

Epidemiological and clinical characteristics of mpox cases: reply

The letter published containing comments about the study entitled *Epidemiological and clinical characteristics of monkeypox cases in Brazil in 2022: a cross-sectional study* emphasizes the need for laboratory quality control and awareness of health professionals as success factors for the early identification of mpox.¹ We take this opportunity to highlight that, in order to achieve the objective of comprehensive care in this context, we also consider public health surveillance, monitoring and research to be relevant. The purpose of the manuscript was to present the profile of mpox infection in Brazil from the point of view of surveillance, which goes beyond laboratory diagnosis and professional training, also considering the clinical and epidemiological aspects of reported cases. Its focus was on identifying trends, describing the disease pattern and documenting this health condition.²

Of the 33,513 notified cases, 27,776 (82.9%) had a record of a laboratory test having been performed and the test result was pending for 1,587 of them on the date of the study. Almost all confirmed cases (99.8%; 7,784) and discarded cases (99.2%; 17,891) had a laboratory diagnosis. Also, of the 456 cases that had inconclusive or indeterminate test results, eight were classified as confirmed and 112 as discarded, according to other epidemiological criteria established by the health surveillance service. It is worth noting that, indeed, difficulty in accessing laboratory diagnosis and the need to train health teams to identify cases and interpret results, are additional barriers to controlling the outbreak.

In Brazil, laboratory confirmation of mpox is done by molecular testing (q-PCR) followed by the sequencing technique, in accordance with the recommendations of the Brazilian National Health Surveillance Agency (Agência Nacional de Vigilância Sanitária - ANVISA). There are countless factors that can contribute to false-negative results, ranging from technical reasons to poor sample quality.^{3,4}

We recognize as legitimate educational actions in the health sector determined by the emergence of theoretical and methodological contributions, in the face of the appearance of new diseases, and we reiterate the importance of continuing professional training.⁵

Ana Roberta Pascom¹, Isabella Nepomuceno de Souza¹, Amanda Krummenauer¹,
Magda Machado Saraiva Duarte¹, Janaina Sallas¹, Daniela Buosi Rohlf¹,
Gerson Mendes Pereira¹, Arnaldo Correia de Medeiros¹, Angelica Espinosa Miranda¹

¹Ministério da Saúde, Secretaria de Vigilância em Saúde, Brasília, DF, Brasil

CONFLICT OF INTEREST

The authors declare there is no conflict of interest.

Correspondence: Isabella Nepomuceno de Souza | E-mail: isabella.souza@ aids.gov.br

REFERENCES

1. Mungmunpuntipantip R, Wiwanitkit V. Características epidemiológicas e clínicas dos casos de varíola símia: Correspondência. *Epidemiol Serv Saude*. 2023;32(1):e2023009. doi: 10.1590/S2237-96222023000100026
2. Waldman EA. Usos da vigilância e da monitorização em saúde pública. *Inf Epidemiol SUS*. 1998;7(3):7-26. doi: 10.5123/S0104-16731998000300002
3. Ministério da Saúde (BR). Secretaria de Vigilância em Saúde. Plano de contingência Nacional para Monkeypox (versão 02) - Centro de Operações de Emergência em Saúde Pública: COE Monkeypox [Internet]. Brasília: Ministério da Saúde; 2022 [atualizado 2022 Ago 25; citado 2023 Jan 26]. Disponível em: <https://www.gov.br/saude/pt-br/composicao/svs/resposta-a-emergencias/coes/monkeypox/plano-de-contingencia>
4. Universidade Federal do Rio Grande do Sul. Programa de Pós-Graduação em Epidemiologia. TelessaúdeRS (TelessaúdeRS-UFRGS). Como é realizado o diagnóstico laboratorial da Monkeypox? [Internet]. Porto Alegre: TelessaúdeRS-UFRGS; 2022 [atualizado 2022 Set 27, citado 2023 fev 08]. Disponível em: <https://www.ufrgs.br/telessauders/perguntas/como-e-realizado-o-diagnostico-laboratorial-da-monkeypox/>
5. Carvalho WMES, Teodoro MDA. Educação para os profissionais de saúde: a experiência da Escola de Aperfeiçoamento do SUS no Distrito Federal, Brasil. *Cien Saude Colet*. 2019;24(6):2193-201. doi: 10.1590/1413-81232018246.08452019