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OPEN LETTER

Is monkeypox an STI? The societal aspects and healthcare implications of a key question [version 1; peer review: 1 approved, 1 approved with reservations]

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Abstract

This letter explores the societal aspects and healthcare implications that underlie thinking about monkeypox, in the 2022 outbreak, as a sexually transmitted infection (STI). The authors examine what underlies this question, exploring what is an STI, what is sex, and what is the role of stigma in sexual health promotion. The authors argue that, in this specific outbreak, monkeypox is an STI among men who have sex with men (MSM). The authors highlight the need of critically thinking about how to communicate effectively, the role of homophobia and other inequalities, and the importance of the social sciences.

Keywords

Monkeypox, STI, sex, sexual health, public health, social sciences

Open Peer Review

Approval Status

	1	2
version 1		
11 Oct 2022	view	view

1. **John Gilmore** , University College Dublin, Dublin, Ireland

2. **Dennis Altman** , La Trobe University, Melbourne, Australia

Any reports and responses or comments on the article can be found at the end of the article.

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Author roles: **Garcia Iglesias J:** Conceptualization, Formal Analysis, Funding Acquisition, Investigation, Project Administration, Supervision, Validation, Writing – Original Draft Preparation, Writing – Review & Editing; **Nagington M:** Conceptualization, Formal Analysis, Funding Acquisition, Investigation, Project Administration, Validation, Writing – Original Draft Preparation, Writing – Review & Editing; **Pickersgill M:** Conceptualization, Investigation, Validation, Writing – Review & Editing; **Brady M:** Conceptualization, Investigation, Writing – Review & Editing; **Dewsnap C:** Conceptualization, Investigation, Writing – Review & Editing; **Highleyman L:** Conceptualization, Investigation, Writing – Review & Editing; **Membrillo de Novales FJ:** Conceptualization, Investigation, Writing – Review & Editing; **Nutland W:** Conceptualization, Investigation, Writing – Review & Editing; **Thrasher S:** Conceptualization, Investigation, Writing – Review & Editing; **Umar E:** Conceptualization, Investigation, Writing – Review & Editing; **Muchamore I:** Conceptualization, Investigation, Writing – Review & Editing; **Webb J:** Formal Analysis, Project Administration, Writing – Review & Editing

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Introduction

Since May 2022, non-endemic countries have been experiencing an outbreak of monkeypox. On July 23rd, 2022, the [World Health Organization](#) (WHO) declared monkeypox “a public health emergency of international concern” and, in August, the [White House](#) declared it a “public health emergency.” At the time of writing (September 30, 2022), over 67,000 confirmed cases have been reported across 106 countries, mostly in Europe and the Americas by [WHO](#).

Compared with previous or historic outbreaks in Africa (and, particularly, in Nigeria), the current outbreak presents some [significant differences](#): over 97% of reported cases are male; among cases with available sexual orientation data, over 89% are gay, bisexual, or other men who have sex with men (MSM); a sexual encounter is the most commonly reported type of transmission (>87%) and a ‘party with sexual contacts’ the most likely reported exposure setting (over 50%). Case manifestations also differ, with anogenital lesions and single lesions being more common than in previous outbreaks ([Català et al., 2022](#); [Thornhill et al., 2022](#)). These differences have led many ([Fischer 2022](#), [Highleyman 2022](#), [Moniuszko 2022](#)) to wonder: Is monkeypox, in the 2022 outbreak, a sexually transmitted infection (STI)?

Characterizing monkeypox as an STI does nothing to alter the biological realities of the virus, its symptoms, or the pain afflicted people experience. The wider implications, however, are numerous. At the individual and practical level, it might help stimulate the development of robust and targeted information about transmission for those most at risk. At the public health system and health service delivery levels, it will shape and influence key decisions around the surveillance and management of this current outbreak. At the policy and economic level, it will release - or in some cases limit - funding and political urgency. At the conceptual level, it will involve debates about the meanings of health, disease, and sex. Here, we examine what underlies this larger question, exploring what is an STI, what is sex, and what is the role of homophobia in sexual health promotion. We argue that, in this specific outbreak, monkeypox is, in effect, an STI among MSM. This, in turn, underscores the need for important conversations about how to communicate effectively, the role of homophobia and other inequalities, and the importance of the social sciences and societal transformations.

