Monkeypox: dealing with stigma
And lessons from HIV and COVID-19 pandemics

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The concept of "stigma" is associated with a negative and derogatory connotation, as a social process that reduces access to health by affected individuals and groups.

- Hurting some communities;
- Hindered the response;

On this slide we have a newspaper headline already spreading the stigma related to the HIV epidemic.

"Gays ‘turned away by scared hospitals’

These feelings and sensations are constantly experienced by our patients.
**STIGMA : Skin**

- **Stigmata**, bodily marks or wounds resembling the crucifixion wounds of Christ

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80’s : HIV, Kaposis sarcoma

Monkeypox 2022

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Christ appearing to the apostle Thomas, who touches his stigmata. Engraving by C. van Dalen after Wouter Pietersz. Crabeth.
Levels of SITGMA: intersecting stigma

Institutional LGBTQI+ community: higher levels of stigma due ("intersecting or layered stigma effect") — the compound effects of stigma

Stigma reduction interventions in people living with HIV to improve health-related quality of life

Galit Zeluf Andersson, Maria Reinius, Lars E Eriksson, Veronica Svedhem, Farhad Mazi Esfahani, Keshab Deuba, Deepa Rao, Goodluck Willey Lyatuu, Danielle Giovenco, Anna Mia Ekström
Stigma and response to monkeypox outbreak

- Delay case identification;
- Inappropriate advice;
- Ignoring disease and not taking appropriate precautions;
- Lacking of attention and resources;
- Misdirected interventions;
- Eroded trust in authorities;

Fears of scars, pain, stop working for 3 weeks, when returning sexual life, when shots come?
Studies have reported on *discrimination* in healthcare environments towards people with HIV

- Manifesting as denial of care, confidentiality breaches, negative attitudes,
- and humiliating practices by health care workers
- HAVE to teach in medical schools and other levels

*J Gen Intern Med. 2005;20(9):807*
CRT, São Paulo, Brazil

- CRT is a national reference in the treatment of PLw HIV in Brazil;
- Monkeypox cases since June/2022: 400 suspects, 380 confirmed. 95% MSM, 60% HIV

- SUS: universality, equity, completeness
- 2nd place in Monkeypox cases worldwide
- > 90% cases in key population;

Nevertheless

- Brazil: one of the countries that kills the most Gays, Transsexuals/Transpeople;
- Restriction of rights to comprehensive health care to these key populations;
- Distancing from health services, actions and programs, increasing morbidity and mortality
CRT, São Paulo, Brazil: Monkeypox response

- Dedicated area;
- Communication: posters;
- Training all team: disease, biosafety, sample collection, notification;
- Pharmacy: analgesic medications, protocols, antivirals;
- Guide for patients general with orientation

Dealing with stigma in CRT

1-We identified prejudice/stigma/trans/homophobia in the cascade of care (Open channel/active)

- ‘Don’t touch in me you have this pox pox disease’,
- ‘Promiscuity is the reason for this disease’

2-Who? Where? How?

3-Listen to professionals involved:

exhaustion vs prejudice

4-Training and reflection together with our multi-professional team: AVOID ‘judgementalism’
Social media, Instagram, Facebook

- Timely, accurate, and evidence-based, to prevent “monkeypox panic” (given the low case fatality rate, CFR, of < 1%) and discriminating stereotypes;
- Public health plus LGBTQI+ community;
- Multidimensional approach;
- Example: Transmission CLOSE CONTACT vs STI spreading via close social networks

ACT trustworthy; (U=U is one of the greatest examples)
- Designed to reinforce individuals' intelligence, agency, and dignity;
- People can understand complex messages as long as CLEAR;
- We often do not tell people WHY;
- Fear-based messages: works very short period time and fuel stigma;
Place for ....

Welcoming environment

Trans people who made history in Brazil
<table>
<thead>
<tr>
<th>Tips to your team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examine your own attitudes, leave any bias or prejudice at home.</td>
</tr>
<tr>
<td>Realise that we serve diverse populations (easier said than done).</td>
</tr>
<tr>
<td>Include people living with HIV or members of key affected populations on your team.</td>
</tr>
<tr>
<td>They will be your best guide to communicate (messenger and message).</td>
</tr>
<tr>
<td><em>Join the table, not only hear</em></td>
</tr>
<tr>
<td>Be explicit and not assume that your patients feel comfortable with you.</td>
</tr>
<tr>
<td>Use non-verbal communication (to do not say Monkeypox positive, not blame those infected, be kind, be respectful).</td>
</tr>
</tbody>
</table>
Spare people of stigma

**S**can/survey the origin

**P**reemptively determine who and what be stigmatized

**A**ctivate proactive preventive measures using systems approach

**R**eemphasize the science (biology and epidemiology behind the outbreak)

**E**ngage the communities that may be affected by the stigmatization

CDC, *Weekly*. September 2, 2022 / 71(35);1126-1130
Take home messages

- Proactive communication in your service;
- Check internal: homophobia, transphobia, stigma in your team;
- Channels of communication for users about STIGMA: TALK!
- User MUST evaluate entire appointment and report breaches;
- Training and recycling periodic ALL team: do not repeat same mistakes;
- Psychological follow up: anxiety, depression and isolation and pain;
- Vulnerable people: chance offering PEP, PrEP, immunization;

Case Report
A case of suicide during the 2017 monkeypox outbreak in Nigeria

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³Nigeria Centers for Disease Control, Abuja, Nigeria

Correspondence
Timely mental health care for the 2022 novel monkeypox outbreak is urgently needed
- Teams engage in gender equity work, build non-segregating or stigmatizing therapeutic approaches;
- Develop health education instruments for the community, design action and care plans focused on vulnerability reduction;
- Empowerment of the population for risk self-management and health vulnerability reduction;
- Trained to act in the face of a disease with a high burden of stigma, especially as it affects self-image, self-perception and coping mechanisms;
- Ethics in the relationships established between users and action teams and that build a new epistemology of self-care aimed at the MSM population;
“EVEN THOUGH WE HAVE COME SO FAR IN TERMS OF SCIENCE, WE HAVEN’T GOT A PILL TO DEAL WITH THE STIGMA”

Thanks for audience
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