

Mpox “Monkeypox” Virus: The Importance of Inclusive Imagery to Prevent Disease Stigma

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ABSTRACT

Since the initial coverage of the monkeypox virus, there has been debate among physicians over how to responsibly communicate public health information without harming historically marginalized communities. On November 28, 2022, the World Health Organization (WHO) announced its plan to rename monkeypox “mpox” following growing concern regarding the stigmatizing nature of the disease’s original name. We believe providers, and especially dermatologists, have an opportunity to further shape conversations about the virus to mitigate the same stigmas that were perpetuated by media coverage surrounding the HIV epidemic and contributed to the rise of anti-LGBTQ and HIV+ violence. Specifically, dermatologists have an opportunity to engage in conversations about the psychosocial impact of visible skin disease, advocating for healthcare equity by using both inclusive imagery and non-discriminatory language.

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INTRODUCTION

On November 28, 2022, the World Health Organization (WHO) announced its plan to rename monkeypox “mpox” following growing concern regarding the stigmatizing nature of the disease’s original name.¹ The announcement occurred just 4 months after the same organization declared mpox a global emergency due to rapidly rising cases in non-endemic countries, especially among men who have sex with men (MSM). Since initial coverage of the virus, there has been debate among physicians over how to responsibly communicate public health information without harming historically marginalized communities. Given the cutaneous manifestations of this infection and their potential impact on disease perception, dermatologists have the opportunity to shape these conversations.

Stigmatization is a well-described phenomenon in dermatology, in part due to fear of contagion that often results from the visibility of cutaneous manifestations. This may be particularly problematic in the case of mpox, which like other historic viral outbreaks, such as Human Immunodeficiency Virus (HIV), already carries stigma given its association with close contact among MSM. In fact, in studies of individuals living with HIV, those with visible signs of disease, such as lipodystrophy, experienced more psychological distress, lower self-esteem, decreased quality of life, and less social support than those who could conceal their HIV status.¹ Most concerning, there is evidence that infectious disease stigma creates barriers in testing, treatment administration, and contact tracing.²

The renaming of mpox suggests experts are aware of the dangers of stigmatizing language. As dermatologists, we would also like to draw attention to the impact of imagery. Though the underrepresentation of skin of color (SOC) images in educational resources has been well described in the literature, the potential impact of overrepresenting SOC in depictions of transmissible diseases has been less explored. Agencies such as the Foreign Press Association, Africa (FPAA) have criticized Western media outlets which depict mpox infection exclusively in patients of African descent, arguing that these photographs “assign calamity to the African race and privilege or immunity to other races.”³ We believe providers have an opportunity to mitigate the same stigmas that were perpetuated by media coverage surrounding the HIV epidemic and contributed to the rise of anti-LGBTQ and HIV+ violence. In doing so, providers should follow the recommendations of the Center for Disease Control (CDC) and be mindful to “include pictures of people [with mpox] from diverse backgrounds and racial/ethnic groups.”⁴ Inclusive imagery, in addition to the non-discriminatory language supported by the WHO, must be utilized.

Finally, providers should be aware of social media’s role in propagating misinformation. Individuals seeking health information online may interact with imagery that is inaccurate or unrepresentative of mpox epidemiology. By creating their public content, dermatologists can help shape public communication so that it is accurate, inclusive, and compassionate.

With the recent renaming of mpox, dermatologists have an opportunity to engage in conversations about the psychosocial impact of visible skin disease. In doing so, they can advocate for healthcare equity, using language *and* imagery that prevents further marginalization of communities that experience stigma and poorer healthcare outcomes.

DISCLOSURES

Dr. Lo Sicco has been an investigator for Regen Lab and is an investigator and consultant for Pfizer. Dr. Adotama is a consultant for Argenx and Janssen. Dr. Gutierrez, Dr. Klein, and Christina Oh have no conflicts to disclose.

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