What is an STI?

The [World Health Organization](#) defines sexually transmitted infections as those which are “transmitted through sexual contact, including vaginal, anal and oral sex.” Classic examples of STIs include syphilis, chlamydia, HIV, and gonorrhoea. This definition, however, is somewhat more complicated on two

fronts. First, some of the better known STIs, such as HIV, are also frequently transmitted non-sexually. For example, many countries have experienced outbreaks of HIV among people who inject drugs (e.g. [Paraskevis et al., 2013](#)). Conversely, some diseases that are not widely recognized as STIs, such as [hepatitis C](#), can be transmitted via sex. Second, speaking about sexual transmission requires some shared understanding of what we consider to be ‘sex’. As we will see in the next section, this is not necessarily straightforward.

Defining monkeypox as an STI would imply that the responsibility for managing it falls to sexual health services, where they exist. There are clear benefits to this: Sexual health clinicians and community partners have a wealth of expertise in developing effective interventions and messages that target men who have sex with men and other groups at risk for STIs, in the face of stigma ([Race, 2021](#)). However, sexual health is often chronically underfunded and tends to be difficult to access ([Iacobucci & Torjesen, 2017](#)). Adding acute or ongoing monkeypox outbreaks to the workload of sexual health providers, without building additional capacity, will deepen existing inequalities and access problems.

Defining monkeypox as an STI may also transform how it is perceived. Far from the global, societal threat that characterizes COVID-19, considering monkeypox to be an STI may cause it to be perceived as a problem only for certain individuals. In the case of HIV, the advent of effective medications in the Global North contributed to policy shifting from seeing the virus as a societal issue to seeing it as an individual health condition, thwarting social action and deepening inequalities ([Catalan et al., 2021](#); [Kagan, 2018](#)).

What is sex?

In recent decades, there has been a broadening and transformation of the range of practices generally considered to be sexual contact. This includes the development of new technologies and the incorporation into the mainstream of traditionally minority activities, such as kink or BDSM ([Plummer, 2003](#); [Sundén & Paasonen, 2020](#); [Wignall, 2022](#)). For example, a recent debate in the *BMJ* centered on whether women engaging in ‘anal sex’ had specific sexual health needs ([Gana & Hunt, 2022](#), see rapid responses). People who engage in more novel or previously less visible (to the mainstream) practices require targeted sexual health promotion and care, both because of the practical implications of some of those practices and because of the oftentimes negative societal perceptions and stigma that surround them ([McGregor, 2015](#); [Waldura et al., 2016](#); [Sprott & Randall, 2017](#)).

Different sexual practices may be related to diverse clinical presentations ([Tarín-Vicente et al., 2022](#)). The range of practices that specific communities, such as MSM, associate with sex but which do not consist of penile penetration also needs to be taken into account in the development of health promotion around monkeypox. [Community organizations](#) have, for instance, identified the need to develop guidance that directly

addresses particular sex practices such as the eroticized wearing of rubber or leather, bondage, or watersports. These practices, however, may not always be recorded as ‘sex’ in surveys or statistical data, demonstrating how slippery the notion of ‘sex’ can be.

What is the role of stigma in sexual health promotion?

If monkeypox is defined as an STI, it will be directly associated with sex and, more specifically, with ‘gay sex,’ since men who have sex with men – often wrongly subsumed under the label ‘gay’ – remain disproportionately affected in the current outbreak. Commentators have argued that this might lead to [deepening stigmatization](#) and further attacks on LGBT people, who might be seen as ‘dirty’ or ‘reckless,’ and it could also become a tool to [further criminalize](#) sex between men. This is far from new: HIV has, for decades, been leveraged to legitimize and justify pre-existing homophobic, transphobic, and racist agendas ([Weeks, 1981](#)). By emphasizing sex between men, there remains a risk that health promotion programmes could reinforce stereotypes of MSM as inherently ‘promiscuous’ (with all the stigma associated with multiple or anonymous sexual partners). Consequently, the marginalization experienced by affected people could be compounded. Further, the association of monkeypox with being gay could discourage MSM who do not see themselves as gay or bisexual – for example, MSM who identify as heterosexual – from adequately engaging with health information and services.

