

# QUICK TAKE

## TACKLING MPX IN BLACK AND LATINO COMMUNITIES

**MPX (emPox, AN ALTERNATIVE TO THE STIGMATIZING TERM “MONKEYPOX”)** is endemic in Central and Western Africa and affects primarily heterosexuals, but has been introduced into a global network of men who have sex with men (MSM, i.e., gay and bisexual men) along with transgender women. This new strain was first diagnosed in the U.S. on May 18th and has grown into a global crisis, with the U.S. leading the world in the number of diagnosed cases (10,768 as of August 11th).

As we saw with COVID-19, it did not take long for MPX diagnoses among Black and Latino people to far exceed their share of the U.S. population. Also, as we saw with COVID-19, limited testing (especially in marginalized groups) and the lack of comprehensive demographic case data leave policymakers and communities in the dark about where and how to respond most effectively. A snapshot of national data released by CDC showed a majority of MPX diagnoses among Black and Latino MSM and 41% of diagnoses among people living with HIV. Atlanta, Georgia is one illustration of this

### ALL HANDS ON DECK

It is likely that disproportionate impacts of MPX among MSM in Black, Latino, and other communities of color will continue. WE CAN TAKE ACTION:

#### **BIDEN-HARRIS ADMINISTRATION: DEMAND EQUITY IN ALL FEDERAL RESPONSES**

The President should publicly express his commitment to a caring MPX response centered on MSM and trans people of color. The Administration should ensure an equity focus is built into all federal MPX responses.

#### **CIVIL RIGHTS AND OTHER CIVIL SOCIETY GROUPS: PUT MPX ON YOUR AGENDA**

National and local organizations (including LGBTQIA organizations) and faith communities are trusted voices that need to talk about MPX and ensure that policy responses focus on MSM and trans people of color.

#### **HIV COMMUNITY-BASED ORGANIZATIONS (CBOs): EDUCATE AND PROTECT**

We need a nationwide mobilization of CBOs that builds on responses in early hotspots and is grounded in culturally congruent, non-stigmatizing outreach led by MSM and trans people of color.

#### **HEALTH DEPARTMENTS: ENGAGE AND FUND COMMUNITY PARTNERS**

Some health departments were quick to distribute MPX vaccines to community partners. Going forward, such efforts must grow, and health departments should remove contracting barriers so that community partners trusted in LGBTQIA communities of color can be quickly funded. Further, surveillance systems need to routinely collect sexual orientation/gender identity (SOGI) data to respond to MPX cases in transgender women and men, including trans people of color.

trend. On July 13, 57% of cases were among Black people, but by July 21, 63% of cases were Black, 6% were Latino, and 53% were people living with HIV, of whom 80% were Black. As of August 9, 82% of cases were Black, 6% were Latino, and 67% were people living with HIV. (See Melanie Thompson (@drmt), Twitter, <https://bit.ly/3vZfudn>).

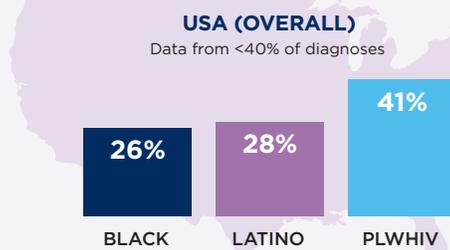
#### **Concerted action is needed to minimize inequities and effectively serve Black, Latino, and other MSM and transgender people of color in the MPX response.**

In our health system, Black and Latino people are often underserved and have worse access and outcomes across many health metrics. In 2019, 37% of all HIV diagnoses among MSM men were Black and 33% were Latino. In the same year, these men were less likely to be linked to care within 1 month of diagnosis and less likely to be sustainably virally suppressed than whites, which could place them at greater risk for other health conditions, including MPX (CDC Surveillance Special Focus Profiles, 2019).

Just as has been demonstrated for HIV (Millett, Lancet, 2012) and COVID-19 (Millett, Annals of Epidemiology, 2020 / Rodriguez-Diaz, Annals of Epidemiology, 2020), disproportionate MPX diagnoses may arise from a variety of longstanding social and structural factors, such as greater rates of homelessness or living in congregate settings with more people in smaller quarters; being uninsured or underinsured; access to fewer health care services; and other factors. Early responses to COVID-19 exacerbated health inequities by placing the most accessible testing sites in

### BLACK AND LATINO MSM HEAVILY REPRESENTED IN MPX DIAGNOSES

(DATA FROM <40% OF CASES, MAY 17-JULY 22, 2022)



Source: *Epidemiologic and Clinical Characteristics of Monkeypox Cases—United States, May 17–July 22, 2022*, 71 MORBIDITY AND MORTALITY WEEKLY REPORT—CENTERS FOR DISEASE CONTROL AND PREVENTION (Aug. 5, 2022).

