

Action to prevent Monkeypox in Iran: special attention to MSM

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To the Editor:

Until the 9 September 2022, 57527 cases of monkeypox were reported across 103 countries [1] prompting the World Health Organization (WHO) to declare it a global public health emergency [2]. To date, the spread has disproportionately affected men who are gay, bisexual and other men who have sex with men (MSM) [3] and who have no recent travel history to countries where monkeypox is endemic, suggesting spread through intimate/sexual networks [4]. Sexual behavior that confers risk for HIV acquisition increases the risk of acquiring other sexually transmitted infections [5] and their risk of contracting monkeypox is similarly increased. People with advanced and uncontrolled HIV infection are at greater risk for severe or prolonged monkeypox disease when infected with the virus [6] . Social interactivity has

contributed to a greater risk of monkeypox transmission and led to further suppression of homosexuality, especially in countries where it is illegal. One such country is Iran . Institutions in Iran remain strongly opposed to homosexuality leading to negative propaganda and rejection of by society, families and the internalization of this stigma by gay men leading to an ego-dystonic mind set and the promotion of pseudo-scientific therapies by health professionals [7]. The government led media in Iran have used the outbreak of monkeypox to promote hatred, which has intensified homophobia, discrimination and stigma against MSM. This together with, forthcoming mass gatherings, the Hajj and Umrah 2022 in Saudi Arabia and Qatar FIFA World Cup 2022 has increased concerns among Iranian public health professionals about the spread of monkeypox.

We hence propose in Iran, the need to:

- 1- Utilize the 150 sites used for HIV treatment for epidemiological surveillance, contact tracing and isolation of cases, testing, patient care and accurate information provision of monkeypox
- 2- Consider the diagnosis of monkeypox in all MSM patients with characteristic presentations and adopt a non-discriminatory evidence-based approach to their management
- 3- Adhere to the World Health Organization and the Human Rights Organization guidance in Iran that gay, bisexual and MSM seek medical care and receive vaccinations without stigmatisation.
- 4- MSM limit sexual contact to one partnerships to significantly minimize monkeypox transmission

5- Special consideration given to people with HIV through surveillance and testing and through prioritization for receiving the monkey pox vaccination.

6- Monkeypox should be aggressively managed in persons with HIV infection, based on disease severity and degree of immunosuppression.

7. Avoiding stigmatizing language and reinforcing homophobic stereotypes through:

A- Workshops, training, and dissemination of policy guidelines and educational materials, such as posters on evidence-based infection control

B- An integrated approach to healthcare based on a human rights framework and delivered in partnership as is done for people living with HIV

C- Interventions in healthcare setting using interactive modular training focusing on medical ethics, limiting stigma and promoting infection control through regular contact as is done for people with HIV

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