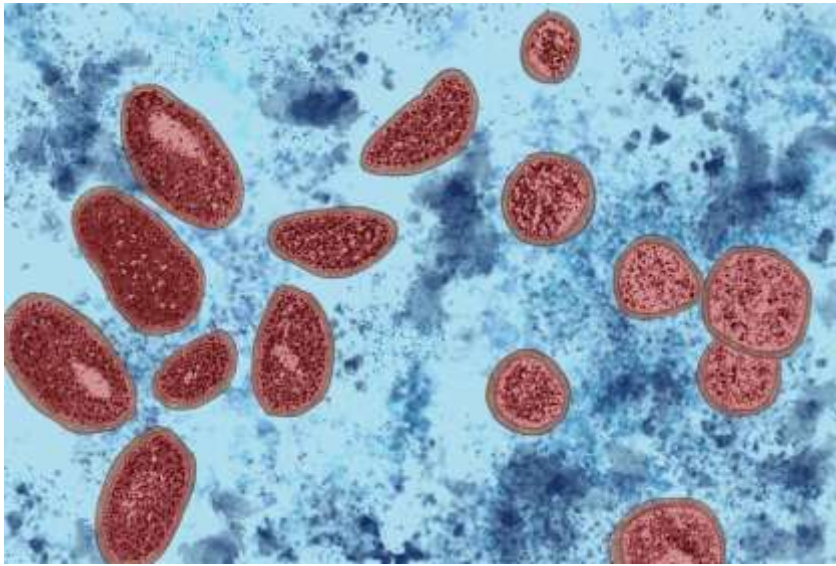


Experts remain cautiously optimistic, stress stigma reduction as monkeypox wanes nationwide



By [Ena Selman-Housein](#) / SSFP Fellow

Experts say tackling stigma is critical to limit the extent of the outbreak.

BY [LINA HUANG AND INICA KOTASTHANE](#) • OCTOBER 4, 2022 AT 6:14 AM

The Columbia University public health working group said “panic is not warranted” regarding the current monkeypox outbreak. The statement reflects the cautious optimism among experts that the University community will experience minimal upheaval if it prioritizes educating students to identify symptoms, get tested, and quell stigma.

The update emphasizes “a risk of stigma and discrimination against persons with [monkeypox] or those groups at risk for it” and urges the community to make “every effort ... to reject stigmatization and discrimination.”

Aside from the infection itself, early media coverage placed a direct spotlight on queer men, contributing to conceptions of monkeypox as a “[gay disease](#).” However, even though the current outbreak is [concentrated](#) among men who have sex with men, the virus can infect anyone. In countries where monkeypox is endemic, the disease is not associated with queer men, and experts believe the current outbreak could [progress to impact](#) wider swathes of Americans.

Salim Abdool Karim, the Caprisa professor for global health in epidemiology at the Mailman School of Public Health, sees tackling stigma as a “critical element” of efforts to limit the extent of the outbreak. “I’ve seen how [stigma] has really harmed the HIV response. ... If this stigma impacts individuals who are [infected], people won’t come forward, and if they don’t come forward, the virus will spread,” Abdool Karim said.

When the first monkeypox vaccine clinic opened in New York City [in late June](#), appointments were made available to “all gay, bisexual, and other men who have sex with men (cisgender or transgender) ages 18 and older who have had multiple or anonymous sex partners in the last 14 days.”

According to Eric Kutscher, a primary care physician specializing in LGBTQ health and a fellow in addiction medicine at NYU Langone Health and Bellevue Hospital Center, the way to shed monkeypox of homophobic stigma is to reframe it as not “just an LGBTQ+ issue,” but one that can affect everyone.

He said that stigma can also be addressed by investing in LGBTQ health services on campus, whether by providing greater training for Columbia medical professionals or releasing accessible information to students.

“I think that it’s an activity-focused and a sexual health focus lens, not an LGBTQ+ focus lens, that allows us to not make this [monkeypox] stigmatized but also get information to everybody who needs it,” Kutscher said.

Alexander Borsa, a fourth-year doctoral student in sociological medical sciences at Mailman School of Public Health and a member of the Harvard GenderSci Lab, said he sees an opportunity for campuswide conversations about monkeypox to “incorporate a lot of good sexual politics and sexual community relations.”

“I think everyone’s going to have to decide kind of how they want to manage physical presence, sexual intimacy, etc. [by] thinking about what that means for you, what your needs are, being comfortable, articulate, and respectful, and honoring other people’s own choices around that,” Borsa said. “It’s a lot of the same strategies we’ve seen with COVID. I think there’s a lot of similarities here with how sexual or physical copresence can pose a risk in a new way.” When dealing with diseases such as monkeypox, Kutscher believes it is important to maintain empathy.

“There’s nothing moral, there’s nothing wrong with any aspect of disease,” he said. “These are just transmissions and these are just things that happened, right, and there’s no way to and there’s no reason to ever hold somebody responsible, morally, ethically, or otherwise. And I think that it’s really important that we make clear that there’s no room for homophobia or for judgment or stigma on our campuses.”

Guidance from the working group was published in a [Sept. 19 update](#), and expanded on information from a [July 29 Columbia Health](#) announcement that pushed risk reduction practices, provided information about vaccine availability, and offered same-day appointments for testing.

Columbia Health and Student Health on Haven continue to offer testing. Meanwhile, the update recommends those at risk and close contacts to seek the JYNNEOS vaccine from New York City vaccination sites, and directs those at risk of a severe monkeypox response to reach out to their provider. Students “must isolate immediately” if they experience symptoms and are only allowed to break isolation, which may take two to four weeks, for certain classes and labs with permission from the contact tracing team.