Some might argue, therefore, that it is preferable to avoid such associations between monkeypox and sex. Indeed, assertions that ‘anyone can get monkeypox’ circulate widely across [health](#) and [popular](#) outlets. However, these assertions do not reflect the data which suggest, as discussed above, that men who have sex with men have mostly contracted monkeypox in 2022, and that sexual encounters – not household contact or sharing of towels or touching door handles – have been reported as the leading route of transmission. If policy around monkeypox is embedded with narratives that fail to emphasize the role of sex between men, there is a risk that accurate, evidence-based information will not reach key groups and may lead to inadequate or inappropriate measures being implemented. Perhaps more dangerously, incomplete information about actual transmission routes and settings may lead to the assumption that gay men, based on the simple fact of being gay, are vectors of disease.

So, is monkeypox an STI?

We want to answer this question because whether monkeypox is, or is not, an STI alters how it is understood within societies and has implications for healthcare policy, funding, and practice. On balance, we believe that monkeypox should be regarded in countries where it is not endemic as an STI because most transmissions reported to date have occurred during sexual encounters and in sexual settings. This view is limited to the current context, framed by wider assumptions

about what sex, sexual health, homophobia, and public health look like. Further, we are mindful that – similar to hepatitis C ([Rauch & Wandeler, 2021](#)) – monkeypox might be an STI only in certain communities, namely MSM, and do not discount other routes of transmission.

From messaging and technology to social understanding and action

That monkeypox may be an STI among MSM in the current outbreak in non-endemic countries raises questions about what kind of public health messaging could be developed and delivered that both provides evidenced-based information to the communities most at risk while avoiding further stigmatization. This is further complicated by the ‘social life’ of viruses: They are always responded to within the context of pre-existing social and political agendas and ideologies, ones that often reflect prevailing power structures ([Pickersgill *et al.*, 2022](#); [Treichler, 1987](#)). However, co-producing communication strategies with MSM communities themselves is a vital first step.

There is a real risk that monkeypox could become associated with gay men through homophobic tropes. However, this risk will not be resolved by simply avoiding discussion of the epidemiological evidence. Instead, monkeypox underscores the need for concerted structural and systemic interventions that specifically address ongoing homophobia and stigma. This is particularly relevant for STIs: stigma remains a key barrier to effective prevention and care for HIV worldwide—as highlighted by [UNAIDS](#), and it may well also determine the evolution of the current monkeypox outbreak. Responses to monkeypox could serve to propel better understandings of the intersectional inequalities that MSM experience, and accelerate the collapse of barriers to sexual health care ([Eaton *et al.*, 2015](#); [Titanji, 2022](#)).

Rather than focusing on systemic change, the focus of policymakers when confronted with epidemics has too often been placed on developing technological fixes: early diagnostic [tests](#), increasing [vaccine](#) production, effective [treatments](#), etc. As important as they are, tests, vaccines, and pharmacological treatment alone will not solve monkeypox. While an intervention may rely on a specific vaccine or drug, it requires a nuanced understanding of how communities make sense of health, disease, and risk ([Auerbach & Hoppe, 2015](#); [Garcia-Iglesias, 2022](#)). This is one of several vital roles that the humanities and social sciences could play in tackling monkeypox ([Pickersgill & Smith, 2021](#)). We need to understand monkeypox not simply as an individual ailment but as a social phenomenon that exists in a context of intersecting dynamics of health and disease, equity, sexuality, and many others. It is through such understanding that we can begin to comprehend its full magnitude – and so to address it thoughtfully, carefully, and impactfully.

Data availability

No data are associated with this article.

