Is mpox an STI? The societal aspects and healthcare implications of a key question

OPEN LETTER

REVISED Is mpox an STI? The societal aspects and healthcare implications of a key question [version 2; peer review: 2 approved]

Jaime Garcia Iglesias[1], Maurice Nagington[2], Martyn Pickersgill[1], Michael Brady[3], Claire Dewsnap[4], Liz Highleyman[5], Francisco Javier Membrillo de Novales[6], Will Nutland[7], Steven Thrasher[8], Eric Umar[9], Ian Muchamore[1], Jamie Webb[10]

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Abstract
This letter explores the societal aspects and healthcare implications that underlie thinking about mpox (formerly known was monkeypox), in the 2022 outbreak, as a sexually transmitted infection (STI). The authors examine what underlies this question, exploring what is an STI, what is sex, and what is the role of stigma in sexual health promotion. The authors argue that, in this specific outbreak, mpox is an STI among men who have sex with men (MSM). The authors highlight the need of critically thinking about how to communicate effectively, the role of homophobia and other inequalities, and the importance of the social sciences.

Keywords
Monkeypox, STI, sex, sexual health, public health, social sciences

Open Peer Review

Approval Status ✓ ✓

	1	2
version 2 (revision) 04 Jul 2023		✓ view
version 1 11 Oct 2022	✓ view	? view

1. **John Gilmore**, University College Dublin, Dublin, Ireland

2. **Dennis Altman**, La Trobe University, Melbourne, Australia

Any reports and responses or comments on the article can be found at the end of the article.

Corresponding author: Jaime Garcia Iglesias (garciaiglesiasjaime@gmail.com)

Author roles: Garcia Iglesias J: Conceptualization, Formal Analysis, Funding Acquisition, Investigation, Project Administration, Supervision, Validation, Writing – Original Draft Preparation, Writing – Review & Editing; **Nagington M**: Conceptualization, Formal Analysis, Funding Acquisition, Investigation, Project Administration, Validation, Writing – Original Draft Preparation, Writing – Review & Editing; **Pickersgill M**: Conceptualization, Investigation, Validation, Writing – Review & Editing; **Brady M**: Conceptualization, Investigation, Writing – Review & Editing; **Dewsnap C**: Conceptualization, Investigation, Writing – Review & Editing; **Highleyman L**: Conceptualization, Investigation, Writing – Review & Editing; **Membrillo de Novales FJ**: Conceptualization, Investigation, Writing – Review & Editing; **Nutland W**: Conceptualization, Investigation, Writing – Review & Editing; **Thrasher S**: Conceptualization, Investigation, Writing – Review & Editing; **Umar E**: Conceptualization, Investigation, Writing – Review & Editing; **Muchamore I**: Conceptualization, Investigation, Writing – Review & Editing; **Webb J**: Formal Analysis, Project Administration, Writing – Review & Editing

Competing interests: No competing interests were disclosed.

Grant information: MP is currently in receipt of funds from Wellcome [223615; 218471; 209519], UK Medical Research Council (MRC) [MR/S035818/1], UK Economic and Social Research Council (ESRC) [ES/T014164/1], and Leverhulme Trust [RPG-2020-295]. JGI is in receipt of funds from the Sociology of Health and Illness Foundation [Mildred Baxter Postdoctoral Fellowship 2021] and the UK Economic and Social Research Council (ESRC) [ES/W002426/1].
The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

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First published: 11 Oct 2022, **7**:252 https://doi.org/10.12688/wellcomeopenres.18436.1

REVISED **Amendments from Version 1**

This revised version adopts the term "mpox" (which came to replace "monkeypox"), and provides more information on what mpox is.

Any further responses from the reviewers can be found at the end of the article

Disclaimer

The views expressed in this article are those of the author(s). Publication in Wellcome Open Research does not imply endorsement by Wellcome.