“Students diagnosed with monkeypox should notify their primary care provider at Columbia Health (Morningside/Manhattanville) or Student Health on Haven (CUIMC) to ensure they are connected to all appropriate resources for treatment, contact tracing, and isolation guidance. Columbia University provides isolation housing for residential students who contract monkeypox,” a Columbia Health spokesperson wrote in a statement to Spectator.

“Students on both campuses needing academic accommodations due to prolonged absences must register with Columbia Health Disability Services,” the spokesperson wrote.

Columbia Health will [host](#) a panel discussion on Oct. 7 to provide information and guidance on the outbreak.

The update continues a trend of minimal concern among administrators about monkeypox significantly disrupting student life. In an email sent to affiliates on Aug. 11, the working group wrote that it did not yet “anticipate implications for current workplace or academic activities” caused by monkeypox in the coming semester, further noting that it was continuously monitoring data from the New York City Department of Health and Mental Hygiene and the national Centers for Disease Control and Prevention.

New York state, once the epicenter for the outbreak, has seen [3,929](#) confirmed cases as of Sept. 30, trailing only California. However, the outbreak [appears to be waning](#), with current daily infection rates reduced by around half from their mid-August peak. A Columbia Health spokesperson did not respond to a request for comment on the number of recorded monkeypox cases among affiliates.

Monkeypox has been endemic in parts of Africa for years, but since May has [spread](#) around the globe, with 67,739 confirmed cases in locations where monkeypox is unusual as of Friday, according to the [CDC](#). The virus belongs to the [same family](#) as smallpox, although it is much less deadly and contagious. The current outbreak has [disproportionately affected men who have sex with men](#), though public health experts emphasize that anyone can spread and contract monkeypox. The virus predominantly spreads through [direct contact with infected fluids or skin lesions](#).

As students return to shared residential spaces, public restrooms, and social gatherings, much remains unknown about monkeypox transmission in college settings, though [some colleges](#) have confirmed cases on their campuses. Until the current outbreak, most cases in the countries to which monkeypox is endemic were not studied within a university context.

“This is all new. I know of no data [about monkeypox transmission in universities],” Abdool Karim said.

Unlike COVID-19, monkeypox is “not a highly transmittable infection” and cannot be spread through “casual contact” such as sharing a room, Abdool Karim said. In addition, Abdool Karim emphasized the monkeypox virus is not transmissible when individuals are asymptomatic, meaning “you only transmit the virus when you know that you have it.”

Expert opinions diverge for parties and other social gatherings. Abdool Karim “wouldn’t recommend” that parties and other social gatherings be reduced or canceled, as rigorous testing strategies can identify people actively transmitting monkeypox and prevent them from going to large events.

However, W. Ian Lipkin, the John Snow professor of epidemiology at the Vagelos College of Physicians and Surgeons, said that reducing such events would add another layer to reducing risk.

“A problem with public health is that sometimes we do infringe on people’s freedom. But those decisions have to be made by people who have the power to make those kinds of decisions,” he said. “All we can do is give you an assessment.”

Abdool Karim recommends that the University’s response follow the “mainstay” of monkeypox control in endemic countries: case identification. While vaccines remain limited, he explained universities should focus on educating the community about what monkeypox looks like, testing infected individuals, and notifying any close contacts.

“In my view, our primary approach to monkeypox control should still be basic public health measures,” Abdool Karim said. “A vaccine is used to supplement that. It’s to identify those at highest risk and offer them a vaccine.” In comparison to COVID-19 measures, these measures will likely be less disruptive to campus life, Abdool Karim said, emphasizing reactive testing rather than proactive restrictions.

“If you want to reduce your risk ... individuals who have any kind of skin lesion should just have a test,” Abdool Karim said. Testing, however, [has been characterized by](#) long wait times, limited availability, and access issues reminiscent of the early stages of COVID-19 testing.

Before testing capability [increases](#), Lipkin said institutional wastewater testing, a measure the University has already employed for COVID-19, may be an option. Wastewater testing “won’t tell you who’s infected, but it will tell you there’s an infection in this dorm, and you could then notify everybody in the dorm that this is a potential issue,” Lipkin said.

Compared to COVID-19, transmission of monkeypox may be limited. Juan Cambeiro, an epidemiology student at the Mailman School of Public Health, recently analyzed 686 predictions about the course of the outbreak and [found](#) a median estimated global number of infections by the end of the year of 260,000. By contrast, 2020 ended with over 83 million [cases](#) of COVID-19. “We’re not talking about numbers anywhere near as big as COVID,” Cambeiro said.

While monkeypox may not reach the same case and death counts as COVID-19, Lipkin emphasized that the virus can still lead to scarring, blindness, and “enormous pain.”

[Emerging data](#) indicates that most cases in the current outbreak arose from sexual close contact, as reported by clinicians. Lipkin said students can protect themselves by exercising caution when engaging in sex and limiting contact with potential sources of transmission, such as shared clothing or public toilets without disposable gaskets.

“The more people with whom you come into contact in an intimate way, the more likely you will be in contact,” he said.

To sustain these public health measures only three years after the COVID-19 pandemic began, Lipkin said the community will need to combat fatigue from masking and social distancing, exhaustion after a year of virtual classes, and the dread of yet another public health emergency with its uncertainties.

“People are so tired of masking and the inability to participate in social activities that I think they’re taking undue risks,” Lipkin said. “I don’t have any special sauce for that. We just have to educate people.”

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