those networks are recognized. Loss of either capacity diminishes the effectiveness of the other.

The next mpox epidemic is unlikely to emerge because surveillance failed or vaccines were unavailable in isolation; it will emerge because both were allowed to erode simultaneously.

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Conflict of interest

No conflict of interest is declared.

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