## SELF-PROTECTION AND PUBLIC SUPPORT IN THE CURRENT OUTBREAK

Sexual health is an essential element of overall health. This includes an embrace of sexuality and pleasure. As many LGBTQIA people continue to be shamed and discriminated against over their sexuality, Black and Latino MSM need to be treated with dignity and respect in their interactions with clinicians and public health entities.

### HARM REDUCTION CONSIDERATIONS FOR NOW

MPX is a serious, contagious disease that can spread easily. To protect themselves, individuals should get vaccinated for MPX as soon as they can, and after vaccination, limit exposure to MPX for several weeks to give the vaccine

time to build protection. Protective strategies include temporarily abstaining from sex; reducing partners or limiting sex within small, closed networks; avoiding group sex venues; and limiting prolonged skin exposure, such as in tightly packed dance clubs.

### THE FOCUS MUST BE ON GROUPS AT GREATEST RISK

Rather than speculating on how the outbreak may impact other communities despite little evidence so far, we need affirmative policy action that centers on affected communities and is not overly focused on limited transmissions to heterosexuals.

white neighborhoods or providing vaccine appointments on a competitive online basis that privileged those with fast Internet service and flexibility to get vaccinated during the workday. In early MPX vaccination efforts, there were similar reports of Internet-based vaccination appointment slots that disappeared in minutes, inaccessible vaccination sites, or the placement of vaccination sites in Black and Latino neighborhoods that were overwhelmed by white MSM. This situation underscores the need for a sustained commitment to addressing the social and structural drivers of inequity.

**As we rightly focus on MSM in the MPX response, we must protect other members of Black and Latino Communities**

### PEOPLE EXPERIENCING HOMELESSNESS OR DETENTION

There are already reports of MPX diagnoses among people experiencing homelessness (WaPo, 2022). Sexual minority youth are more likely to be homeless than their straight counterparts, and disproportionate numbers of homeless youth are from communities of color. The Sentencing Project (2021) found that Black people were incarcerated almost five times and Latino people were incarcerated 1.3 times more than whites. Because MPX may flourish in congregate settings once introduced, surveillance, testing, care, and vaccines must be available for these populations.

### CISGENDER WOMEN OF COLOR

Black women and Latinas are the nucleus of families and care for sick or ill members. Women who have sex with men can be exposed to MPX, although very few heterosexual women have been diagnosed to date. MPX can complicate pregnancy and lead to disastrous outcomes in utero. Because pregnant people of color (particularly Black) are less likely to have consistent and timely prenatal care—and because most cases have been among MSM—these complications from MPX infection may be diagnosed late.

### TRANSGENDER WOMEN AND MEN OF COLOR

Transgender women and men who have sex with MSM could acquire MPX. Although few, there have been MPX cases diagnosed among transgender individuals. It is not uncommon for transgender individuals to avoid healthcare because of stigma and/or negative experiences from providers; this may also prove to complicate individual-level MPX outcomes.

### SERVICE WORKERS (INCLUDING SEX WORKERS, MAIDS, AND OTHERS)

In Africa, there have been outbreaks of MPX among hotel staff. In the U.S., undocumented immigrants and other vulnerable groups may be more likely to be in positions that may place them at greater risk for MPX exposure. Sex workers are also at risk for MPX, although surveillance data to date have not been sensitive enough to identify sufficient demographic breakdowns of diagnosed cases.

Over time, HIV has followed a consistent trajectory of becoming blacker and browner and more heavily concentrated in the southern U.S. MPX trends in the U.S. could follow the same path, especially in light of greater antagonism toward MSM and trans people of color in the south. Proactive strategies are needed to prevent stigma from causing people to forego diagnosis, treatment, and vaccination. America has an opportunity to create a different history by acting quickly and comprehensively to support and value the health and lives of MSM and trans people of color.

### TO LEARN MORE

Read our Big Ideas Brief, *Monkeypox and Meningococcal Disease Outbreaks Signal New Health Threats for Communities Heavily Impacted by HIV and Demand Immediate Action*, July 18, 2022, which is available at the link in the box below.

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MAKING AIDS HISTORY

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