



Monkeypox in South Africa: The need for responsible messaging to avoid stigmatising the LGBTI community

To the Editor: It is critical for media platforms to be cognisant of the context when reporting on possibly contentious issues such as South Africa (SA)'s public announcements on race, gender, xenophobia and, in this case, infectious diseases – especially where such announcements are likely to marginalise and possibly place at further risk people whose lives are already at risk and/or marginalised.

Human monkeypox is a zoonosis caused by the monkeypox virus, a member of the orthopoxvirus genus that also includes the variola virus that causes smallpox.^[1] Transmission occurs through close contact with an infected person or animal, or with material contaminated with the virus. Its symptoms are clinically less severe than smallpox and include fever, headaches, lymphadenopathy and myalgia, followed by a rash that commonly affects the face, palms of hands, soles of feet and oral mucous membranes, which eventually crust.^[1] As of 29 June 2022, there have been over 5 000 confirmed cases recorded globally, with a 7-day rolling average exceeding 250 cases per day.^[2]

On 23 June 2022, the National Institute for Communicable Diseases (NICD) reported SA's first case, with a second case reported on 28 June.^[3,4] While the NICD and various media have stated that cases have predominantly occurred among men who have sex with men (MSM), there is an urgent need to carefully qualify and give nuance to such statements, which may be severely detrimental to this key population.^[3,5] The homophobia on social media by the public in reaction to the outbreak in SA is one repercussion of potentially incomplete or irresponsible reporting, despite attempts to rectify the situation.^[6] This also arrives at a crucial time, noting that June was internationally recognised as Pride Month – where the rights of the LGBTI community are celebrated worldwide.^[7]

There is currently no biologically plausible explanation linking monkeypox directly with MSM, or with any sexual orientation. Unsubstantiated reports suggesting such links are alarming, and tantamount to an assault on these people. Person-to-person transmission is due to close physical contact, and the possibility of sexual transmission is still to be determined. Physical contact during sex is most likely to be a primary factor, rather than the virus being necessarily sexually transmitted. Furthermore, many cases found among MSM globally were observed in individuals who had attended festivals and parties, where there is a lack of social distancing and adherence to public health measures – conditions known to increase the likelihood of viral infections in general.^[8]

Reports and media linking MSM with monkeypox are purely homophobic and unethical, and deeply infringe on the human rights of key populations.^[8] This has prompted multinational authorities such as the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) to release statements combatting such unfounded claims.^[5,9] In SA, where we have a massive HIV/AIDS epidemic, we are well aware of the stigma and discrimination this community has historically faced and continues to face. Responsible reporting is needed to ensure that we do not stigmatise a demographic that has already been persecuted widely.

Such stigmatising statements may result in MSM (and to a large extent gay men) facing further persecution, and may result in

decreased access to health services. Furthermore, as the outbreak continues, such utterances may leave a proportion of the population behind in receiving care, testing and contact tracing as part of the outbreak response, thereby impacting on the physical and associated mental health of this demographic, and ultimately undermining the overall public health efforts to contain the disease.

Furthermore, considering that the first two cases identified had reported no recent travel history, there is probable ongoing human-human transmission in the country, and case numbers are in reality higher, and yet to be identified. As the epidemiological situation evolves and cases rise, this disease will feature more frequently in the media and medical journals alike. It is therefore the duty of scientific authorities, ministries, healthcare professionals and the media at large to ensure that reports revolving around monkeypox do not link, explicitly or implicitly, to MSM.

In instances where MSM are mentioned, such publications must have a solid, scientifically grounded reason for doing so. Moreover, if increased cases are reported in this population, there exists a moral and ethical obligation to clarify the supposed reasons for the proposed increase and to highlight the fact that the virus is not linked to any sexual orientation. The heart of every public health message needs to underscore the fact that ultimately, anyone can contract the disease if basic public health measures are not adhered to. Moreover, authorities and the public should devise statements or campaigns to cast light on and condemn such discrimination, and assist overall with genuine LGBTI allyship in this outbreak.

Viruses do not discriminate. Society does. We as a responsible society can and must change the status quo.

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