Introduction

Since May 2022, non-endemic countries have been experiencing an outbreak of mpox, formerly known as monkeypox, a disease cause by an orthopox virus. Historically endemic to countries in central and west Africa, since 2022, cases have been reported in countries without previous documented transmission. Mpox can be transmitted from animals to humans or from humans to humans (as in the 2022 outbreak) (Vaughan *et al.*, 2022; Thornhill *et al.*, 2022). On July 23rd, 2022, the World Health Organization (WHO) declared mpox "a public health emergency of international concern" and, in August, the White House declared it a "public health emergency." At the time of writing (September 30, 2022), over 67,000 confirmed cases have been reported across 106 countries, mostly in Europe and the Americas by WHO.

Compared with previous or historic outbreaks in Africa (and, particularly, in Nigeria), the current outbreak presents some significant differences: over 97% of reported cases are male; among cases with available sexual orientation data, over 89% are gay, bisexual, or other men who have sex with men (MSM); a sexual encounter is the most commonly reported type of transmission (>87%) and a 'party with sexual contacts' the most likely reported exposure setting (over 50%). Case manifestations also differ, with anogenital lesions and single lesions being more common than in previous outbreaks (Català *et al.*, 2022; Thornhill *et al.*, 2022). These differences have led many (Fischer 2022, Highleyman 2022, Moniuszko 2022) to wonder: Is mpox, in the 2022 outbreak, a sexually transmitted infection (STI)?

Characterizing mpox as an STI does nothing to alter the biological realities of the virus, its symptoms, or the pain afflicted people experience. The wider implications, however, are numerous. At the individual and practical level, it might help stimulate the development of robust and targeted information about transmission for those most at risk. At the public health system and health service delivery levels, it will shape and influence key decisions around the surveillance and management of this current outbreak. At the policy and economic level, it will release - or in some cases limit - funding and political urgency. At the conceptual level, it will involve debates about the meanings of health, disease, and sex. Here, we examine what underlies this larger question, exploring what is an STI, what is sex, and what is the role of homophobia in sexual health promotion. We argue that, in this specific outbreak, mpox is, in effect, an STI among MSM. This, in turn, underscores the need for important conversations about how to communicate effectively, the role of homophobia and other inequalities, and the importance of the social sciences and societal transformations.

What is an STI?

The World Health Organization defines sexually transmitted infections as those which are "transmitted through sexual contact, including vaginal, anal and oral sex." Classic examples of STIs include syphilis, chlamydia, HIV, and gonorrhea. This definition, however, is somewhat more complicated on two fronts. First, some of the better known STIs, such as HIV, are also frequently transmitted non-sexually. For example, many countries have experienced outbreaks of HIV among people who inject drugs (e.g. Paraskevis *et al.*, 2013). Conversely, some diseases that are not widely recognized as STIs, such as hepatitis C, can be transmitted via sex. Second, speaking about sexual transmission requires some shared understanding of what we consider to be 'sex'. As we will see in the next section, this is not necessarily straightforward.

Defining mpox as an STI would imply that the responsibility for managing it falls to sexual health services, where they exist. There are clear benefits to this: Sexual health clinicians and community partners have a wealth of expertise in developing effective interventions and messages that target men who have sex with men and other groups at risk for STIs, in the face of stigma (Race, 2021). However, sexual health is often chronically underfunded and tends to be difficult to access (Iacobucci & Torjesen, 2017). Adding acute or ongoing mpox outbreaks to the workload of sexual health providers, without building additional capacity, will deepen existing inequalities and access problems.

Defining mpox as an STI may also transform how it is perceived. Far from the global, societal threat that characterizes COVID-19, considering mpox to be an STI may cause it to be perceived as a problem only for certain individuals. In the case of HIV, the advent of effective medications in the Global North contributed to policy shifting from seeing the virus as a societal issue to seeing it as an individual health condition, thwarting social action and deepening inequalities (Catalan *et al.*, 2021; Kagan, 2018).

What is sex?