References

- Auerbach JD, Hoppe TA: **Beyond “getting drugs into bodies”: social science perspectives on pre-exposure prophylaxis for HIV.** *J Int AIDS Soc.* 2015; **18**(4 Suppl 3): 19983.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Català A, Clavo-Escribano P, Riera-Monroig J, *et al.*: **Monkeypox outbreak in Spain: clinical and epidemiological findings in a prospective cross-sectional study of 185 cases.** *Br J Dermatol.* 2022.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Catalan J, Hedge B, Ridge D: **HIV in the UK: Voices from the Epidemic.** London: Routledge, 2021.
[Reference Source](#)
- Eaton LA, Driffin DD, Kegler C, *et al.*: **The Role of Stigma and Medical Mistrust in the Routine Health Care Engagement of Black Men Who Have Sex With Men.** *Am J Public Health.* 2015; **105**(2): e75–82.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Gana T, Hunt LM: **Young Women and Anal Sex.** *BMJ.* 2022; **378**: o1975.
[PubMed Abstract](#) | [Publisher Full Text](#)
- García-Iglesias J: **‘PrEP is like an adult using floaties’: meanings and new identities of PrEP among a niche sample of gay men.** *Cult Health Sex.* 2022; **24**(2): 153–66.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Iacobucci G, Torjesen I: **Cuts to sexual health services are putting patients at risk, says King’s Fund.** *BMJ.* 2017; **356**: j1328.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Kagan D: **Positive Images: Gay Men & HIV/AIDS in the Culture of “Post Crisis.** London: IB Tauris & Co. Ltd, 2018.
[Publisher Full Text](#)
- McGregor V: **P14.07 Sexual Health Promotion and Sti Prevention on the Margins: Kink, BdsM, and Sexually Adventurous Women.** *Sexually Transmitted Infections.* 2015; **91**(Suppl 2): A200 LP–A201.
[Publisher Full Text](#)
- Paraskevis D, Nikolopoulos G, Fotiou A, *et al.*: **Economic Recession and Emergence of an HIV-1 Outbreak among Drug Injectors in Athens Metropolitan Area: A Longitudinal Study.** Edited by Rongge Yang. *PLoS One.* 2013; **8**(11): e78941.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Pickersgill M, Manda-Taylor L, Niño-Machado N: **Pandemic Preparedness Means Policy Makers Need to Work with Social Scientists.** *Lancet.* 2022; **400**(10352): 547–49.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Pickersgill M, Smith M: **Expertise from the Humanities and Social Sciences Is Essential for Governmental Responses to COVID-19.** *J Glob Health.* 2021; **11**: 03081.
[PubMed Abstract](#) | [Publisher Full Text](#) | [Free Full Text](#)
- Plummer K: **Intimate Citizenship: Private Decisions and Public Dialogues.** Seattle: University of Washington Press, 2003.
[Reference Source](#)
- Race K: **The Beatification of the Clinic: Biomedical Prevention ‘From Below.’** In: *Remaking HIV Prevention in the 21st Century.* edited by Sarah Bernays, Adam Bourne, Susan Kippax, Peter Aggleton, and Richard Parker, 2021; 91–104.
[Publisher Full Text](#)
- Rauch A, Wandeler G: **Hepatitis C among Men Who Have Sex with Men: Knowing Your Epidemic.** *Lancet Gastroenterol Hepatol.* 2021; **6**(1): 5–6.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Sprott R, Randall A: **Health Disparities Among Kinky Sex Practitioners.** *Curr Sex Health Rep.* 2017; **9**(3): 104–8.
[Publisher Full Text](#)
- Sundén J, Paasonen S: **Who’s Laughing Now?: Feminist Tactics in Social Media.** Cambridge, MA: MIT Press, 2020.
[Reference Source](#)
- Tarín-Vicente EJ, Alemany A, Agud-Dios M, *et al.*: **Clinical Presentation and Virological Assessment of Confirmed Human Monkeypox Virus Cases in Spain: A Prospective Observational Cohort Study.** *Lancet.* 2022; **400**(10353): 661–69.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Thornhill JP, Barkati S, Walmsley S, *et al.*: **Monkeypox Virus Infection in Humans across 16 Countries - April-June 2022.** *N Engl J Med.* 2022; **387**(8): 679–91.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Titanji B: **Protect the Vulnerable from Monkeypox.** *Science.* 2022; **377**(6611): 1129.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Treichler PA: **AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification.** *AIDS: Cultural Analysis/Cultural Activism.* 1987; **43**: 31–70.
[Publisher Full Text](#)
- Waldura JF, Arora I, Randall AM, *et al.*: **Fifty Shades of Stigma: Exploring the Health Care Experiences of Kink-Oriented Patients.** *J Sex Med.* 2016; **13**(12): 1918–29.
[PubMed Abstract](#) | [Publisher Full Text](#)
- Weeks J: **Sex, Politics and Society: The Regulation of Sexuality since 1800.** New York: Routledge, 1981.
[Reference Source](#)
- Wignall L: **Kinky in the Digital Age.** Oxford University Press, 2022.
[Reference Source](#)

