

Review of: "Monkeypox among linked heterosexual casual partners in Bayelsa, Nigeria"

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Potential competing interests: The author(s) declared that no potential competing interests exist.

Many thanks for the opportunity to review this case report. I have some suggestions for the authors.

Abstract: Please spell out MSP and CCS the first time you use it.

Introduction: the major source and modes of transmission of monkeypox remains largely unknown

Methods: Please provide the letter number under which ethical approval was obtained.

Please describe in more detail the PCR test used to diagnose MPV, or provide a reference where this is mentioned in.

Results: You excluded an 8th case since no contact details were available. Yet, it could be of value to report on the sexual behaviour of this 8th case. Do you have any information available?

"Three (42.9%) of the seven cases reported potential exposures to the MPV before the appearance of the genital rash." Please explain how you define a potential exposure based on the patient history.

In the case descriptions, please change vulva lesions/rash > vulvar lesions/rash

"An unspecified intramuscular ingestion received at a patent medicine store." Please rephrase ingestion.

Discussion: Please spell out IP the first time you use it.

You mention: "The short IP could also indicate early and direct inoculation of the virus to the blood from the genital tract during sexual activity." in the Lancet paper of Tarin, it was noticed that receptive anal contact was associated with a shorter incubation period than insertive anal contact. Dit you see an association between IP and mode of sexual contact, i.e. receptive or insertive contact / women and men?

"it seems that African countries will have access to MPX-countermeasures such as vaccines and therapeutics only after the global north will have controlled their outbreak." Sadly, this was also the case in the fight against COVID-19.

"None of our patients belonged to the LGBTQ social group and none reported same-sex or bisexual orientation." Could there be an underreporting was due to stigma be involved here as well? Could you please elaborate on the role of stigma, not only in relation to non-heterosexual contact, but also in relation to the help seeking behaviour of unspecified intramuscular medications received at a patent medicine store or private clinic 4/7 cases?