

# Community and Statutory Responses to Mpox in Ireland:

A mixed-methods survey of gay, bi and other men who have sex with men

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## Executive Summary

The 2022 global outbreak of mpox presented significant challenges for gay, bisexual, and other men who have sex with men (gbMSM). This report explores the perceptions this community had of the mpox outbreak in Ireland. It describes thoughts on prevention, experience, and aftermath of mpox; the impact of mpox on daily lives of gbMSM in Ireland; and community preferences on support and information provision for mpox.

The results of this report show how the experiences of gbMSM were closely linked to the perceived and actual responses of government bodies and non-governmental organisations. The report showed a perceived lack of urgency in the formal response to mpox; how mpox contributed to the othering of gbMSM; how prevention methods and messaging increased potential for othering and conflicts among gbMSM; and how mpox contributed to fear and other emotional reactions in gbMSM.

The key findings inform a range of important recommendations for policy. These recommendations extend beyond the mpox public health emergency of international concern (PHEIC), and while they are intended to provide guidance for an ongoing response to mpox, they also extend to future disease outbreak and the development of strategies and infrastructure for the provision of healthcare to gbMSM. Recommendations include suggestions that:

- Developing and publishing a co-produced LGBT+ health strategy would demonstrate that the health needs of gbMSM, and others within the LGBT+ community, are recognised and prioritised.
- Holistic healthcare services for gbMSM should be developed given the unique intersection of mental and physical health with sexual health for gbMSM that must be considered in response to the mpox outbreak and similar events.
- The partnership between community organisations with statutory public health agencies provides an effective model for community-level communication, health related information and support for gbMSM and should be continued. Enhanced visibility of statutory public health agencies should be prioritised through joint events, publications and signposting on social media and other outlets in response to disease outbreaks and other health issues that specifically affect gbMSM
- When disease outbreaks affect specific communities, such as gbMSM, ensure that the risk communication and community engagement strategy includes messaging for the general public designed to tackle stigma.

A full summary of key findings and recommendations is collated overleaf.

# Summary of Key Findings and Recommendations

## Research Question

## Key Findings

## Recommendations

**What are the thoughts and concerns of gbMSM in Ireland on the prevention, experience, and aftermath of mpox?**

- gbMSM perceived themselves as not being valued or prioritised by health authorities.
- Mpox provided gbMSM with further evidence to support existing perceptions of institutional homophobia in healthcare.
- The inaccessibility of vaccines contributed to perceptions of a poor governmental response to mpox.
- gbMSM in Ireland have demonstrated themselves to be vaccine-ready and eager to support public health measures to protect themselves and the communities in which they live.
- Those living rurally felt the response from the government and NGOs was centred on Dublin and other urban areas. They described sexual health infrastructure in rural areas as poor.
- Early limitations on vaccines led to the stigmatisation of prioritised groups.
- Vaccine criteria also caused tensions between gbMSM as those perceived as engaging in more risky behaviour were granted earlier vaccine access.

1. Develop and publish a co-produced LGBT+ health strategy to demonstrate that the health needs of gbMSM, and others within the LGBT+ community, are recognised and prioritised.
2. Consider targeted public health interventions and awareness campaigns amongst gbMSM communities for other relevant public health issues (e.g., HPV).
3. Ensure increased and sustainable investment in sexual health and public health infrastructure that responds to situations like the mpox outbreak and provides support to the community sector that contributes to such responses.
4. Undertake diversity, equity, and inclusion audits of vaccine delivery programmes in relevant state bodies to ensure they address rather than reinforce pre-existing stigma and health access inequalities.

## Research Question

## Key Findings

## Recommendations

**What is the impact of mpox on daily lives of gbMSM in Ireland?**

- gbMSM expressed fear and concern around how the labelling of mpox as a “gay disease” might lead to negative perceptions of the gbMSM community and negative treatment from others.
- Major concerns around the negative impact of mpox infection related to the financial and social impact of isolation.
- Participants feared mpox infection would lead to invasions of privacy and expose one’s sex or personal life.
- A strong sense of community and support among networks of gbMSM was an important resource throughout the outbreak.
- Respondents were apprehensive about speaking to healthcare workers with limited and heteronormative understandings of gay sex and diverse sexual practices.

5. Conduct further research with those who were diagnosed with mpox to understand their lived experience.
6. Provide greater supports for self-isolation, including financial supports.
7. Develop holistic healthcare services for gbMSM given the unique intersection of mental and physical aspects of health with sexual health for gbMSM that must be considered in response to the mpox outbreak, and similar events.
8. Develop strategies for resourcing and supporting peer-led initiatives for communication, information, and support in statutory public health organisations and community organisations in response to disease outbreaks that affect their communities. These strategies should recognise the diversity within gbMSM communities in Ireland and the complexities between sexual health, sexual identities, social experiences and community history. Community champions could prove an effective measure to ensure uptake and compliance with public health measures.
9. Provide training in sex positive patient-provider communication for healthcare practitioners in general practice, sexual health and public health so that they are prepared to discuss the full diversity of sexual practices in a way that puts patients at ease.

## Research Question

**What are the community preferences on the type of support and information provision on mpox?**

## Key Findings

- The public health agency strategy to collaborate with community organisations was likely an effective way of responding to the mpox outbreak.
- Many expressed concern that there was not enough communication directly from the HSE and Department of Health. It is possible that the disappointment with statutory health agencies will negatively impact health-seeking behaviours among gbMSM.

## Recommendations

10. Continue the partnership between community organisations and statutory public health agencies as this provides an effective model for community-level communication, health related information and support for gbMSM. Enhanced visibility of statutory public health agencies should be prioritised through joint events, publications and signposting on social media and other outlets in response to disease outbreaks and other health issues that specifically affect gbMSM.
11. Develop mechanisms for situations similar to the mpox outbreak to rapidly co-produce and test culturally appropriate messaging as part of a Risk Communication and Community Engagement (RCCE) strategy that carefully communicate unknowns, uncertainties, and resource constraints rather than being delayed by them. Elicit and target beliefs that are emerging about the disease and its prevention.

- There were conflicting preferences regarding whether the RCCE strategy should have focused as specifically on gbMSM as it did, or whether focusing the messaging towards the general public would have been less stigmatising.
- It is possible that failure to emphasise the role of sex between men would prevent accurate information from reaching relevant groups and consequently insufficient protections would be implemented.
- Many gbMSM in Ireland were aware of responses in other countries and perceived a lack of urgency in the Irish response relative to European neighbours. These countries are also popular destinations for those travelling for community events (e.g., Pride).

12. Ensure that the RCCE strategy includes messaging for the general public designed to tackle stigma when disease outbreaks affect specific communities, such as gbMSM.
13. Maintain surveillance of mpox cases in countries to which gbMSM in Ireland travel for community events and encourage vaccination against mpox and other prevention measures ahead of the 2023 Pride season.



# Introduction

In May 2022 there was a growing number of globally reported cases of mpox, a viral infection previously seen only in countries of Western and Central Africa, where the disease is endemic. This was the first time that so many mpox cases and clusters had been reported concurrently in non-endemic and endemic countries and in widely disparate geographical areas across Europe and North America (WHO, 2022). Most cases were reported in communities of gay, bisexual and other men who have sex with men (gbMSM), and in July 2022, the World Health Organisation designated the outbreak as a Public Health Emergency of International Concern (PHEIC; Nuzzo et al., 2022).

Mpox is transmitted through close physical contact with an infected person. Symptoms often start off like the flu, with fever, low energy, swollen lymph nodes, and general body aches. Within 1 to 3 days (sometimes longer) of the development of fever, most infected people will develop a painful rash or sores across the body.

The first mpox case was reported in Ireland on the 27th of May 2022 and confirmed reported cases to the end of 2022 when data collection for this study ended stood at 227, with significantly decreasing numbers of weekly confirmed cases (Health Protection Surveillance Centre, 2023). Those who are diagnosed with mpox are requested to enter a phase of self-isolation for up to 30 days to prevent onward spread of the virus.

While there is no validated vaccine for mpox, internationally the use of the smallpox vaccine Imvanex/Jynneos was approved for administration under exceptional circumstances. The rollout of vaccination programmes was significantly hampered by a worldwide shortage in vaccines. In Ireland, phase one of the vaccine rollout focussed only on those deemed most at risk, those who had received a new diagnosis of early infectious syphilis over the past six months. Since the initial phase of vaccinations in late summer 2022, significantly more vaccines have become available and now vaccines are available for all of those considered at risk. This increased availability was facilitated in part by the emergency approval of intradermal use of Imvanex/Jynneos against mpox (EMA, 2022).

In advance of the first reported cases the HSE established an emergency response team which included government and public health officials as well as LGBT+ community organisation representation. This was followed by the appointment of a strategic advisory group to oversee the government response to the public health emergency.

Throughout the response to the public health emergency of international concern, community organisations, such as the MPOWER Programme at HIV Ireland and the Man2Man programme administered by the Gay Health Network, were responsible for leading community-focussed communication. The MPOWER Programme at HIV Ireland is a suite of peer-driven community-level interventions which aim to achieve a reduction in the acquisition of HIV and STIs and an overall improvement of sexual health and wellbeing among gbMSM.