In recent decades, there has been a broadening and transformation of the range of practices generally considered to be sexual contact. This includes the development of new technologies and the incorporation into the mainstream of traditionally minority activities, such as kink or BDSM (Plummer, 2003; Sundén & Paasonen, 2020; Wignall, 2022). For example, a recent debate in the *BMJ* centered on whether women engaging in 'anal sex' had specific sexual health needs (Gana & Hunt, 2022, see rapid responses). People who engage in more novel

or previously less visible (to the mainstream) practices require targeted sexual health promotion and care, both because of the practical implications of some of those practices and because of the oftentimes negative societal perceptions and stigma that surround them (McGregor, 2015; Waldura *et al.*, 2016; Sprott & Randall, 2017).

Different sexual practices may be related to diverse clinical presentations (Tarín-Vicente *et al.*, 2022). The range of practices that specific communities, such as MSM, associate with sex but which do not consist of penile penetration also needs to be taken into account in the development of health promotion around mpox. Community organizations have, for instance, identified the need to develop guidance that directly addresses particular sex practices such as the eroticized wearing of rubber or leather, bondage, or watersports. These practices, however, may not always be recorded as 'sex' in surveys or statistical data, demonstrating how slippery the notion of 'sex' can be.

What is the role of stigma in sexual health promotion?

If mpox is defined as an STI, it will be directly associated with sex and, more specifically, with 'gay sex,' since men who have sex with men – often wrongly subsumed under the label 'gay' – remain disproportionally affected in the current outbreak. Commentators have argued that this might lead to deepening stigmatization and further attacks on LGBT people, who might be seen as 'dirty' or 'reckless,' and it could also become a tool to further criminalize sex between men. This is far from new: HIV has, for decades, been leveraged to legitimize and justify pre-existing homophobic, transphobic, and racist agendas (Weeks, 1981). By emphasizing sex between men, there remains a risk that health promotion programmes could reinforce stereotypes of MSM as inherently 'promiscuous' (with all the stigma associated with multiple or anonymous sexual partners). Consequently, the marginalization experienced by affected people could be compounded. Further, the association of mpox with being gay could discourage MSM who do not see themselves as gay or bisexual – for example, MSM who identify as heterosexual – from adequately engaging with health information and services.

Some might argue, therefore, that it is preferable to avoid such associations between mpox and sex. Indeed, assertions that 'anyone can get mpox' circulate widely across health and popular outlets. However, these assertions do not reflect the data which suggest, as discussed above, that men who have sex with men have mostly contracted mpox in 2022, and that sexual encounters – not household contact or sharing of towels or touching door handles – have been reported as the leading route of transmission. If policy around mpox is embedded with narratives that fail to emphasize the role of sex between men, there is a risk that accurate, evidence-based information will not reach key groups and may lead to inadequate or inappropriate measures being implemented. Perhaps more dangerously, incomplete information about actual transmission routes and settings may lead to the assumption that gay men, based on the simple fact of being gay, are vectors of disease.

So, is mpox an STI?

We want to answer this question because whether mpox is, or is not, an STI alters how it is understood within societies and has implications for healthcare policy, funding, and practice. On balance, we believe that mpox should be regarded in countries where it is not endemic as an STI because most transmissions reported to date have occurred during sexual encounters and in sexual settings. This view is limited to the current context, framed by wider assumptions about what sex, sexual health, homophobia, and public health look like. Further, we are mindful that - similar to hepatitis C (Rauch & Wandeler, 2021) - mpox might be an STI only in certain communities, namely MSM, and do not discount other routes of transmission.

From messaging and technology to social understanding and action

That mpox may be an STI among MSM in the current outbreak in non-endemic countries raises questions about what kind of public health messaging could be developed and delivered that both provides evidenced-based information to the communities most at risk while avoiding further stigmatization. This is further complicated by the 'social life' of viruses: They are always responded to within the context of pre-existing social and political agendas and ideologies, ones that often reflect prevailing power structures (Pickersgill *et al.*, 2022; Treichler, 1987). However, co-producing communication strategies with MSM communities themselves is a vital first step.

