



MONKEYPOX AND MEN: CALL FOR ACTION

A statement by Global Action on Men's Health

September 2022

The World Health Organization (WHO) declared the rapidly spreading monkeypox outbreak to be a 'public health emergency of international concern' in July 2022. This means that monkeypox is now considered to be a global health emergency, WHO's highest level of alert, and that a co-ordinated international response is required.

One of the lessons of the COVID-19 pandemic, is that infectious disease outbreaks are not gender-neutral.¹ This means that women, men and gender minorities are differentially affected. It is therefore vital that a gender lens is incorporated into all infectious disease outbreaks in terms of monitoring their impact and developing strategies to prevent infection and transmission as well as for the treatment and care of people who have been infected and who are unwell. A gendered approach to the wider social and economic impacts of infectious diseases is also required.

It is well-established that, to date, men have borne an excess burden of monkeypox. In the recent outbreak in countries beyond those where monkeypox has been endemic for many years, the overwhelming majority of infections have been reported in men, almost all men who have sex with men (MSM). 99% of cases are male across 36 European countries.² 97% of the male cases for which there is data on sexual behaviour are in MSM. Data for the USA also shows that 99% of cases occurred in men, 94% of whom reported recent male-to-male sexual or close intimate contact.³ Globally, 97% of the cases of monkeypox for which there is data are MSM.⁴ Racial and ethnic minority groups also appear to be disproportionately affected in the USA.

There is also evidence that monkeypox is also more likely to affect men in those countries in Africa where it has been a longstanding problem. One study of incidence in the DRC found the rate was 21% higher in males with the highest incidence in 10-19 year old males.⁵ Another study across 10 African countries found that male cases were reported more frequently than female cases in 18 out of 26 reports.⁶ It has been reported that 60% of current cases in Africa are in men and that, here, sexual contact between men is not a significant cause of transmission.⁷

It is clear that monkeypox is a men's health issue. This is not just because men are at greater risk of infection. It is also because a public health response that takes male gender into account is more likely to be effective and could help to prevent the disease spreading into other population groups.

Global Action on Men's Health is therefore calling for:

- Actions on monkeypox at the global, national and local levels that take full account of the specific needs of men and boys as well as those of other genders.
- The collection and fast-track publication of sex-disaggregated data on monkeypox incidence and mortality at all levels.
- The further disaggregation of data to show how outcomes by sex intersect with gender identity, sexuality, age, income, race and other key variables.
- Research to understand better the causes of men's higher risk of monkeypox in all countries and how it can most effectively be addressed.
- Vaccines to prevent infection to be made available to at-risk populations as soon as is practicable. These populations must be actively targeted for vaccination.
- Services for the prevention, diagnosis and treatment of monkeypox (such as sexual health, health promotion, and communicable disease services) to be made as accessible as possible through the involvement of local men from the most at-risk populations in service design and health promotion efforts.
- Public health campaigns, including male-targeted messaging, that educate at-risk populations about monkeypox, including how to prevent it, the symptoms, the most effective treatments and how to avoid onward transmission.
- All public statements about the disease to emphasise that it can affect anyone. While it is clear that some groups of men are at much greater risk of monkeypox in many countries, and should therefore be a focus for action, it is essential that communities are not stigmatised and discriminated against.
- The rapid and wide dissemination of evidence of good practice in work with men in this field.

- The full involvement of organisations working with men, particularly those working with MSM in countries where MSM comprise the majority of cases, in decision-making about the monkeypox response.

MONKEYPOX: KEY FACTS⁸

- Monkeypox is caused by monkeypox virus, a member of the Orthopoxvirus genus in the family Poxviridae. It is a viral zoonotic disease that occurs primarily in tropical rainforest areas of central and west Africa but which can be exported to other regions.
- Monkeypox typically presents clinically with fever, rash and swollen lymph nodes and may lead to a range of medical complications.
- It is usually a self-limited disease with the symptoms lasting from two to four weeks. Severe cases can occur. In recent times, the case fatality ratio has been around 3–6%.
- The disease is transmitted to humans through close contact with an infected person or animal, or with material contaminated with the virus.
- Monkeypox virus is transmitted from one person to another by close contact with lesions, body fluids, respiratory droplets and contaminated materials such as bedding.
- The clinical presentation of monkeypox resembles that of smallpox, although it is less contagious and causes less severe illness. Vaccines used during the smallpox eradication programme provide protection against monkeypox. Newer vaccines have been developed of which one has been approved for prevention of monkeypox.
- An antiviral agent developed for the treatment of smallpox has been licensed for the treatment of monkeypox.

This document may be updated from time-to-time to take account of new data, research and developments in policy and practice.

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REFERENCES

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- ⁶ Beer EM, Rao VB. A systematic review of the epidemiology of human monkeypox outbreaks and implications for outbreak strategy. *PLoS Neglected Tropical Diseases* 2019;13(10):e0007791. doi: 10.1371/journal.pntd.0007791.
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