This report employs community-based research in the form of a community needs analysis, commissioned by the MPOWER programme supported by HSE funding. It reflects the views of the community members who took part in the research and not the views of the research team or the MPOWER programme at HIV Ireland.

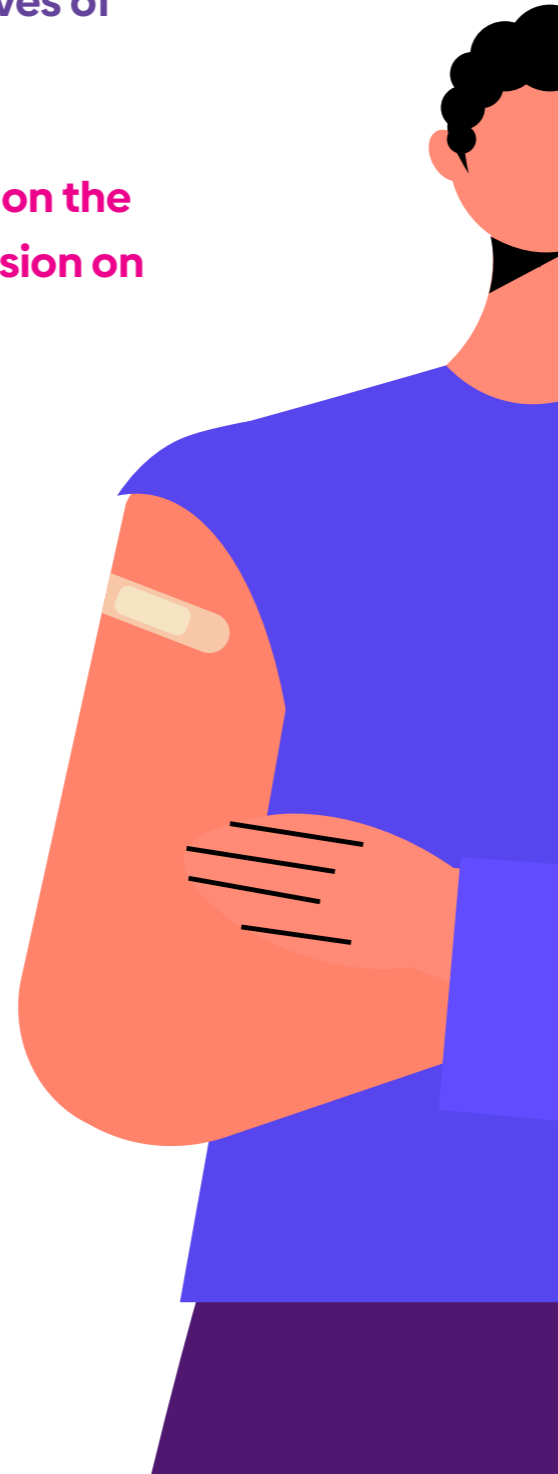




# Research Questions

This research was designed to answer the following questions:

- 1. What are the thoughts and concerns of gbMSM in Ireland on the prevention, experience, and aftermath of mpox?**
- 2. What is the impact of mpox on daily lives of gbMSM in Ireland?**
- 3. What are the community preferences on the type of support and information provision on mpox?**



# Methodology

## Design

This study had a cross-sectional, mixed-methods design and used an online survey containing both closed and open-ended questions to gather data about the perspectives of gay, bisexual or other men who have sex with men living in Ireland on the mpox outbreak and responses to it. In designing the open-ended questions, which were the main focus of this study, we followed guidance from Braun and colleagues (2021) on the use of online surveys for collecting qualitative data.

We chose to use an online mixed-methods survey as it presented several advantages over other methods commonly used in community-engaged research such as quantitative surveys, focus groups and interviews.

First, using an online survey allowed us to provide an anonymous method for participating in this study. Given the stigma associated with mpox and the sensitivity of discussions regarding sexual health, we felt that a larger sample and a more diverse range of voices would participate than would be possible with methods where the participants are necessarily identifiable at the point of data collection such as interviews or focus groups (Neville et al., 2016). Ensuring anonymity and removing the presence of a researcher from the point of data collection may also have allowed a shift in power enabling the participants to provide whatever information they wished in comparison to interviews and focus groups where information may be seen as elicited by the researcher (Braun et al., 2021; Marko et al., 2022).

Second, and related to this shift in power, the online survey allowed participants to complete the study at the time most convenient to them and with much less burden on them than an interview or focus group would involve.

Third, the emphasis on open-ended questions within the survey allowed for much richer data regarding the experiences of the participants to be collected than would a quantitative survey.

Fourth, the online survey allowed a large volume of data to be collected and analysed relatively quickly with much fewer resources required than for interviews or focus groups. While it is important to note that using interviews or focus groups would have likely produced data with greater depth, and allowed the co-production of data through prompts and follow-up questions, we felt that given the constraints on resources and our desire to give as many (relevant) people as possible the chance to participate, the online mixed-methods survey was the most suitable approach for data collection in this study.

# Participants

We used a combination of convenience sampling and purposive sampling to recruit participants for this study (see further detail on data collection below). The study inclusion criteria required participants to self-report that they identify as male, are sexually attracted to men, are aged over 18, and live in Ireland. Those under the age of 18, people who are not male, and males who are not sexually attracted to men were excluded from participating in the study.

The study included 163 participants aged 18-68 ( $M=39.56$ ). All participants identified as male, with two having not been assigned male at birth. Participants were primarily Irish (84.66%), lived in Dublin (57.06%), and identified as gay (85.28%). Of the 163 participants, 5 had been diagnosed with mpox prior to data collection. Demographic data for participants can be seen in Table 1.

**Table 1.** Demographic data of participants.

Variable		N	%
Age	18-24	9	5.52
	25-30	16	9.82
	31-35	40	24.54
	36-40	32	19.63
	41-45	24	14.72
	46-50	19	11.66
	51-55	9	5.52
	56-60	9	5.52
	61-65	< 5	< 3
	66-70	< 5	< 3
Assigned Male at Birth	Yes	161	98.77
	No	< 5	< 3
Sexual Identity	Gay or homosexual	139	85.28
	Bisexual	23	14.11
	In another way	< 5	< 3
Ethnicity	Irish	138	84.66
	Irish traveller	< 5	< 3
	Any other white background	15	9.20
	Chinese	< 5	< 3
	Any other Asian background	< 5	< 3
	Latin American	< 5	< 3
	Any other black background	< 5	< 3

	Other (including mixed background)	< 5	< 3
Place of Birth	Argentina	< 5	< 3
	Armenia	< 5	< 3
	Brazil	< 5	< 3
	China	< 5	< 3
	India	< 5	< 3
	Ireland	136	83.44
	Italy	< 5	< 3
	Japan	< 5	< 3
	Latvia	< 5	< 3
	Poland	< 5	< 3
	Portugal	< 5	< 3
	Russia	< 5	< 3
	South Africa	< 5	< 3
	Turkey	< 5	< 3
United Kingdom	< 5	< 3	
United States	< 5	< 3	
Education level	No educational qualifications	< 5	< 3
	Intermediate/Junior/Group Certificate or equivalent	< 5	< 3
	Leaving Certificate or equivalent (including Applied Leaving Certificate)	14	8.59
	Higher education below degree level	25	15.34
	Degree or higher	120	73.62
Annual Income	€0-9,999	< 5	< 3
	€10,000-19,999	15	9.20
	€20,000-39,999	32	19.63
	€40,000-59,999	48	29.45
	€60,000-99,999	50	30.67
	€100,000+	17	10.43
County	Carlow	< 5	< 3
	Cavan	< 5	< 3
	Clare	< 5	< 3
	Cork	5	3.07
	Donegal	< 5	< 3
	Dublin	93	57.06
	Galway	10	6.13
	Kerry	< 5	< 3
	Kildare	9	5.52

Kilkenny	< 5	< 3
Laois	< 5	< 3
Leitrim	< 5	< 3
Limerick	< 5	< 3
Mayo	< 5	< 3
Meath	8	4.91
Roscommon	< 5	< 3
Tipperary	5	3.07
Waterford	< 5	< 3
Westmeath	< 5	< 3
Wexford	< 5	< 3
Wicklow	< 5	< 3
<b>Had mpox</b>		
No	158	96.93
Yes	5	3.07

## Data Collection

The study participants self-selected into the study by accessing the survey link. The survey was advertised on social media by HIV Ireland and the MPOWER programme. The survey was also promoted through paid advertising on the gay dating application, Grindr, and through Gay Community News (GCN). The survey was designed and hosted using Qualtrics. We piloted the survey with members of the study steering group before launching data collection. The survey was open for participants between December 6th 2022 and January 18th 2023.

Immediately upon accessing the survey, prospective participants were shown a plain language statement detailing the aims of the study, what participation would entail and the risks and benefits of proceeding to participate. They were then asked to confirm that they were providing consent to take part and for their data to be stored and analysed. Next, prospective participants were asked for demographic information including age, gender identity, sexual identity, and residence in Ireland. Any prospective participant who provided information that was inconsistent with the inclusion criteria was directed to the end of the survey. Those who were eligible to participate were then asked for further demographic information including their country of birth, their highest educational qualification, their employment status, their income and the county in which they reside.