There is a real risk that mpox could becomes associated with gay men through homophobic tropes. However, this risk will not be resolved by simply avoiding discussion of the epidemiological evidence. Instead, mpox underscores the need for concerted structural and systemic interventions that specifically address ongoing homophobia and stigma. This is particularly relevant for STIs: stigma remains a key barrier to effective prevention and care for HIV worldwide—as highlighted by UNAIDS, and it may well also determine the evolution of the current mpox outbreak. Responses to mpox could serve to propel better understandings of the intersectional inequalities that MSM experience, and accelerate the collapse of barriers to sexual health care (Eaton *et al.*, 2015; Titanji, 2022).

Rather than focusing on systemic change (large scale structural and social changes that could prevent or help address present and future outbreaks), the focus of policymakers when confronted with epidemics has too often been placed on developing technological fixes: early diagnostic tests, increasing vaccine production, effective treatments, etc. As important as they are, tests, vaccines, and pharmacological treatment alone will not solve mpox. While an intervention may rely on a specific vaccine or drug, it requires a nuanced understanding of how communities make sense of health, disease, and risk (Auerbach & Hoppe, 2015; Garcia-Iglesias, 2022).

This is one of several vital roles that the humanities and social sciences could play in tackling mpox (Pickersgill & Smith, 2021). We need to understand mpox not simply as an individual ailment but as a social phenomenon that exists in a context of intersecting dynamics of health and disease, equity, sexuality, and many others. It is through such understanding that we can begin to comprehend its full magnitude – and so to address it thoughtfully, carefully, and impactfully.

Data availability

No data are associated with this article.

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Open Peer Review

Current Peer Review Status: ✔ ?

Version 1

Reviewer Report 24 October 2022

https://doi.org/10.21956/wellcomeopenres.20444.r52759

?

Dennis Altman
La Trobe University, Melbourne, Vic, Australia

This article is soundly based and deserves indexing, but it also feels already somewhat dated. The authors do not reflect on how various rich countries have responded to monkey pox, even though in many cases they have actually adopted guidelines very similar to those proposed in the letter. [I am most familiar with the Australian case, which was a good example of making information and vaccines available through services targeting MSM—while also showing an awareness of the dangers of stigmatisation.] It would be useful to examine responses in several of the countries reporting major outbreaks to ask how far they have adhered to the suggestions in this paper.

I think it would be useful to initially provide a definition of monkey pox, and maybe a sentence or two explaining how it was first detected amongst men outside Africa. And it is not clear to me what sort of “systemic changes”—the phrase used in the final paragraph—would be required to deal with what now seems to be a declining outbreak. I am sympathetic to the call for better understanding of communities and the social dimension of epidemics, but I would like a more concrete discussion of what this would mean in terms of the current monkey pox situation.

Is the rationale for the Open Letter provided in sufficient detail?
Yes

Does the article adequately reference differing views and opinions?
Partly

Are all factual statements correct, and are statements and arguments made adequately supported by citations?
Yes

Is the Open Letter written in accessible language?
Yes

Where applicable, are recommendations and next steps explained clearly for others to follow?
Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: I have a long record of publications about HIV, but as a political scientist and not a public health expert

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.

Reviewer Report 19 October 2022

https://doi.org/10.21956/wellcomeopenres.20444.r52760

John Gilmore
School of Nursing, Midwifery and Health Systems, University College Dublin, Dublin, Ireland

This letter adds significantly to contemporary discourse surrounding the WHO designated public health emergency in response to monkeypox.

The authors highlight important points such as the role of stigma and its impact on public health messaging and broader sexual health promotion.

The letter stimulates thinking around the 'what if?' of categorisation of infection and disease as sexually transmitted or otherwise, this is an important consideration for us going forward in an era where much has changed in relation to prevention and treatment of STIs and indeed contemporary discourse about risk and sexual behaviour.

Further work on the clinical consequences around disease categorisation is warranted and no doubt the letter will stimulate clinicians to ponder this point.

