

# Emergence of Mpox and new epidemics: psychological and social impact of stigma in communication and prevention

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## Abstract

Emerging viral epidemics are increasingly being studied and monitored. In addition to the strictly virological and symptomatic aspects, there is a growing recognition of the need to address the psychological dimension of the patient. The humanization of care should now be an integral part of clinical practice. However, the risk of stigmatization associated with infections that cause epidemics is more real than ever. This is of particular concern as it can negatively impact the prevention and management of the infection due to perceived judgment from healthcare providers and society. An integrated and targeted approach that considers the psychological aspect and the mental fragility of patients can improve screening and prevent the potential risk of stigmatization.

The monkeypox virus (Mpox) is the etiological agent of a zoonotic disease known as monkeypox.<sup>1</sup> Mpox is typically self-limiting and mild, with a relatively low mortality rate. Mpox may be transmitted from animals through direct contact with infected lesions, contact with bodily fluids and/or secretions, and consumption of undercooked meat. Human-to-human transmission is evi-

dent and occurs through direct contact with the bodily fluids of infected individuals, including intimate contact, contaminated objects, or aerosols during prolonged face-to-face contact.<sup>2</sup>

Although the monkeypox virus can be transmitted both from animals and from human to human through bodily fluids and prolonged contact, the spread of incomplete information has significantly contributed to the formation of stereotypes and prejudices. This has fueled the misconception that the disease primarily affects gay men, reinforcing stigma and generating discrimination.

Stigma arises from inadequate information and a lack of knowledge about the physical issues, their implications, and the possible care and rehabilitation measures that can be implemented. Stigma is, therefore, based on prejudice and fear. The risk of social condemnation related to sexual orientation and the improper association of the Mpox disease becomes concrete. The recent spread of Mpox (formerly called monkeypox) is often associated with men who have sex with other men. As with the emerging HIV epidemic, a connection is now being drawn between sexual orientation and Mpox. Stigma often leads to distancing, discrimination, and alienation from society for the individual and, at times, for the entire family. The stigmatized person automatically falls into a severe form of social marginalization. As with the HIV epidemic, the potential for stigma associated with Mpox is significant. People with Mpox face stigma related to the fear of infection and the unknowns surrounding the virus.<sup>3</sup>

The stigma faced by AIDS patients had a strong association with the mode of transmission of the virus, with the moral and physical qualities of HIV-positive individuals, and with the harsh moral judgment imposed by the media and public opinion.<sup>4</sup>

Unfortunately, it is not uncommon for social stigma to be linked to health status. World history has frequently witnessed terrible acts of discrimination against those considered different, and in most cases, this difference was associated with individuals' health conditions. This phenomenon highlights how stigma can arise and spread through the perception of health and medical conditions, deeply influencing the lives of those affected.

A relevant framework to understand similar stigma processes targeting HIV, COVID-19, and Mpox includes three archetypes of stigma: the "other," the foreigner, and the visibly sick.<sup>5</sup> During the COVID-19 pandemic, the Chinese population was blamed for spreading the virus and consequently ostracized by other populations, who erroneously generalized the virus's spread, assuming all Chinese individuals were infected. A similar situation occurred with gay men at the end of the 20th century during the spread of HIV.

Despite the proven transmission of Mpox through sexual activity, evidence has concluded that it is not the only route of infection. Close physical contact is not limited to gay men, and therefore, gender identity and sexual orientation do not have direct responsibility for Mpox infection. Mpox is not classified as a sexually transmitted infection, despite transmission occurring through sexual contact.<sup>6</sup>

The stigma attributed to Mpox can negatively impact preven-

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Key words: Mpox; emergency psychology; communication; stigma.

Conflict of interest: the authors declare no potential conflict of interest.

Ethics approval and consent to participate: not applicable.

Availability of data and materials: all data generated or analyzed during this study are included in this published article.

Received: 23 November 2024.

Accepted: 10 December 2024.

Early view: 23 January 2025.

