



Stigma and public health responses: Lessons learnt from the COVID-19 pandemic to inform the recent monkeypox outbreak

Dear Editor,

Monkeypox is a zoonotic disease caused by the monkeypox virus, and first reported in the Democratic Republic of the Congo in 1970. An outbreak of the monkeypox is currently ongoing, the first case was reported to the World Health Organization (WHO) on 7 May 2022 [1]. Most of the cases have been identified in young men, self-identifying as men who have sex with men (MSM) [2]. Since most reported monkeypox cases in humans in the developed world have been reported in MSM, this may result in the perception in some quarters that it's a disease associated with this key population group. This may result in increased stigma being directed to MSM. Similar perceptions existed at the advent of HIV, which were later proven incorrect as HIV is readily transmissible between heterosexuals. Some recent public and media coverage has generated homophobic and racist stereotypes that have brought attention to MSM fueling stigma and discrimination towards an already marginalized group. Disease outbreaks often breed fear and distress among populations and have historically been accompanied by stigma, discrimination, and homophobia.

The onset of the ongoing COVID-19 pandemic was characterised by stigma and discrimination against Chinese nationals and people of Asian descent [3]. Stigmatization is a social process that excludes those perceived to be a potential source of disease and poses a threat to the social lives of those affected. Stigma can have the counterproductive effect of hindering disease control as affected people shy from openly seeking medical help while the disease continually spreads. The UNAIDS has expressed concerns over stigmatizing language which has the potential to disable evidence-based response by stoking cycles of fear and driving people away from seeking health services thereby impeding efforts to identify cases.

Education, straightforward and honest communication, and the use of non-discriminatory language can improve knowledge, attitudes, and behaviours and allay public fears. Effective communication includes expert information about the disease and recommended infection prevention and control measures. Significant lessons can be obtained from the ongoing COVID-19 pandemic where education, awareness, and advocacy played a significant role in reducing social stigma and promoting worldwide coordinated efforts against the disease [4,5]. It is essential from the outset to reiterate that Monkeypox is not about sexuality nor is it an African disease. This may go a long way in encouraging the reporting of cases by contacts who may be Africans or MSM. Failure to do so will likely lead to a silent spread and worsening symptoms, leading to fatalities. The public has to be reassured that the Monkeypox disease is not new, and research on past outbreaks has helped to understand the spread of the disease and its consequences. There is a need for the public to take necessary preventive measures as set by the relevant health authorities and governing institutions. At the

same time, diagnostic materials, vaccines and other modalities are being looked into to combat the disease better.

With the WHO warning that there could be an increase in the number of Monkeypox cases, there is a need for increased vigilance by health authorities in every country to put measures that break the chains of transmission. The monkeypox outbreak demonstrates that societies will always be at risk of disease outbreaks. This calls for national leaders, civic organizations, rights groups, and researchers to collaborate and encourage non-stigmatizing responses to disease outbreaks.

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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