Stigma, Discrimination, and Psychological Distress among the LGBTQ Community in Times of Monkeypox Outbreak—A Wake-up Call

To the editor,

Monkeypox is a zoonotic disease caused by the monkeypox virus, belonging to the genus *Orthopoxvirus* of the *Poxviridae* family. The first case of monkeypox in humans was identified in the Democratic Republic of Congo in 1970. Over the last half-century, thousands of cases of monkeypox have been reported. However, most of these cases were from African countries.[1] In the last few months, there has been a spike in monkeypox cases across the globe. The World Health Organization (WHO) reported that 86% of the lab-confirmed cases in the current outbreak are from the European region.[2] In India, the first lab-confirmed case was reported in Kerala on July 14, 2022. Since then, 19 cases of monkeypox have been reported in India.[3] On July 23, 2022, WHO declared the current monkeypox outbreak a "Public Health Emergency of International Concern," which alarmed professionals, administrators, and researchers, globally.[4]

Monkeypox is a communicable disease. The onset of symptoms occurs 5–21 days after a person gets exposed. Human-to-human transmission of monkeypox occurs by contact with infected lesions, bodily fluids, contaminated personal belongings, or respiratory droplets. Most cases have been identified in Men having Sex with Men, especially those with a history of recent sex with new or multiple sexual partners.[2] For example, in the United Kingdom, it was found that 83% of cases (who were linked to neither a travel-related case nor household clusters) were either gay, bisexual, or other men who have sex with men.[5] The Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community is one of society's most vulnerable groups. Such individuals are frequently denied access to healthcare facilities because of prevalent social stigma and discrimination. Additionally, in India, the perceived stigma also prevents LGBTQ people from being tested or seeking medical attention.[6] Furthermore, as most patients are experiencing only mild symptoms in the current outbreak, they are less likely to disclose symptoms or seek care. Inadequate health-seeking behavior might lead to serious adverse health consequences, apart from increased risk of community transmission.

Viral infections cause fear, loss, stigma, and discrimination among those diagnosed with the illness.[7] The LGBTQ community, in particular, faces various forms of stigma and discrimination due to viral diseases. Discrimination and rejection by other people of the LGBTQ community, ageism, racial stigma, self-stigma, and discrimination related to health status were reported by gay men living with Human Immunodeficiency Virus (HIV).[8] Furthermore, stigma and discrimination are associated with stress and psychological distress in people belonging to the LGBTQ community.[9]

After witnessing the disruption caused by the COVID-19 pandemic, people are apprehensive regarding this new viral outbreak.[10] Hence, it is necessary to provide accurate information regarding the illness. Monkeypox is neither as contagious nor as fatal as the COVID-19. However, it still warrants strict measures and precautions, and governments, media, and professional bodies must ensure that misinformation, rumors, and unnecessary panic are not spread among people. At the same time, addressing stigma and discrimination against the LGBTQ community is necessary. These issues are more pertinent in developing countries like India, where there is a high stigma and discrimination against the LGBTQ community,[11] apart from a wide mental health treatment gap[12] and poor health literacy. Some experts speculate that the infection is being transmitted in India but is being underreported due to the associated stigma.[6] A five-level framework has been proposed by Chang et al to mitigate stigma.[13] This framework must be adopted at the individual, organizational, community, and public policy levels. As there is very limited original research on stigma and discrimination against the LGBTQ community, in the context of monkeypox outbreak, well-designed studies should be conducted to assess the psychological impact of the current monkeypox outbreak on the LGBTQ community.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

ORCID iDs

Tushar Kanta Panda https://orcid.org/0000-0002-6546-7117
Jayakumar Christy https://orcid.org/0000-0002-5957-3984
Dinakaran Damodharan https://orcid.org/0000-0002-7359-8168

Mohit Shukla[1], Tushar Kanta Panda[2], Bala Shanthi Nikketha[1], Jayakumar Christy[1] and Dinakaran Damodharan[1]

[1]DPSSDM, NIMHANS, Bengaluru, Karnataka, India. [2]Dept. of Psychiatry, NIMHANS, Bengaluru, Karnataka, India.