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Emergency Care Journal 2025; 21:13419

doi:10.4081/ecj.2025.13419

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tion and management efforts, as many fear a perceived judgment about their sexual behavior from healthcare professionals. On a personal level, this could generate significant psychosocial and physiological stress. In this regard, it is important to address the growing stigma even within healthcare settings and convey scientific information in the literature using language that avoids discrimination. A useful approach could be to emphasize behaviors that increase the risk of contracting Mpox and promote preventive policies such as vaccination and seeking information from sexual partners regarding potential exposure to Mpox.<sup>7</sup>

Therefore, it is essential to raise awareness among the media and the scientific community about the correct transmission of information to avoid increasing prejudice regarding the Mpox virus and individuals with different sexual orientations. The transmission of information should emphasize that anyone can contract the virus, regardless of sexual orientation.

Today, the emergency extends beyond the Mpox virus to encompass the communication process between institutions and the public, particularly regarding how information is managed. In this sense, it is suggested to adopt a series of communication measures, including establishing the most direct possible contact with the interlocutor, using understandable language, ensuring transparency regarding the patient's actual health conditions, avoiding creating false expectations, ensuring the correct transfer of information among the members of the healthcare communication team, and establishing a daily, predetermined communication window.<sup>8</sup> Providing adequate information requires communication skills, for which many healthcare professionals have not received adequate training. Effective communication between healthcare personnel and families involves creating space for emotional expression and exchange.<sup>9</sup> To address Mpox and potential future epidemics without contributing to discrimination, an evidence-based and non-judgmental approach is essential. Awareness campaigns must be inclusive, avoiding portraying the virus as a disease of a particular gender. The improper association of Mpox with certain groups, particularly men who have sex with men, has fueled the creation of stereotypes and prejudices that, in turn, have reinforced stigma. This phenomenon is not new but mirrors similar dynamics observed during the HIV and COVID-19 epidemics, where the disease was associated with specific behaviors or social groups. Stigma arising from fear and ignorance not only compromises the psychological well-being of those affected but can also hinder the prevention and management of the disease, as people fear being labeled and judged.

In this context, it is crucial to promote more inclusive, scientifically accurate, and non-judgmental healthcare communication. Disseminating correct information is critical to preventing the perpetuation of stereotypes that could foster isolation and discrimination. Health institutions must strive to provide clear messages that do not link the disease to specific social groups or behaviors but rather emphasize risk behaviors and prevention strategies, such as vaccination and safer sexual practices. To this end, it is also essential to raise awareness among healthcare professionals about the need for an empathetic and non-judgmental approach that considers the experiences and vulnerabilities of patients. This approach should reflect clear, unbiased scientific communication while also being attentive to the emotional and psychological needs of patients, who may face severe psychosocial stress due to stigma. Moreover, the Mpox emergency teaches us the importance of inte-

grated management between public health, communication, and psychological support so that the fight against the disease does not become a dual battle against infection and discrimination. Health policies must be inclusive and promote the adoption of evidence-based preventive strategies while raising awareness about the need to combat stigma and ensure a respectful and humane management of affected individuals. Finally, the management of health emergencies, such as that of Mpox, requires an approach that goes beyond mere physical care. A complex and multidisciplinary perspective that integrates medical, communicative, and psychological expertise is needed to minimize the impact of the disease on patients' mental and social health. Only in this way can we effectively address the spread of the virus and its social and psychological dimensions, avoiding the perpetuation of harmful exclusionary mechanisms and stigmatization. As with other cases, the management of the Mpox virus represents a complex challenge that requires balancing public health management, information dissemination, and the prevention of discrimination. Health institution responses must be inclusive and respectful, avoiding the reinforcement of stereotypes that could further harm individuals who are already vulnerable due to their health condition. Only through an approach that integrates scientific evidence and care for the emotional and psychological aspects of the person can we face future epidemic challenges, which in a globalized world are no longer a remote possibility but a reality with which we must engage and adopt integrated appropriate actions.

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