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## Monkeypox vaccine-related stigma

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The spread of monkeypox epidemics among men who have sex with men (MSM) could fuel stigma toward an already highly marginalized community [1]. History recalls us the cultural and social effects of the term “gay-related immune deficiency” (GRID), used to define AIDS in the media and among health care professionals in 1982. Homosexual and bisexual men still carry the burden of HIV-related stigma today. In particular, history teaches that sexual stigma could increase a medical distrust among people who are worried about being judged for sexual preferences. Moreover, it could give a false sense of security to heterosexual people believing they are not at risk; so they will not take the steps needed to protect themselves, including vaccination.

Facing a shortage in monkeypox vaccines, several national health authorities focused their vaccination strategy on those groups at highest risk. Therefore, in different countries vaccines are only offered to MSM, who has multiple partners, participates in group sex, or attends “sex on premises” venues, and they are generally administrated in sexual health clinics [2].

Public health authorities should concern that this strategy could generate a “vaccine-related stigma”. HIV experts already know that PrEP-related stigma and shaming are potential barriers to pre-exposure prophylaxis (PrEP) implementation and maintenance [3]. Similarly, the belief that monkeypox vaccine is for promiscuous people and resistant to condom use, for HIV-infected subjects and people affecting sexually transmitted diseases (STDs) could limit the access to the vaccine, especially for people who generally do not attend sexual health clinic.

Stigma could be found in different phases of vaccination process, including booking and registration. For example, in several countries people indicate their willingness to receive monkeypox vaccine together with other sensitive data such as sexual orientation, sexual preferences (multiple partners, group sex participation, chemsex, sex in clubs and bars, public places, and saunas) and other information about the state of health (previous STDs). Such sensitive data are often recorded and collected in digital databases and therefore they could be subject to data breaches and therefore at the risk of illegal disclosure. So, people concerned about their privacy and the protection of their data could not adhere to the vaccination campaign.

Public health authorities should urgently break potential associations between monkeypox vaccine and promiscuity. Vaccines could be

offered to all MSM who are sexually active regardless of number of partners or type of behavior. Then, in vaccination center, a physician or another healthcare professional could analyze sexual behaviors through an interview or a paper questionnaire, offering vaccine to individuals at highest risk only. Even if the certificate of vaccination could not completely omit monkeypox vaccine due to subsequent diagnostic and pharmacovigilance problems, the vaccination date could not be indicate. Indeed, in the coming months, likely public health authorities will be able to offer monkeypox vaccine to other groups, regardless of sexual orientation. As a consequence, if the vaccination has been provided in Summer 2022, it could be possible to infer that subject belongs to the MSM group with multiple partners. Omission of date in vaccination certificate could potentially reduce fear of stigma. Finally, since monkeypox is not classified as a STD, vaccines should be also provided outside the sexual health clinics, as happened in some countries. All these procedures may already minimize stigma and sensitive data could be better protected against unwanted disclosure.

In conclusion, it should be noted that ambiguous scientific communication cannot be tolerated when health problems concern people belonging to minorities. Mistakes in healthcare management occurred 40 years ago at the emergence of HIV should lead us to reflect on the value of a clear and timely information - especially towards high-risk groups. Even the recent COVID-19 outbreak demonstrated that the knowledge gained in the context of a pandemic emergency may be initially partial or ephemeral, fueling stigma in marginalized communities [4,5]. At present, for reasons as yet unknown, human monkeypox outbreak mainly involves MSM with multiple partners. This finding poses a risk of stigma towards the LGBTQ + community. It should therefore be emphasized that medicine does not express moral judgments and it does not condemn those who seek sex for pleasure, promoting interventions that do not damage personal rights and infringe freedoms. These considerations should also apply in the field of vaccine prophylaxis, considering that at the moment monkeypox vaccine is the first vaccination to be administered exclusively on the basis of sexual behavior.

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