Next, the participants were asked whether they had been diagnosed with mpox. If they had been diagnosed with mpox, the participants were asked to describe their experience in an open-ended question. All participants were then asked open-ended questions about the impact of the mpox PHEIC on their daily lives, any worries or concerns that they had about preventing mpox, their thoughts about the management of the mpox response by both governmental and non-governmental organisations, and their preferences for information and support in relation to mpox. There was also an opportunity for participants to add anything else they felt was relevant but had not been directly asked.

The final section of the survey contained several closed questions. These focused on the level of concern participants had about getting mpox, the level of concern participants had about getting other STIs, perceived risk of getting mpox, perceived risk of getting other STIs, the potential or actual negative impact of having mpox on one's life, perceived awareness and understanding regarding mpox and relevant public health guidelines, and sources of information about mpox and their perceived trustworthiness.

The study was granted ethical approval from the UCD Human Research Ethics Committee.



## Data Analysis

The data produced by the closed questions in the survey were quantitatively analysed using functions for calculating and visualising descriptive statistics. We used the Reflexive Thematic Analysis (RTA) process described by Braun and Clarke (Braun & Clarke, 2006, 2021) to analyse the qualitative data produced by the open-ended questions.

We applied RTA from the perspective of Critical Realism, a metatheoretical orientation that “can help us understand health and illness as processes that are affected by interactions between individuals and their contexts, including the agents and structures present, and help us explain what we see but also what we do not see” (Koopmans & Schiller, 2022). Taking a critical realist approach also allowed us to engage in a “hermeneutics of empathy” meaning that we endeavoured to interpret the experiences of our participants in a way that they recognise as close to their intended meaning while recognising that this represents “participants’ perception of (their) reality, shaped by and embedded within their cultural context, language and so on” (Braun & Clarke, 2021). To support this attention to context in our interpretation of the data, we drew on a socio-ecological model that recognises gbMSM’s MPX-related needs are influenced by a range of factors operating across individual, interpersonal, community, and structural levels. This was inspired by Baral and colleagues’ (2013) modified socio-ecological model describing risk contexts for HIV epidemics. This model situates a traditional socio-ecological model within an understanding that the stage of the epidemic contextualises risk.

We interpreted the qualitative data by following the six phases outlined by Braun and Clarke (2006; 2021) including (1) familiarisation with the data; (2) coding; (3) generating initial themes; (4) developing and reviewing themes; (5) refining, defining, and naming themes; and (6) writing up. We familiarised ourselves with the data by reading across the dataset and taking notes. We discussed our initial thoughts together before DC led the coding process. The codes were mainly semantic in nature meaning that, in keeping with the hermeneutics of empathy, they reflected literal interpretations of the data. We met during the coding process to the applicability, breadth, distinctiveness and relevance (to the research questions) of the codes. Once coding was complete, we met to collaboratively identify what we considered to be patterns of shared meaning across the codes. To generate initial themes, we grouped codes together according to these patterns, visually mapped connections between them, and discussed the potential latent meanings underlying them. We developed and reviewed these initial themes by each writing our own interpretation of them and then working together to synthesise these interpretations. We refined the names and content of the themes through iterative drafting of a shared document and several meetings focused on ensuring the themes were grounded in the data and our theoretical approach.

## Reflexivity

In our discussions regarding data analysis, we took care to reflect on our positions as researchers, our positions as queer men, the position of the MPOWER programme as the sponsor of this research and the position of the research project itself. The discussions on the latter topic focused on considering differences in opinion on the context of the impact of the study on gbMSM in the community, on the governmental and non-governmental organisations involved in the mpox response, and on the relationships that we as researchers and the MPOWER programme have with the community and relevant governmental and non-governmental organisations. There were difficult conversations regarding the tension between attentiveness to the direct responses of participants and adherence to the overall aims of the study and potential impacts on the health and wellbeing needs of gbMSM in Ireland. There are direct quotations used in this report from the survey responses which may be read as derogatory to individuals or organisations, and while these perspectives are not necessarily shared by the research team or the MPOWER programme, these quotes have been included to give voice to genuine frustrations expressed in the study.



# Quantitative Findings

## Participant Perceptions of mpox

Participant perceptions of mpox can be seen in Table 2. Overall, participant levels of concern about ( $M=2.78$ ) and perceived risk ( $M=2.4$ ) of contracting mpox were lower than for other STIs ( $M=3.2$  and  $2.85$  respectively), as displayed in Figure 1. In this regard participant perceptions were likely reflective of actual risk of infection for mpox versus other STIs. Participants reported a somewhat high perceived negative impact of mpox ( $M=3.86$ ), while the reported negative impact for those diagnosed with mpox was slightly lower ( $M=3.2$ ; albeit representing an extremely small sample). Participants were moderately well informed about the mpox public health emergency ( $M=3.47$ ) and felt that they understood public health guidance reasonably well ( $M=3.48$ ).

**Table 2.** Perceptions of aspects of mpox.

	<b>N</b>	<b>M</b>	<b>SD</b>
Concern about contracting mpox	163	2.78	1.252
Concern about contracting other STIs	163	3.20	1.149
Perceived risk of contracting mpox	163	2.40	1.022
Perceived risk of contracting other STIs	163	2.85	1.098
Perceived negative impact of mpox infection	157	3.86	1.268
Actual negative impact of mpox infection	5	3.20	2.049
Perceived level of informedness about mpox public health emergency	161	3.47	1.374
Perceived level of understanding of public health guidance regarding mpox	161	3.48	1.397

## Sources of Information for mpox

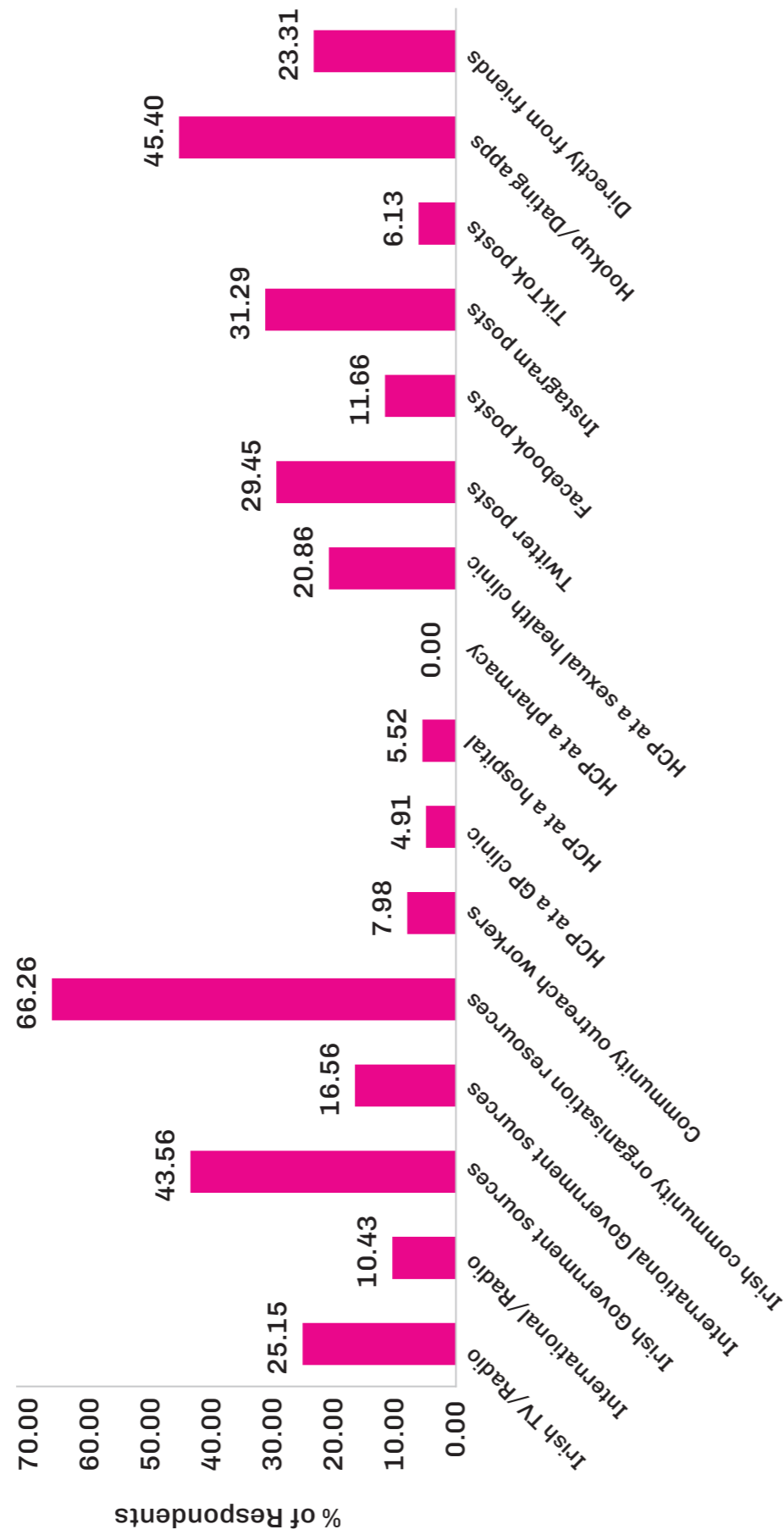
Participants drew from a wide range of sources to find information about mpox, as shown in table 3. Irish community organisations were the most popular source, and almost two thirds (66.26%) of participants used community organisations (such as MPOWER or Man2Man) to stay informed on the outbreak. Hook-up/dating apps (45.4%), Irish government sources (43.56%), and non-governmental posts on social media such as Instagram (31.29%) and Twitter (29.45%) were also popular sources of information. All participants reported getting information from at least one source (range 1-10), with the median number of sources being 3. The extent to which various sources were used is displayed in Figure 1.