Address for correspondence:

Jayakumar Christy, Dept. of Psychosocial Support in Disaster Management (DPSSDM), National Institute of Mental Health and Neuroscience (NIMHANS), Bengaluru, Karnataka 560029, India. E-mail: jaipsy@gmail.com

Submitted: 29 Aug. 2022
Accepted: 30 Oct. 2022
Published Online: 29 Nov. 2022

References

1. Alakunle E, Moens U, Nchinda G, and Okeke MI. Monkeypox virus in Nigeria: Infection biology, epidemiology, and evolution. *Viruses* 2020 Nov 5; 12(11): 1257. PMID: 33167496; PMCID: PMC7694534.
2. World Health Organisation. Multi-country outbreak situation update—July 27, 2022, https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON396 (2022, accessed Aug 20, 2022).
3. Bharadwaj S. New Delhi: India's tally of Monkeypox now stands at 19 after Nigerian tests positive for virus. ANI News, https://www.aninews.in/news/national/general-news/new-delhi-indias-tally-of-monkeypox-now-stands-at-19-after-nigerian-tests-positive-for-virus20221025195606/ (2022, accessed Oct 27, 2022).
4. World Health Organisation. Second meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the multi-country outbreak of monkeypox, https://www.who.int/news/item/23-07-2022-second-meeting-of-the-international-health-regulations-(2005)-(ihr)-emergency-committee-regarding-the-multi-country-outbreak-of-monkeypox (2022, accessed Aug 25, 2022).
5. Vivancos R, Anderson C, Blomquist, et al. Monkeypox Incident Management Team. Community transmission of monkeypox in the United Kingdom, April to May 2022. *Euro Surveill* 2022 Jun; 27(22): 2200422. doi: 10.2807/1560-7917.ES.2022.27.22.2200422. Erratum in: *Euro Surveill* 2022 Jun; 27(23): PMID: 35656834; PMCID: PMC9164677.
6. Bloomberg. Monkeypox cases driven "underground" by anti-gay stigma in India. *The Indian Express*, https://indianexpress.com/article/india/monkeypox-cases-driven-underground-by-anti-gay-stigma-in-india-8079252/ (2022, accessed Oct 04, 2022).
7. Pappas G, Kiriaze IJ, Giannakis P, et al. Psychosocial consequences of infectious diseases. *Clin Microbiol Infect* 2009 Aug; 15(8): 743–747. PMID: 19754730; PMCID: PMC7129378.
8. Smit PJ, Brady M, Carter M, et al. HIV-related stigma within communities of gay men: A literature review. *AIDS Care* 2012; 24(4): 405–412.
9. Warner J, Mckeown E, Griffin M, et al. Rates and predictors of mental illness in gay men, lesbians and bisexual men and women: Results from a survey based in England and Wales. *Brit J Psychiatry* 2004; 185(6): 479–485.
10. Ahmed SK, Abdulqadirb SO, Omar RM, et al. Study of knowledge, attitude and anxiety in Kurdistan-region of Iraqi population during the monkeypox outbreak in 2022. Ahead of Print August 15, 2022. DOI: https://doi.org/10.21203/rs.3.rs-1961934/v1
11. Badgett ML, Waaldijk K, and van der Meulen Rodgers Y. The relationship between LGBT inclusion and economic development: Macro-level evidence. *World Dev* 2019; 120: 1–14.
12. Gururaj G, Varghese M, Benegal V, et al; NMHS Collaborators Group. *National Mental Health Survey of India, 2015–16: prevalence, patterns and outcomes*. Bengaluru: National Institute of Mental Health and Neurosciences, 2016, vol. 129.
13. Chang CT, Thum CC, Lim XJ, et al. Monkeypox outbreak: Preventing another episode of stigmatisation. *Trop Med Int Health* 2022; 27(9): 754–757.

HOW TO CITE THIS ARTICLE: Shukla M, Panda TK, Nikketha BS, Christy J and Damodharan D. Stigma, Discrimination, And Psychological Distress Among The Lgbtq Community In Times Of Monkeypox Outbreak—A Wake-Up Call. *Indian J Psychol Med*. 2023;45(1):101–102.

ACCESS THIS ARTICLE ONLINE
Website: journals.sagepub.com/home/szj
DOI: 10.1177/02537176221139658

Schizophrenia Secondary to COVID-19 and Tuberculosis: A Case Series of Post-Infection Schizophrenia

Dear Editor,

Etiopathogenesis of schizophrenia (SZ) is multifactorial; it includes genetic vulnerability and perinatal infection leading to abnormal neurodevelopment.[1] Multiple infectious agents have been implicated in the etiology of SZ. Maternal infection with Herpex Simplex Virus (HSV) 1&2, Toxoplasma gondii, Influenza virus, and Rubella are associated with an increased risk of development of psychosis in the offspring.[2] Also, childhood viral infections, especially with Mumps, Cytomegalovirus, and Coxsackie B5 virus, may cause the development of SZ or other non-affective psychosis in adult life.[2] In the adult, infection with HSV-1, Influenza, Borna disease, Coronavirus, Measles, Hepatitis C, Toxoplasmosis, and Lyme disease are associated with SZ and psychosis.[2]

Here we describe two cases of SZ presumed to be post-infection. Both cases were diagnosed by two psychiatrists using the *International Classification of Disease*—10th edition (ICD-10) Classification of Mental and Behavioural disorders—clinical description and diagnostic guidelines. All tests were done from accredited laboratories. Written informed consent was obtained from the patients for this publication.