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Monkeypox and Men Who Have Sex with Men: A Heightened Risk Connection

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ABSTRACT

Monkeypox outbreaks have been reported across different parts of the world. The major cause of concern for the international welfare agencies and public health authorities is that the outbreak has been reported in non-endemic nations and that most of the diagnosed cases had no history of travel to the endemic nations. In the recent outbreak, the initial cases were reported among men who have sex with men (MSM) and who came to sexual health clinics to seek treatment for their illnesses. Thus, the general initial impression was that Monkeypox infection is more common among MSM. In conclusion, the 2022–2023 outbreak of Monkeypox in non-endemic nations has posed a significant challenge for public health authorities. Even though initial cases are reported among MSM, it does not mean that they are only vulnerable to acquiring the infection, rather anyone who is in close contact with the infected person is at the risk to get the disease. The need of the hour is to strengthen prevention, create awareness, and not stigmatize one section of the community.

Keywords: Men who have sex with men, Monkeypox, sexual activity



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INTRODUCTION

Monkeypox (Mpox) is a viral infectious disease that is endemic in the tropical rainforests of central and west Africa.^[1] Since 1970, when the first outbreak was reported, the disease has been reported in 11 African nations, with occasional detection of cases in non-endemic nations due to the travelers' visit to the endemic nations.^[2] It is worth noting that since December 2021, multiple outbreaks of Monkeypox have been reported in Cameroon, the Central African Republic, the Democratic Republic of the Congo, Liberia, Nigeria, and the Republic of the Congo.^[1] The global outbreak of the infection that was reported in 2022–2023 was caused by the clade II of the Mpox.^[3–6] Even though the disease is self-limiting and tends to resolve within 2–4 weeks of the onset of illness, some deaths have been reported, with newborns, children, and individuals with immunodeficiency being at higher risk of developing complications.^[7]

TRANSMISSION OF THE INFECTION

Humans can acquire the infection after they come in contact with an infected animal (namely, monkey, squirrels, etc.), which is either sick or dead, including their meat and blood.^[1,7] Human-to-human transmission usually occurs while people are symptomatic through close contact with skin lesions, body fluids such as pus or blood, scabs, saliva, and respiratory droplets.

^[1] In addition, the infection can also spread from the pregnant woman to the fetus through

the placenta or from the infected parent to the newborn through skin contact.^[3] Further, the used objects (such as clothes, bedding, and utensils used for eating) by the infected person also carry a risk for potential transmission of the infection. Moreover, people who are in close contact with infected persons such as health-care professionals, family members, or sexual partners are also quite vulnerable to acquiring the infection.^[2,7]

MONKEYPOX OUTBREAK AND MEN WHO HAVE SEX WITH MEN

As already mentioned, the disease tends to get transmitted by close physical contact with the infected persons, including sexual contact.^[1] As the research continues about the scope of transmission of infection through semen or vaginal fluids, nevertheless, it is quite possible that skin-to-skin contact with the lesions during sexual activities can play a significant role in the transmission of the infection.

^[1] In the recent outbreak, the initial cases were reported among men who have sex with men (MSM) and who came to sexual health clinics to seek treatment for their illnesses.^[1,8,9] This could be also due to the clinical presentation of Monkeypox rash, which is quite similar to other sexually transmitted infections, such as herpes and syphilis. Thus, the general initial impression was that Monkeypox infection is more common among MSM.^[9]

REALITY AND NEED TO NOT ENCOURAGE STIGMATIZATION

However, we must understand that the risk of acquisition of infection is not limited to only MSM, rather any person who is in close contact with the infected patients is at risk of getting the infection.^[9] Hence, it is not a scientific or a rationale thing to label that MSM is more at risk of infection and stigmatize one specific group of people. It is our responsibility to understand and accept that irrespective of who we are, what we do, sexual preferences, or even any other attributes, if we are in close contact with an infected person, we will get the infection if we do not take standard precautions.^[9,10] Moreover, the stigma will become a major hindrance to our goal to end the current outbreak at the earliest, as people will stop availing of health care (on account of being targeted and discriminated against) and, thus, will continue to spread the infection.^[4,8,9] The need of the hour is to support all individuals who are diagnosed with the infection and help them to get better.

STRENGTHENING PREVENTION MEASURES

The containment of the ongoing outbreak in non-endemic nations will essentially require creating awareness among the general population about the disease (namely, symp-

toms, modes of transmission, the nature of the disease, necessity to isolate the infected person, and prevention strategies).^[1,10] In addition, we have to strengthen the ongoing prevention activities and encourage the use of medical masks and gloves by health-care personnel or family members who are involved in taking care of the patient.^[3] Further, emphasis has been again given to regular hand washing with soap and water or alcohol-based hand rubs to minimize the chances of the spread of the infection.^[7,11] Moreover, keeping the zoonotic origin of the disease in mind, it is vital that meat products of animals (especially, if they are sick or dead), should be thoroughly cooked before consumption.^[5,6,11] Furthermore, we do have the support of vaccines (such as imvamune) and drugs (such as tecovirimat) for the containment and better management of the disease.^[1]

CONCLUSION

The 2022–2023 outbreak of Monkeypox in non-endemic nations has posed a significant challenge for public health authorities. Even though initial cases are reported among MSM, it does not mean that they are only vulnerable to acquiring the infection, rather anyone who is in close contact with the infected person is at risk of getting the disease. The need of the hour is to strengthen prevention, create awareness, and not stigmatize one section of the community.

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