**Table 3.** Use of sources of information about mpox.

<b>Source</b>	<b>N</b>	<b>%</b>
<b>Media</b>	Irish TV/Radio	41 25.15
	International TV/Radio	17 10.43
<b>Government</b>	Irish government sources (HSE, Department of Health etc.)	71 43.56
	International government sources	27 16.56
<b>Community</b>	Irish community organisation resources (MPOWER, Man2Man)	108 66.26
	Community outreach workers	13 7.98
	Healthcare professional at a GP clinic	8 4.91
	Healthcare professional at a hospital	9 5.52
	Healthcare professional at a pharmacy	0 0
	Healthcare professional at a sexual health clinic	34 20.86
	<b>Social media</b>	Twitter posts (non-governmental/health service)
Facebook posts (non-governmental/health service)	19 11.66	
Instagram posts (non-governmental/health service)	51 31.29	
TikTok posts (non-governmental/health service)	10 6.13	
Hook-up/Dating apps	74 45.4	
<b>Other</b>	Directly from friends	38 23.31

Figure 1.

Use of sources of information about mpox.



## Trust in sources of information about mpox

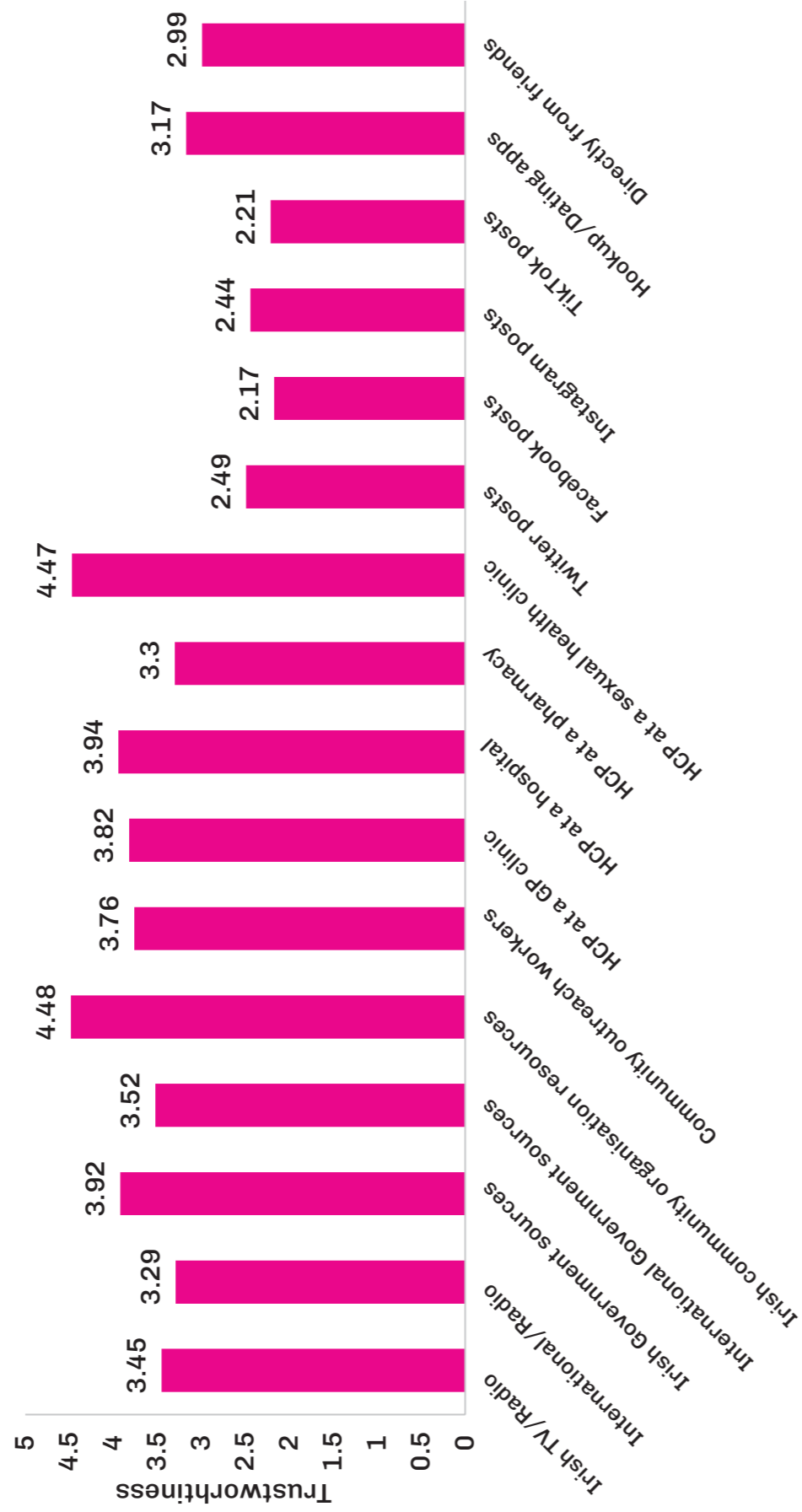
Participants varied greatly in how they rated the trustworthiness of information sources, as evident in Table 4 and Figure 3. In general, social media sources were rated as less trustworthy than others, with Facebook posts being the least trustworthy source of information ( $M=2.17$ ); it appears that sources were deemed more trustworthy as they became more obviously related to the mpox public health emergency. Irish community organisations for gbMSM, such as MPOWER and Man2Man, were deemed extremely trustworthy ( $M=4.48$ ), closely followed by healthcare professionals in sexual health clinics ( $M=4.47$ ) and then Irish government sources (including the HSE and Department of Health) ( $M=3.92$ ).

**Table 4.** Level of trust in information about mpox from different sources.

Source	N	M	SD	
Media	Irish TV/Radio	150	3.45	1.11
	International TV/Radio	140	3.29	1.01
Government	Irish government sources (HSE, Department of Health etc.)	145	3.92	1.13
	International government sources	141	3.52	1.11
Community	Irish community organisation resources (MPOWER, Man2Man)	142	4.48	1.04
	Community outreach workers	132	3.76	1.00
Healthcare professionals	Healthcare professional at a GP clinic	133	3.82	1.18
	Healthcare professional at a hospital	133	3.94	1.08
	Healthcare professional at a pharmacy	132	3.30	1.19
	Healthcare professional at a sexual health clinic	133	4.47	1.00
Social media	Twitter posts (non-governmental/health service)	134	2.49	1.11
	Facebook posts (non-governmental/health service)	130	2.17	1.06
	Instagram posts (non-governmental/health service)	135	2.44	1.14
	TikTok posts (non-governmental/health service)	132	2.21	1.06
	Hook-up/Dating apps	138	3.17	1.09
Other	Directly from friends	131	2.99	0.90

Figure 2.

Perceived trustworthiness of sources of information for mpox



## Qualitative Findings

Through our application of Braun and Clarke’s (2006; 2021) reflexive thematic analysis process, we developed four themes from our interpretation of patterns in the qualitative data. These focused on (1) the perceived divergence in urgency, priority and care between “the community response” and “the state response” to the mpox outbreak, (2) the ways in which mpox could have an othering effect on gbMSM and their communities, (3) the ways in which efforts to prevent mpox that focused on risk may have encouraged othering between gbMSM on the basis of sexual choices, and (4) the sense of fear among gbMSM caused by the mpox outbreak and its parallels with HIV and COVID-19. Next, we report our analysis of each of these themes in turn. We present quotes from the study participants to support our analysis. Where necessary, the spelling and grammar have been adjusted to enhance clarity, but the majority of the quotes are verbatim. The themes presented below are based on the views of the research participants, not of the research team nor the MPOWER programme at HIV Ireland.





## Theme 1: Perceptions of the mpox response: divergence in urgency, priority and care.

The survey participants put forward a variety of views on how mpox was managed; broadly categorised into the formal response by the state, including government, the health service and public health system; the community organisation response and the peer-to-peer response across social networks.

Overall, there was disappointment and frustration with how the state's response to the mpox outbreak was managed. These feelings seemed to be driven by a perceived lack of urgency – particularly in relation to the vaccination programme but also in relation to other forms of prevention and supports for those diagnosed with mpox. Many participants also highlighted that the pace of the response to mpox was hampered by what they perceived as a combination of already poor sexual health infrastructure and an “*information vacuum*” regarding mpox.