When considering the role of stigma in health promotion we should also consider the role of community-led activism in ensuring appropriate responses to health emergencies, this is not particular to communities of gay and bisexual men but certainly evident.

There is much to learn from the current public health emergency, and incumbent on health researchers, clinicians and organisations to take heed to the very poignant social considerations such as the ones highlighted in this letter.

It is commendable to see the collaboration between clinician, researcher and community activist authors.

Is the rationale for the Open Letter provided in sufficient detail?
Yes

Does the article adequately reference differing views and opinions?
Yes

Are all factual statements correct, and are statements and arguments made adequately supported by citations?
Yes

Is the Open Letter written in accessible language?
Yes

Where applicable, are recommendations and next steps explained clearly for others to follow?
Yes

Competing Interests: A number of the authors are known to me from social media and wider professional circles, but I have not worked directly with any of the authors.

Reviewer Expertise: Inclusion Health; Gender and Sexual Minority Healthcare; Sexual Health; Nursing

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.

Author Response 19 Oct 2022

Jaime Garcia Iglesias

We thank Dr Gilmore for their kind feedback. We agree that this should be an ongoing conversation that speaks to deeper themes about stigma, care, and health beyond the current monkeypox outbreak. We hope, as does Dr Gilmore, that research will address these issues in the near future.

Competing Interests: No competing interests were disclosed.

Open Peer Review

Current Peer Review Status: ✔ ✔

Version 2

Reviewer Report 07 July 2023

https://doi.org/10.21956/wellcomeopenres.21801.r62031

✔ **Dennis Altman**
La Trobe University, Melbourne, Vic, Australia

I have read the reviewed article and am totally satisfied. I have nothing further to add except to congrtaulate the writers on their contribution.

Competing Interests: No competing interests were disclosed.

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.

Version 1

Reviewer Report 24 October 2022

https://doi.org/10.21956/wellcomeopenres.20444.r52759

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Competing Interests: No competing interests were disclosed.

Reviewer Expertise: I have a long record of publications about HIV, but as a political scientist and not a public health expert

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.

Reviewer Report 19 October 2022

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John Gilmore

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This letter adds significantly to contemporary discourse surrounding the WHO designated public health emergency in response to monkeypox.

The authors highlight important points such as the role of stigma and its impact on public health messaging and broader sexual health promotion.

The letter stimulates thinking around the 'what if?' of categorisation of infection and disease as sexually transmitted or otherwise, this is an important consideration for us going forward in an era where much has changed in relation to prevention and treatment of STIs and indeed contemporary discourse about risk and sexual behaviour.

Further work on the clinical consequences around disease categorisation is warranted and no doubt the letter will stimulate clinicians to ponder this point.

When considering the role of stigma in health promotion we should also consider the role of community-led activism in ensuring appropriate responses to health emergencies, this is not particular to communities of gay and bisexual men but certainly evident.

There is much to learn from the current public health emergency, and incumbent on health researchers, clinicians and organisations to take heed to the very poignant social considerations such as the ones highlighted in this letter.

It is commendable to see the collaboration between clinician, researcher and community activist authors.

Is the rationale for the Open Letter provided in sufficient detail?

Yes

Does the article adequately reference differing views and opinions?

Yes

Are all factual statements correct, and are statements and arguments made adequately supported by citations?

Yes

Is the Open Letter written in accessible language?

Yes

Where applicable, are recommendations and next steps explained clearly for others to follow?

Yes

Competing Interests: A number of the authors are known to me from social media and wider professional circles, but I have not worked directly with any of the authors.

Reviewer Expertise: Inclusion Health; Gender and Sexual Minority Healthcare; Sexual Health; Nursing

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.

Author Response 19 Oct 2022

Jaime Garcia Iglesias

We thank Dr Gilmore for their kind feedback. We agree that this should be an ongoing conversation that speaks to deeper themes about stigma, care, and health beyond the current monkeypox outbreak. We hope, as does Dr Gilmore, that research will address these issues in the near future.

Competing Interests: No competing interests were disclosed.