WHO EPI-WIN webinar: Managing stigma and discrimination in health care settings in public health emergencies such as monkeypox

Maricela Valerio Minero, MD, PhD
Infectious Diseases Specialist
Clinical Microbiology and Infectious Diseases Department
Hospital General Universitario Gregorio Marañón
Madrid, Spain

Time: Sep 22, 2022 02:00 PM Zurich
Attaching a stigma to the LGBTQI+ community should be avoided during the monkeypox epidemic

- **Stigma** and **discrimination** connected to any disease, including monkeypox, are never acceptable.

- They can have a serious impact on health outcomes and undermine the outbreak response by making people reluctant to come forward or seek care.

- This increases the risk of transmission – both within the most affected communities and beyond.
• **Tertiary care institution. Madrid /City center**

  • The hospital attends a population of 350,000 inhabitants and, in normal circumstances, the Microbiology Department processes more than 300,000 samples per year.

  • The normal capacity of our hospital is 1200 beds.

• **Clinical Microbiology and Infectious Diseases Department**

• **HIV program /STD consult / PreP consult**

• **Virology laboratory: Technological advances w/ COVID pandemia**
Monkeypox cases (n=244)

PCR were sent to Regional lab until 27/05 that PCR was implemented at our center

1st detected case at our hospital
19/05/22
Monkepox outbreak alert

• How we prepared for the monkeypox outbreak?

1. We organized a meeting in our department where we discussed the epidemiological and clinical information we had so far.

2. We designed a clinical guideline that included the case definition, recommendations for evaluating patients and a data collection protocol.

3. We contacted the emergency and dermatology departments to organize the internal circuit of patient care.

4. We seek a rapid response time to improve patient care and alert contacts.

5. We implemented a PCR based diagnosis in the laboratory for different samples: blood, skin lesions, rectal, pharyngeal and urethral exudates.
Contact with NGOs

• We contacted NGOs to help us send out social media messages to the LGBTQ+ community, counsel people who come forward for help or who are in patient groups and diverse populations (trans, MSM, chemsex users).

• We gave talks at two NGOs: Imaginamas and Apoyo Positivo aimed at the general population and the LGBTQ+ community.
Attending patients needs

• We set up a special consultation in an isolation box in the emergency room.

• Initially we had some problems because the place was not pleasant and the patients had a feeling of being marginalized in the consultation.

• Faced with the increase of cases and the beginning of the LGBTQ+ pride:
  • We opened an integrated fast track consultation that offered complementary diagnosis for Monkeypox and other STDs, contact trace and follow-up of patients until recovery.
  • The consult was free and open to pride visitors.

• Vaccination program: implemented by the health authorities, easy to access, web page to ask for appointments.
Healthcare professionals

• The healthcare personnel who have cared for these patients:
  • Had experience seeing patients with HIV and STDs.
  • Culture of non-discrimination to diversity.
  • Experience in treating with patients in PreP and post-exposure prophylaxis programs.

• We have tried to make the consultation a space where patients can talk openly, feel comfortable and not be judged.
Summary

• Anyone can contract monkeypox.
• Listen to the needs of those affected.
• Organize a local action plan at the community, health center, hospital level, in agreement with the different health workers involved.
• Engage social influencers (NGO’s). Leading trusted voices can inform people about monkeypox and help increase awareness of the dangers of stigma.
• Involve healthcare workers who have experience in dealing with HIV, STDs and people from diverse populations.
• Use appropriate terminology and language to ensure that people feel comfortable and respected while accessing care.
Clinical Microbiology and Infectious Diseases Team

Infectious Diseases
Marina Machado
Ana Alvarez-Uria
Belen Padilla
Paloma Gijón
Mar Sánchez
Raquel Carrillo
Sofía de la Villa
Marta Kestler
Emilio Bouza
Maricela Valerio

Clinical Microbiology
Cristina Veintimilla
Pilar Catalán
Alicia Galar
Julia Serrano
Luis Alcalá
Teresa Vicente
Emilia Cercenado
Mercedes Marín
Pablo Martín
Almudena Burillo
Maria Jesús Ruiz
Elena Reigadas

HIV Consult and ID ward
Teresa Aldamiz
Cristina Diez
Leira Perez
Chiara Fanciulli
Francisco Tejerina
Juan Carlos López

Research
Agustin Estevez
Pilar Escribano
Dario García
Laura Pérez
Jesús Guinea
Belen Rodríguez
Maria Guembe

STD consult
Alejandro Cobos Fernández
María Palomo

Head of Clinical Microbiology Department and Infectious Diseases
Patricia Muñoz
Roberto Alonso

OPAT clinic
Pedro Montilla
Elena Bermudez