The overarching feeling was pure fear as the information vacuum at the start was total. We were tested and the result was hampered by the fact the STI clinic only worked certain days. There was no urgency because the clinic was closed. The procedures were new of course however with COVID having happened I would have thought that guidelines for emerging infections would have been tighter. Much tighter.

(Gay man, Westmeath, 36-40)

HSE, Minister and Department appear to have had very little urgency and was a stark contrast to the COVID response. (Gay man, 31-35, Dublin)

The government response has been awful. It made little or no effort to reach everyone who needed support. The information supplied was minimal. There seemed to be a lack of urgency or understanding.

(Gay man, 46-50, Meath)

For some participants, this perceived lack of urgency in the management of mpox was assumed to be related to an overall lack of care for the LGBT+ community by the state and its agencies. This interpretation of the situation could be considered as recognition of a form of institutionalised homophobia whereby issues that affect the health of gbMSM tend to not be prioritised within public healthcare systems. Many of these responses drew on comparisons with the height of the AIDS crisis or the COVID-19 pandemic to make sense of the state's response to mpox. We develop the impact of these historical health crises on the experience of fear during the mpox outbreak in a later theme.

It's been absolutely dreadful. Our government did not act quickly enough with widespread and meaningful information and of course their attempts at a vaccination programme were, and still are, absolutely laughable. There's no doubt this would have been very different if it wasn't the LGBTQ+ community being mostly impacted by it. Without community organisations like MPOWER, it feels like we'd have been left to just figure it out for ourselves with much bigger consequences. (Gay man, 36-40, Dublin)

Anything from the HSE has been minimal. The government haven't said much about it. There are issues with paying those who have to isolate. It really does feel like they don't care about it especially compared to COVID, and I can't help feeling that part of that is because it's mainly affecting gay and bisexual men. Yes, it's not as prevalent or deadly as COVID, but it's still a big issue, and it feels like nobody is acknowledging that.

(Bisexual man, 21-25, Dublin)

Some of these comments used particularly evocative and emotive language to express a strong sense of anger and disappointment regarding the management of the mpox outbreak by the state.

The HSE doesn't care about the gay community and they made this perfectly clear with little more no action taken on this matter. It's a bit of deja-vu with the AIDS pandemic. (Gay man, 41-45, Dublin)

The government response has been incredibly disappointing and has eroded any trust I had that they care about the LGBTQ+ community. The HSE response has met my incredibly low expectations - it is a shameful organisation and this is just a one more failure to add to a long list of them. I would urge anyone within government or the HSE to take stock of how deeply they have let us down, and ask them to do better going forward.

(Gay man, 31-35, Dublin)

I heard [representative of HSE] on the [news programme] during the summer. [They were] almost laughing when the presenter suggested there might be some urgency with the situation. It seemed that everyone in sexual health in Ireland takes the summer off and people only started to make decisions in September. I felt like a second-class citizen as a gay person.

(Gay man, 41-45, Dublin)



As mentioned above, much of the frustration reported in this survey was linked to the lack of availability and access to vaccination. While there was an acknowledgement by some participants that this was an overall system failing linked to global vaccine shortages, many comparisons were made to formal responses and vaccination programmes in other jurisdictions that appeared to make vaccines available earlier and in more accessible ways. It may be the case that these international comparisons supported the narrative identified above regarding the lack of care for gbMSM in Ireland perceived in the state's response to the mpox outbreak.

Very poorly managed as New York State has been offering vaccine boosters for monkeypox before the initial dose was even available in Ireland. (Gay man, 26-30, Dublin)

The government completely dropped the ball on this. The LGBTQ community in Ireland is small - and the community around the world is really well connected and informed. Seeing so many of my international friends and peers getting vaccinated and continuing on about their lives in June/July - then seeing the snail-pace the government here were making with vaccine rollout was so frustrating. As a community we were not given the respect and urgent attention this WHO declared crisis needed (see also: inaccessibility of PrEP). If it wasn't for the inimitable and non-stop work of MPOWER and the crew there I think we would still be waiting for the HSE to tell us anything beyond 'Stop having sex'. (Gay man, 31-35, Dublin)

When reflecting on how the mpox outbreak has been managed, participants were clear to make a distinction between what was seen as the statutory response by government and its agencies, and the awareness campaigns and outreach activities led by community organisations which were seen to be very effective and proactive.

If it wasn't for some of the fantastic non-profit organisations like MPOWER and GCN, I think our community would still be struggling to get clear information about Monkeypox. The limited and slow vaccination rollout has been very frustrating, especially following the efforts made to tackle Covid 19. It feels like the government doesn't care about the LGBTQ+ community. If it did, they would rally to respond to the Monkeypox outbreak instead of doing the bare minimum to address the needs of our community. It also seems as though the progress that has been made recently has largely been due to the efforts of some tireless advocates, and their continued application of pressure on those in charge within the HSE and government. (Gay man, 31-35, Dublin)

Where is the public information campaign? Local groups, especially in the LGBT+ community are doing trojan work, but this should be a government-led response to what's supposed to be a public health emergency. (Gay man, 21-25, Dublin)

No support from central government in the form of supports to those needing to self-isolate, lacklustre response from HSE both in terms of information and vaccination. Very grateful to organisations like Man2Man and MPower for acting to inform and protect the community. (Gay man, 36-40, Kildare)

There was also evidence in the responses to the survey, that as well as more formalised support, individual members of the community were responsive to caring for and informing each other in an informal way. The concerns about mpox were not just centred around its impact on individuals but also their friends, lovers and the wider community.

While I am in a monogamous long term relationship with my husband, I am cognizant of what is going on within our community. It has felt a bit like a lot of 'screaming into the void' has been done and not enough intentioned action taken by the Minister or the HSE (Gay man, 36-40, Tipperary)

I reached out to my friends and lovers once I saw the vaccine was being released on a self-referral basis, I wanted to make sure everyone was looking after themselves sexually. (Gay man, 31-35, Galway)

Made sure to check in on friends who had contracted or felt lonely because of the outbreak and fear leading to isolation. (Gay man, 36-40, Dublin)

The LGBTQ community were open to being informed and to informing others. (Gay man, 21-25, Dublin)

The concerns in what mpox would mean for the wider community were articulated by many participants and intersected with issues of stigma, otherness and discrimination, as discussed in the next theme.

## Theme 2: The mpox outbreak as a sign of otherness for gbMSM

Mpox was often discussed in ways that positioned it as a new source of stigma for gbMSM, an already stigmatised community in Ireland in many ways. This elicited fear and concern amongst participants, not necessarily around the impact of the disease on themselves as individuals, but more so on how this positioning might lead to further stigmatising of the wider community. For this reason, many resisted the framing of mpox as a “gay disease”.

In the early days, the messaging of 'no need for the general public to be worried because MPX primarily affects gay men and MSM' was unhelpfully stigmatizing. (Gay man, 36-40, Dublin)

I worry that it has become labelled as a 'gay disease' and this will mean that transmission is not effectively controlled in all populations. (Gay man, 36-40, Tipperary)

[I] Feel it has been portrayed in Ireland as another Gay plague. (Gay man, 56-60, Wexford)

The stigma anticipated and experienced by participants was complex and layered across various intersecting aspects: the labelling of mpox as a sexually transmitted disease, the lack of certainty about the characteristics of the disease, the visible nature of how the disease can affect one's appearance, and the association of mpox with sex-negative narratives. These were all apparent as layers of mpox stigma that led many participants to anticipate judgement and othering from the rest of society.

[I'm] becoming a little more paranoid of judgements based around monkeypox [that] others may make of me if I openly disclose my orientation to new people. (Gay man, 18-20, Galway)

Akin to coughing/sore throat symptoms in public during Covid - I became aware of my skin and appearance during this time. I have friends who have various skin conditions who were treated badly or asked prying questions during the summer [at the] height of symptoms and [when there was] no access to vaccines in particular. (Gay man, 31-35, Dublin)

[I'm] annoyed and angry with how the vaccine programme looks for specific people under specific conditions which when read by [the] wider public would suggest that those getting the vaccine could be of lower moral [standing]. (Gay man, 31-35, Dublin)

Many participants expressed worry that mpox would lead to situations in which their privacy would be invaded, and they would be exposed to a lack of discretion, confidentiality or understanding. These anxieties appeared to be linked to embarrassment in relation to heteronormative understandings of sex between men.

If I were to get monkeypox I felt my sexual activity would be exposed and I would be embarrassed. (Gay man, 61-65, Cork)

I don't want to have to explain or justify my open relationship or be shamed for wanting sex outside my relationship. (Gay man, 46-50, Meath)

This fear seemed to fuel concerns around managing the disclosure of infection, given that sores from mpox may be difficult to conceal and the long isolation period would require extended absences from work and social events.

[My] primary concern would be explaining extended isolation to work, friends etc. I suspect a covid cover story would have to be invented. (Gay man, 46-50, Dublin)

[A] lot of rural people will not go to local clinics for fear of being recognised and being gossiped about - it does happen and it's not right. (Bisexual man, 46-50, Kerry)

Those who shared experiences of self-isolation while recovering from mpox demonstrated how these anticipated worries were borne true, which might be seen as justifying these feelings to some extent.

