





Clinical Infectious Diseases

CORRESPONDENCE

Community involvement in an outbreak – One year on for mpox

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Dear Editor,

We read with interest the article by Hazra and Cherabie¹ who conclude that the classification of mpox as a sexually transmitted infection (STI) would only worsen sigma faced by those affected. The authors provide examples of US initiatives to reduce stigma and emphasise educating communities on transmission dynamics and prevention methods. There is no mention of what impacted communities think of mpox as an STI despite previous publications on this², and no details on *how* to effectively involve communities in such discussions. Mpox-affected communities should be at the heart of this discourse.

We call for a change in the global mpox response to be more community-led, through the example of involving the community in a UK clinical treatment trial as a step towards this.

The UK mpox outbreak began in May 2022 and has recorded over 3,700 cases which are disproportionately affected gay, bi, and men who have sex with men (GBMSM) who have been stigmatised as a result³. Between 38 - 50% of those have also been living with Human Immunodeficiency Virus (HIV)⁴. The PLATINUM trial is a national UK trial to evaluate the safety and efficacy of tecovirimat in non-hospitalised mpox patients. Early and rapid community leadership led to community involvement in the PLATINUM trial (**Table 1**).

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Early community involvement was enabled by trial leadership and funders prioritising community engagement. Support was provided from community organisations and a rapidly established community advisory panel including individuals previously treated for mpox and those living with HIV. Examples of their impact included changing the trial protocol to include emergency contact numbers for participants and enhancing recruitment and communication.

Despite these early initatives, challenges remained. The extensive time for study approvals meant that the peak mpox case numbers had passed before the study started.

There has also been mounting feelings of discontent, reflecting the frustration in the GBMSM community towards the national UK mpox response. In contrast to the US, no single government representative for the mpox response was elected to tackle the outbreak, resulting in lack of coordination across intervention efforts. Instead, and consistent with the US response as noted by Hazra and Cherabie¹, already stretched and underfunded sexual health clinics have had to manage the outbreak response, such as vaccinations and referrals to trials like PLATINUM.

For years there have been calls for greater involvement of communities in our public health responses, with accessible guidance on how to do this in fields such as in HIV research⁵, and yet coordinated community-centred responses are still lacking. The activities highlighted in the PLATINUM trial are a step towards correcting this. However, significant improvements need to be made to further support community engagement in response to outbreaks like mpox, such as standardising the involvement of communities in studies and discussions such as the one outlined by Hazra and Cherabie¹, and nominating leaders of contact for outbreak responses. Greater meaningful, and continuous community engagement will ensure future trials are as effective as possible and improvements in care and control are achieved.

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References

- 1. Hazra, A. and Cherabie, J.N., 2023. Is Mpox a sexually transmitted infection? Why narrowing the scope of this disease may be harmful. Clinical Infectious Diseases, 76(8), pp.1504-1507.
- 2. Iglesias, J.G., Nagington, M., Pickersgill, M., Brady, M., Dewsnap, C., Highleyman, L., de Novales, F.J.M., Nutland, W., Thrasher, S., Umar, E. and Muchamore, I., 2023. Is mpox an STI? The societal aspects and healthcar e implications of a key question [version 2; peer review: 2.
- 3. UK Health Security Agency. Monkeypox outbreak: epidemiological overview. 1 June 2023. https://www.gov.uk/government/publications/monkeypox-outbreak-epidemiological-overview/mpox-monkeypox-outbreak-epidemiological-overview-1-june-2023 (Accessed 23 June 2023).
- 4. Mitjà, O., Alemany, A., Marks, M., Mora, J.I.L., Rodríguez-Aldama, J.C., Silva, M.S.T., Herrera, E.A.C., Crabtree-Ramirez, B., Blanco, J.L., Girometti, N. and Mazzotta, V., 2023. Mpox in people with advanced HIV infection: a global case series. The Lancet, 401(10380), pp.939-949.
- 5. The Greater Involvement of People Living with HIV (GIPA). Geneva: UNAIDS; 2007

Table 1: Community involvement activities in the PLATINUM trial. HIV = human immunodeficiency virus, UK-CAB = UK community advisory board

Activity name	Activity description	Impact on trial
Community	Includes recovered mpox patients, sexual health workers	Increased inclusivity and
advisory panel	who have treated mpox patients, gay and bisexual men	appropriateness of language
(CAP)	who have sex with men, and people living with HIV.	used in patient-facing
	Contributed to study protocol, participant information	materials.
	sheet, consent form, patient recruitment poster and flyer,	
	participant questionnaire, press release, and website.	
Raising awareness	Presentation of trial at conferences by community	Identification of potential
	members (e.g. HIV Glasgow).	avenues for raising trial
	Interview with community podcast "What the Pox?".	awareness that are outside
	Development of advertisement of the trial on community	routine trial recruitment
	dating apps such as Grindr.	strategies.
	Hosting a stall at Manchester Pride festival 2023,	Increased community
	providing information about the trial to festival	awareness about the trial.
	attendees.	
Training	Training provided to CAP members on trial background,	Increased community member
	planned future training on scientific publications.	understanding of the trial, and
	Y	research in general
	Community-delivered training in stigma and HIV history	Whole trial team invited to
	to trial team as a result of steering committee	training and attendees gained a
	recommendation.	greater understanding of the stigma faced by groups at risk of
		mpox, and appropriate language
		and terminology used when
		engaging with those communities
Community	A member of the CAP is a member of the trial steering	Community voice present in
representation in	committee.	trial governance
steering committee	Training in stigma and HIV history recommendated by	
	community representative in steering committee.	
Communication	Advice from CAP on how to recruit potential	Patient-centred and language
with clinics	participants in clinics across the country.	appropriate recruitment
		posters and flyers
Community	Support from Terrence Higgins Trust, UK-CAB,	Increased community and
organization	Positively UK, NAM AIDSMAP, Prepster, and HIV i-	healthcare worker awareness
engagement	Base. HIV i-Base, Positively UK, and the British HIV	of the trial, including diverse
	Association (BHIVA) have included the trial on their	high-risk community groups
VY	websites.	
Trial launch	CAP reviewed the press release, provided a statement	Improving awareness for
	within the release, and tweeted about the trial launch	potential participants outside
	alongside supporting organisations. This, together with	those normally reached by
	trial team and University tweets, potentially reached	research organisation
	more than 1.4 million people.	enga gement.
	The trial was picked up by community media channel	
	PinkNews.	