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Dennis Altman 

La Trobe University, Melbourne, Vic, Australia

This article is soundly based and deserves indexing, but it also feels already somewhat dated. The authors do not reflect on how various rich countries have responded to monkey pox, even though in many cases they have actually adopted guidelines very similar to those proposed in the letter. [I am most familiar with the Australian case, which was a good example of making information and vaccines available through services targeting MSM—while also showing an awareness of the dangers of stigmatisation.] It would be useful to examine responses in several of the countries reporting major outbreaks to ask how far they have adhered to the suggestions in this paper.

I think it would be useful to initially provide a definition of monkey pox, and maybe a sentence or two explaining how it was first detected amongst men outside Africa. And it is not clear to me what sort of “systemic changes”—the phrase used in the final paragraph—would be required to deal with what now seems to be a declining outbreak. I am sympathetic to the call for better understanding of communities and the social dimension of epidemics, but I would like a more concrete discussion of what this would mean in terms of the current monkey pox situation.

Is the rationale for the Open Letter provided in sufficient detail?

Yes

Does the article adequately reference differing views and opinions?

Partly

Are all factual statements correct, and are statements and arguments made adequately supported by citations?

Yes

Is the Open Letter written in accessible language?

Yes

Where applicable, are recommendations and next steps explained clearly for others to follow?

Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: I have a long record of publications about HIV, but as a political scientist and not a public health expert

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.

Reviewer Report 19 October 2022

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John Gilmore 

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This letter adds significantly to contemporary discourse surrounding the WHO designated public health emergency in response to monkeypox.

The authors highlight important points such as the role of stigma and its impact on public health messaging and broader sexual health promotion.

The letter stimulates thinking around the 'what if?' of categorisation of infection and disease as sexually transmitted or otherwise, this is an important consideration for us going forward in an era where much has changed in relation to prevention and treatment of STIs and indeed contemporary discourse about risk and sexual behaviour.

Further work on the clinical consequences around disease categorisation is warranted and no doubt the letter will stimulate clinicians to ponder this point.

When considering the role of stigma in health promotion we should also consider the role of community-led activism in ensuring appropriate responses to health emergencies, this is not particular to communities of gay and bisexual men but certainly evident.

There is much to learn from the current public health emergency, and incumbent on health researchers, clinicians and organisations to take heed to the very poignant social considerations such as the ones highlighted in this letter.

It is commendable to see the collaboration between clinician, researcher and community activist authors.

Is the rationale for the Open Letter provided in sufficient detail?

Yes

Does the article adequately reference differing views and opinions?

Yes

Are all factual statements correct, and are statements and arguments made adequately supported by citations?

Yes

Is the Open Letter written in accessible language?

Yes

Where applicable, are recommendations and next steps explained clearly for others to follow?

Yes

Competing Interests: A number of the authors are known to me from social media and wider professional circles, but I have not worked directly with any of the authors.

Reviewer Expertise: Inclusion Health; Gender and Sexual Minority Healthcare; Sexual Health; Nursing

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.

Author Response 19 Oct 2022

Jaime Garcia Iglesias, University of Edinburgh, Edinburgh, UK

We thank Dr Gilmore for their kind feedback. We agree that this should be an ongoing conversation that speaks to deeper themes about stigma, care, and health beyond the current monkeypox outbreak. We hope, as does Dr Gilmore, that research will address these issues in the near future.

Competing Interests: No competing interests were disclosed.