[That] period was worrying and the isolation was inconvenient and embarrassing. (Gay man, 31-35, Dublin)

We were very early cases in Ireland... Public health did not get in touch with us when we were tested. We called in covid to work. The week was over and symptoms raging and a week later still no sign of public health interaction. Then case was confirmed 8 days after testing. Public health took us out of work and ordered bedroom isolation for us. Complicated by having housemates. Housemates were vaccinated. Then isolation continued until cleared by GP. [...] I missed 3.5 weeks of work. [My] manager guessed it was monkey pox when I changed from covid to extended viral illness on my sick cert. (Gay man, Westmeath, 36-40)

While this theme focuses on how mpox became a new way for gbMSM to experience stigma and othering from beyond their community; the next theme focuses on how attempts to prevent and manage mpox may have contributed to othering within and between communities of gbMSM.



### Theme 3: The potential for othering through mpox prevention practices

The dominance of risk discourses in communications about mpox prevention, and in criteria for vaccination, may have contributed to the way in which many participants positioned each other based on their sexual behaviour and associated feelings of jealousy and blame – particularly in relation to vaccine access.

Of course, the vaccines had to be prioritised to highest risk but this indirectly punished those who actively chose to lower their risk exposure until the vaccine was available. (Gay man, 36, Dublin)

Self-assessing risk on a website means a lot of people who are much lower risk have received the vaccine prior to genuinely high-risk individuals. (Gay man, 31-35, Dublin)

How the idea of a healthy sex life was constructed by participants, and how this interacted with their understanding of mpox, seemed to be intertwined with how participants positioned themselves and others. There were responses in which the sex lives of others were judged negatively or even blamed in relation to mpox. For example, some participants engaged in sorting of sexual partners based on how “risky” they were perceived to be, while one participant called for public health restrictions on saunas.

Initially MPOX caused me some anxiety and stress as it was all very new and hard to get information. Early on I was definitely less likely to hook up with guys I didn't know well to help reduce my risk of getting MPOX. (Gay man, 21-25, Dublin)

I have become very selective as to who I have sex with. (Gay man, 51-55, Donegal)

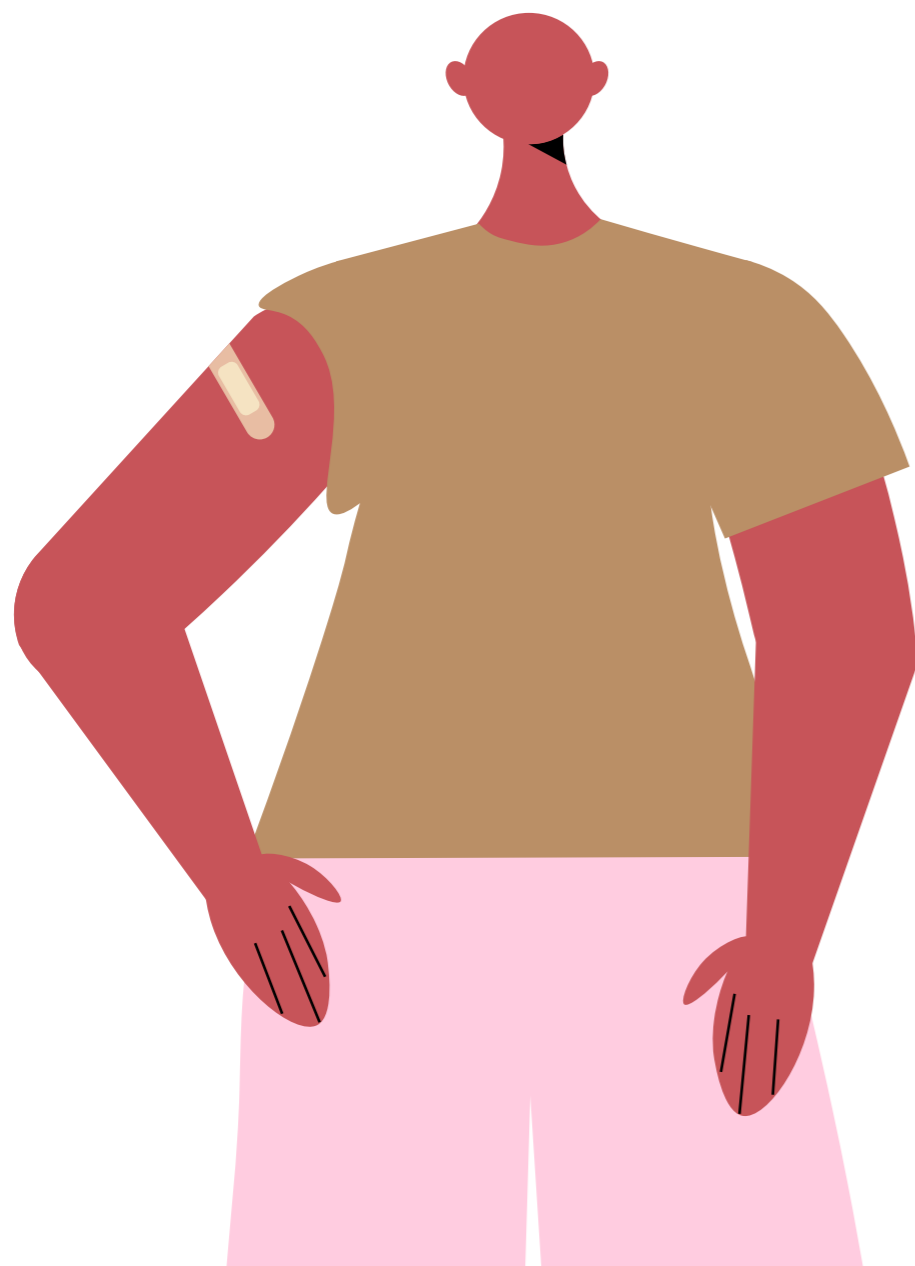
[I] just have to be careful with whom I have safe sex. (Gay man, 66-70, Dublin)

The competition and requirements for vaccination positioned community members in opposition to each other, with those eligible for earlier vaccination sometimes being criticised for their engagement in perceived risky behaviour at the expense of the rest of the community. This sense that “you must self-identify as slut to get it” (Gay man, 46-50, Galway) lowered engagement with the vaccination programme.

[I] find myself wondering when and if I should get [the] vaccine. [The] HSE is offering it to high-risk people, [I] guess I'm at slight risk and maybe eligible but don't want to deprive others at higher risk than me. (Gay man, 46-50, Dublin)

The criteria kept changing and there were issues with that- it's good to target those at a higher "risk" but [it] relied on those who had attended clinics so missed people. (Bisexual man, 21-25, Dublin)

There is a clear contrast here to the earlier theme demonstrating the informal response and care amongst members of the community, demonstrating the complexity of social aspects of the mpox outbreak. The divisions and judgement shown here are a direct response to issues of vaccine availability as well as that larger fear around stigma and fear from the general public. The way in which this fear and stigma was contextualised by the participants is discussed in the next theme.



## Theme 4: Fear of mpox and the influence of previous culturally significant pandemics

The individual and collective emotional impact of mpox was significant for most participants. While individual perceptions of the extent to which mpox was an issue varied, most participants expressed feelings of fear and concern. The most common fears for participants included the threat of potential infection, transmission to others, isolation, and the broader impact the outbreak could have on the community. These fears were influenced and often exacerbated by experiences of HIV and COVID-19.

Many participants voiced feelings of fear around potential infection. Participants perceived infection as being very serious, and repeated depictions of mpox that described it as especially sore or painful. People were affected by anecdotes from friends in addition to graphic pictures and videos on social media.

[A close friend] described it as an excruciatingly painful experience. This really made me fearful, and completely prevented me from putting myself at risk for several months. (Gay man, 31-35, Dublin)

The fear of infection and its consequences were exacerbated by uncertainty around preventing mpox infection. Participants often felt somewhat helpless owing to a perceived lack of information on symptoms and risk reduction; many were unsure how to protect themselves.

I still don't quite understand how it can and can't be spread. I wouldn't know what the symptoms are or who to call or what to do if I get infected. (Gay man, 21-25, Dublin)

I don't know if the information I have read online is right. Can you only get it if the person you sleep with has sores, spots, or rashes? Or can you get it even if they don't show symptoms? (Gay man, 36-40, Dublin)

Participants also expressed fear of spreading mpox to others. Some described the emotional impact of their perceived responsibility to look after people in their lives, and many reduced their social and sexual contacts to reduce the likelihood of contracting and subsequently spreading infection. They often recognised this as necessary in the face of a public health emergency, but nonetheless felt it a significant disruption to their life. The fear of spreading mpox to others was likely driven by a combination of health concerns and an acute awareness of the perception others may have of infection spread among gbMSM.



It did cause anxiety as sometimes it felt like we shouldn't be hooking up to try help the community and stop spread. (Gay man, 21-25, Dublin)

I was very fearful of acquiring and passing it on to nephews, nieces, my elderly parents and other (straight and gay) friends. (Gay man, 36-40, Dublin)

The impact of mpox extended beyond acute changes in individual behaviours. It seems some participants felt that fear of mpox altered the way they could express their personality and identity. This may be somewhat reflective of the way in which gbMSM relate to and seek support from their community. Many participants expressed that their ability to meaningfully engage with things they enjoyed was limited.

My anxiety has skyrocketed again as I feel like I'm missing out on living a part of my life that brings me joy. (Gay man, 31-35, Dublin)

I love to have sex, but this has driven me to abstinence. (Gay man, 46-50, Meath)

Many participants were aware of the perceived ever-present threat of mpox, but the level to which people attended to this threat varied across participants. Some were extremely vigilant to potential infection. This manifested through seeking immediate medical attention when suspecting infection and a hypervigilance to skin blemishes or other potential symptoms in themselves and others:

[I'm] looking at people's bodies and can't relax during sex. (Gay man, 36-40, Dublin)

A little rash on my leg - which was nothing - but I worried it might be monkeypox and had it checked out by a doctor. (Gay man, 36-40, Dublin)

One major concern expressed was that of the perceived impact of isolation should one contract mpox. Participants expressed a range of concerns regarding this; a lack of clarity on how isolation would work in practice did not reassure participants. Concerns frequently related to the impact extended isolation would have on work and the potential impact on mental health. This was also reflected in quantitative responses, where participants suggested contracting mpox would strongly impact their life.

One worry was the need to isolate for such a long time. This would have had a huge impact on my work with project deadlines to be met I simply couldn't be away from work for 28 days. (Gay man, 46-50, Dublin)

As well as the pain associated with Monkeypox, I am also aware of the long isolation period and the impact that can have on a person's mental well-being and financial stability. (Gay man, 31-35, Dublin)

Fears of isolation were often realised in those who had contracted mpox. Those who isolated experienced loneliness, citing difficulties with finding emotional and social support.

I really didn't have anyone to talk to about it except one family member who called me every day during the isolation. It was a lonely and difficult period. (Gay man, 41-45, Dublin)

Participants sometimes attributed the lack of supports available to the relative novelty of mpox. They suggested that supports had not yet been implemented because the evidence base and avenues of support were still under development, proposing that it was a difficult situation for those in charge.

They [did] the best they could. (Gay man, 46-50, Tipperary)

It's a shame about the lack of vaccines but [it] seems like a wider issue. (Gay man, 31-35, Dublin)

Others were more critical of the systems they perceived as failing to provide adequate support through isolation.

Experiences of previous culturally significant pandemics were frequently referred to, and clearly played a role in shaping perceptions of mpox. There were many references the impact of HIV, and more recently COVID-19. Some reflected on the impact HIV had on the community, and these fears were not limited to those who had lived through the HIV pandemic. Instead, they seemed to reflect the way memories of HIV have been embedded in LGBTQ+ culture. It seems these culturally significant pandemics made fear discourses regarding mpox particularly impactful, and the way participants viewed mpox through a HIV lens likely exacerbated the many concerns they had.



The Irish gay community is already so fragile, I really don't want this to be another AIDS crisis, I don't think my poor heart could take it.

(Gay man, 18-20, Galway)

It was difficult not to start thinking this would be the next AIDS/HIV. None of us want to have something like that hit our community ever again. (Gay man, 36-40, Dublin)

Here we go again, gay men being blamed [for] another disease

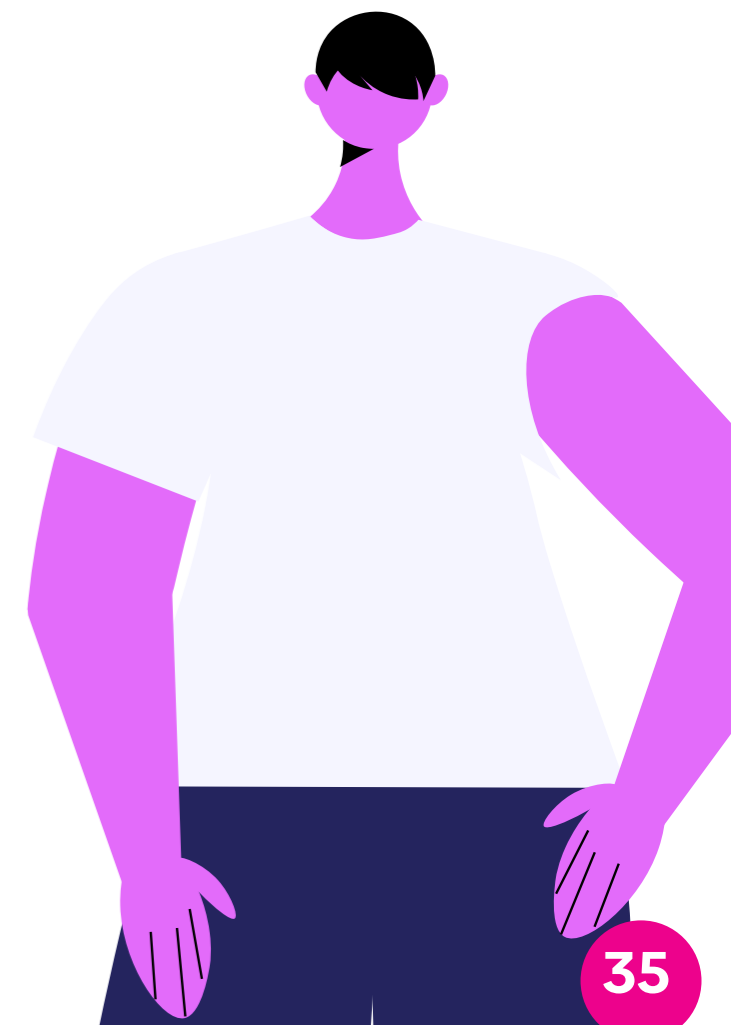
(Gay man, 51-55, Dublin)



## Discussion & Recommendations

We designed this study to give voice to the thoughts and concerns of gbMSM in Ireland on the prevention, experience, and aftermath of mpox. We were also interested in investigating the impact of mpox on daily lives of gbMSM in Ireland and their preferences for mpox -related support and information provision. We collected these data in December 2022, at which point there had been over 200 confirmed cases of mpox but the number of diagnoses of mpox per week had declined significantly and the vaccination programme had been operating for several months, and recently expanded (Dillon et al., 2023). Many of the issues raised by our participants correspond to the experiences of gbMSM globally during the mpox PHEIC. For example, an analysis of over 300,000 tweets about mpox identified three major themes that overlap to some extent with those we identified in our data: concerns of safety, stigmatisation of minority communities, and a general lack of faith in public institutions (Ng et al., 2022).

We will first consider issues and provide recommendations related to the prevention, experience, and aftermath of mpox. The overall frustration and disappointment expressed by participants around the management of mpox by public health agencies, stems from the perception that gay and bisexual men are not valued nor a priority by health authorities and the history of institutionalised homophobia in healthcare. Institutionalised homophobia within healthcare is not particular to an Irish context and is evident throughout several international studies and systematic reviews (Alencar Albuquerque et al., 2016; Ayhan et al., 2020).



### Recommendation 1:

Developing and publishing a co-produced LGBT+ health strategy would demonstrate that the health needs of gbMSM, and others within the LGBT+ community, are recognised and prioritised.

More specifically, the inaccessibility of vaccinations was a significant point of frustration for participants in the study and should be understood in the context of a worldwide shortage in appropriate stocks of vaccine (Gruber 2022). Since the completion of this study significantly more vaccination stocks have been procured by the Irish government and vaccination is widely accessible for those who meet the criteria of being at risk of mpox. However, there was also criticism from those living in rural areas that their needs were not considered enough by statutory health organisation and community organisations and that sexual health infrastructure is poor outside of Dublin. There was a strong desire amongst communities of gbMSM for timely access to vaccines and an eagerness to engage with public health measures such as vaccination to protect individuals themselves and the wider community. This high level of vaccine acceptability among gbMSM has been demonstrated in other countries too and is not limited to the context of mpox (see, for example, Dukers-Muijers et al., 2022; Hong et al., 2023; MacGibbon et al., 2023; Paparini et al., 2022)

### Recommendation 2:

gbMSM in Ireland have demonstrated themselves to be vaccine-ready and eager to support public health measures to protect themselves and the communities they live within. Targeted public health interventions and awareness campaigns amongst these communities for other relevant public health issues (e.g., HPV) should be considered.

**Recommendation 3:** Ensure increased and sustainable investment in sexual health and public health infrastructure that responds to situations like the mpox outbreak and provides support to the community sector that contributes to such responses.

The approach to dealing with the initial scarcity of vaccines was to restrict access to “gbMSM and transgender people who have had a notification to the HSE’s Infectious Disease Monitoring system known as CIDR, of early infectious syphilis (EIS) between December 2021 and July 2022” (HSE, 2022). This led to vaccination being stigmatised due to its association with syphilis and as described above, tensions between communities of gbMSM related to desire for vaccine access.

### Recommendation 4:

As suggested by Garcia Iglesias and colleagues (2023) in the UK, relevant state bodies should undertake diversity, equity, and inclusion audits of vaccine delivery programmes to ensure they address rather than reinforce pre-existing stigma and health access inequalities.

Next, we will consider issues and provide recommendations related to the impact of mpox on daily lives of our participants. For many, the mpox outbreak brought fear and stigma to their daily lives. Social lives and sex lives were interrupted. Most participants expected that contracting mpox would have a negative impact on their daily lives, and this appears to be the case for the small group of participants who were diagnosed with mpox, with the need for prolonged self-isolation being a significant social, mental, and financial challenge.

### Recommendation 5:

Further research with those who were diagnosed with mpox to understand their lived experience.

### Recommendation 6:

Provide greater supports for self-isolation, including financial supports.

### Recommendation 7:

Given the unique intersection of mental and physical aspects of health with sexual health for gbMSM that must be considered in response to the mpox outbreak, and similar events, holistic healthcare services for gbMSM should be developed.

Peer support was an essential resource for many of our participants in their daily lives. Many of our participants highlighted how a strong sense of community and information sharing, advice and support amongst networks of peers, friends, and lovers were important resources during the mpox outbreak.



### Recommendation 8:

Statutory public health organisations and community organisations should develop strategies for resourcing and supporting peer-led initiatives for communication, information, and support in response to disease outbreaks that affect their communities. These strategies should take cognisance of the diversity within gbMSM communities in Ireland and the complex ties between sexual health, sexual identities, social experiences and community history. Community champions could prove an effective measure to ensure uptake and compliance with public health measures.

Many participants expressed their fear that contracting mpox, or even the association of mpox with gbMSM, would lead to stigma, judgment, and loss of privacy in relation to their sexual identity and practices. There was evidence in the data of apprehension at the prospect of having to speak to healthcare workers with limited and heteronormative understandings of gay sex and diverse sexual practices.

The need for sexual health promotion and services to address broader understandings of what constitutes sex has been noted previously in relation to mpox (Garcia Iglesias et al., 2022)

### Recommendation 9:

Healthcare practitioners in general practice, sexual health and public health should be trained in sex positive patient-provider communication so that they are prepared to discuss the full diversity of sexual practices in a way that puts patients at ease.

Finally, we will consider issues and provide recommendations related to our participants' preferences for mpox -related support and information provision. It is important to note that the public health agency strategy for the mpox response was to work collaboratively with community organisations to ensure a more appropriate and impactful response (Baka et al., 2022). Participants articulated an overwhelming satisfaction with the level of communication, information, and support from community organisations, which suggests that the statutory health organisations' collaboration with them was an effective aspect of their Risk Communication and Community Engagement (RCCE) strategy, as recognised by the ECDC and the WHO (Baka et al., 2022). Relatedly, our quantitative data shows that the survey participants perceived themselves as well-informed about mpox and the related public health guidance. In addition, the information coming from community organisations, statutory health organisations and health professionals working at sexual health clinics was most trustworthy for participants. This is a positive contrast with evidence from the UK where community organisations were trusted

less than healthcare practitioners, the government, the media and internet searches (Paparini et al., 2022).

However, many participants expressed concern that there was not enough communication coming directly from the HSE and the Department of Health and, as discussed above, a lack of urgency was perceived. To some extent, this may be attributed to unknowns and uncertainties about the unprecedented nature of this mpox outbreak. While the end point of communication, information and support was reached effectively, the disappointment with the statutory health organisations may potentially negatively impact trust in these agencies and have a further negative impact on health-seeking behaviours amongst this group. RCCE guidance for mpox from the WHO and the Social Science in Humanitarian Action Platform emphasises the importance of continual communication about the evolving nature of knowledge about mpox (Schmidt-Sane et al., 2022; WHO Health Emergencies Programme, 2022).

### Recommendation 10:

The partnership between community organisations with statutory public health agencies provides an effective model for community-level communication, health related information and support for gbMSM and should be continued. Enhanced visibility of statutory public health agencies should be prioritised through joint events, publications and signposting on social media and other outlets in response to disease outbreaks and other health issues that specifically affect gbMSM.

### Recommendation 11:

Develop mechanisms for situations similar to the mpox outbreak to rapidly co-produce and test culturally appropriate messaging as part of a RCCE strategy that carefully communicate unknowns, uncertainties, and resource constraints rather than being delayed by them. Elicit and target beliefs that are emerging about the disease and its prevention.

There were conflicting preferences regarding whether the RCCE strategy should have focused as specifically on gbMSM as it did, or whether focusing the messaging towards the general public would have been less stigmatising. However, Iglesias Garcia and colleagues (2022) make the valid point that "if policy around monkeypox is embedded with narratives that fail to emphasize the role of sex between men, there is a risk that accurate, evidence-based information will not reach key groups and may lead to inadequate or inappropriate measures being implemented". As discussed above, the impact of mpox stigma was significant. The prevalence and strength of mpox stigma globally during the past year has been documented in studies of social media and traditional media discourse (Ng et al., 2022; Shah, 2022)

While the WHO recommendations for RCCE in relation to mpox advised designing messaging with the aim of avoiding the stigmatisation of gbMSM, we consider the recommendation from the Social Science in Humanitarian Action Platform to actively campaign against stigma and discrimination within mpox RCCE more appropriate (Schmidt-Sane et al., 2022; WHO Health Emergencies Programme, 2022)



### Recommendation 12:

When disease outbreaks affect specific communities, such as gbMSM, ensure that the RCCE strategy includes messaging for the general public designed to tackle stigma.

Many participants compared the response to mpox in Ireland with what they were seeing in other countries especially those where the trajectory of the outbreak was more advanced, such as the UK, Germany, France and Spain and, as discussed earlier, perceived a lack of urgency in Ireland regarding mpox. It is also significant that many gbMSM living in Ireland travel to these countries for community events, such as Pride, and that such events have been epidemiologically linked with mpox transmission (e.g., Maspalomas Pride 2022; Bragazzi et al., 2023; Selb et al., 2022).

### Recommendation 13:

Maintain surveillance of mpox cases in countries to which gbMSM in Ireland travel for community events and encourage vaccination against mpox and other prevention measures ahead of the 2023 Pride season.

## Strengths and Limitations

This study makes a novel contribution to research on the 2022/23 mpox PHEIC. To our knowledge, this is the first piece of research published on community experiences of mpox in Ireland and adds to a limited body of international literature. The study's mixed-methods design and large sample allowed us to identify a range of positive and negative aspects of the Irish response to mpox that may be useful for informing ongoing mpox responses globally, future disease outbreaks among gbMSM, and future research on mpox and other communicable diseases. A key strength of this study was that a community research advisory group comprising of community members and staff from relevant statutory bodies also provided input into all stages of the research.

Although the collection of data using an online cross-sectional survey was necessary to ensure a broad range of participants within a short period, it contributed to some limitations. The cross-sectional survey meant that respondents' answers could not be further probed beyond the information they provided in the survey, and this may have resulted in misinterpretation of some data. Although the advisory group assessed the phrasing of survey questions, the scales used to collect quantitative data were not otherwise validated.

The results of this study represent the views of a sample of gbMSM in Ireland between December 2022 and January 2023; while this provided a useful overview of the experiences of this group, perceptions of mpox are likely to have varied throughout the outbreak in line with incidence numbers and the public health response. Furthermore, the sample was recruited through social media and posters based in LGBT+ venues. Consequently, it is probable that participants engaged with LGBT+ community social networks are overrepresented in the data. The distribution of survey materials was primarily conducted by the MPOWER programme at HIV Ireland, which may have skewed the sample in favour of those engaged with the service. As a consequence, participants living in Dublin (57.06%), ethnically Irish participants (84.66%), those identifying as gay (85.28%), degree holders (73.62%), and those of higher incomes (70.55% earning greater than €40,000) are overrepresented. Therefore, our data do not necessarily provide insight into how mpox interacted with experiences of financial hardship or forms of identity-related marginalisation. Data analysis also included only five (3.07%) participants who had contracted mpox, and as such claims based on these experiences may be limited.

## Future Research

This research took place between December and January 2022/2023 at a time when mpox cases were reducing in Ireland, however there was still limited access to vaccines and evident concern amongst the participants. Since the completion of this study there has been a significant increase in the availability of vaccines with relatively high uptake amongst communities of gbMSM. There may be value in researching the experience of mpox in Ireland and motivations and barriers to vaccination now that stocks of vaccine are not a significant barrier. As recommended earlier, there should be further research on the lived experience of people who were diagnosed with mpox.

While this study specifically explored the views and needs of gbMSM in Ireland related to mpox, a wider exploration on the health and wellbeing needs of these communities has potential to yield significant insights into the provision of healthcare and wider health promotion and information initiatives within these communities.

## Conclusion

As the World Health Organisation declares that this mpox outbreak is no longer a public health emergency of international concern, it is important to note that mpox has had a significant impact on communities of gay and bisexual men and other men who have sex with men in Ireland and beyond.

While it is difficult to ascertain the potential medium to long term impact of this experience on these communities, this research provides important insights which can aid statutory public health organisations, community organisations, and the wider community in dealing with public health emergencies impacting communities of gbMSM in the future.

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# Notes

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