



HEALTH

Black, Hispanic people disproportionately suffer monkeypox but fewer are getting the vaccine, early data shows



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Black and Hispanic people are disproportionately contracting monkeypox virus – but fewer are getting the vaccine, according to early data.

About 17,400 cases of the virus have been identified across the nation since May. Black people make up about a third of cases, compared to their 12% share of the overall population, according to Centers for Disease Control and Prevention data. Similarly, Hispanic or Latino people make up about 32% of cases, despite comprising 19% of the population, according to the data as of Aug. 14.

During a Friday briefing, White House officials reported Black people only received 10% of shots against monkeypox, Hispanic people received 22% and white people received about 47%.

Health disparity experts were not surprised by the data. Just like COVID-19 vaccine outreach, they said, efforts to target information and vaccinations must be grassroots, culturally sensitive and individualized.

“You can superimpose COVID, and the data would be very similar, unfortunately,” said Dr. Jonathan Appelbaum, a professor at Florida State University’s College of Medicine. “It’s just a microcosm of the health inequity in this country.”

Groups have been calling for help. Earlier this month, the Human Rights Campaign issued a statement reporting the racial disparities and imploring equitable response.

A Kaiser Family Foundation report said only four states – Colorado, Georgia, New Jersey and North Carolina – and Washington, D.C. are reporting monkeypox vaccination by race and ethnicity. The CDC says its vaccination data comes from 18 states and one city, and only about half of states reported race and ethnicity for cases.

In New Jersey, Black people make up a quarter of the state's monkeypox cases and just 14% of vaccine recipients, according to the KFF analysis. Hispanic people account for 40% of cases but a quarter of vaccinations.

Experts say more complete data is essential to understanding who needs treatment and where to focus efforts to reduce harm and cultivate trust.

Anyone can contract the disease. The current outbreak has been primarily among men who have sex with men. While the data is limited and can change, experts say it raises concerns about inequities in vaccine access, stigmatization and barriers faced by the marginalized groups.

Dr. Maya Green, a physician and chief medical officer at Howard Brown Health in Chicago, said Black communities like hers already struggle with health care access disparities.

“We can’t be surprised. We know this is historically what happens,” she said, pointing to COVID-19 and other diseases. “Our system has had super trouble moving from equity talks into action.”

Black LGBTQ people and other LGBTQ people of color grapple with additional layers of stigma. Some may not have been open about their lifestyles and after contracting the virus may "stay at home and wait for it to go away in shame," she said.

Appelbaum is a former medical director of the Fenway Community Health Center, run by the Boston-based Fenway Institute, which specializes in health and well-being of LGBTQ people and people with HIV. He said gay people of color struggle with specific barriers.

“Being a man who has sex with men, a man in the Black population, and even in the Hispanic population is, in many ways, much more stigmatizing than in the white population,” Appelbaum said.

The institute released a guide to communities, and said public health responses to the monkeypox outbreak “should not be allowed to exacerbate homophobia and racism and the scapegoating of gay and bisexual men and African immigrants.”

According to a University of California, Los Angeles, William Institute public policy report, Black LGBT adults suffer health disparities and abuse. Roughly 79% reported facing verbal insults and abuse, and 60% reported being threatened with violence.

A Center for American Progress survey also reported 36% of Hispanic LGTBQ people reported discrimination and 20% said they avoided necessary services to steer clear of such experiences. A third reported negative or discriminatory treatment in the medical setting, compared to 17% of their white LGBTQ counterparts.

Dr. Paulina Rebolledo, a physician and infectious disease professor at Emory University School of Medicine, said prioritizing help and information to those most at risk is essential, but so is careful public health messaging to the general public to destigmatize the outbreak. She said communications need to emphasize that the disease can spread to anyone, regardless of sexual orientation. It simply spreads through close, prolonged contact with an infected person's sores, scabs and bodily fluids.

“What affects one person or one group really affects us all,” she said. “We need to be very careful and very intentional in making it clear that viruses do not discriminate.”

It's a critical time for public officials to stem spread, target efforts and correct stigma so people get help without fears of being stereotyped, Rebolledo added.

“We're in this very important (moment) where we can use this opportunity to reach populations that have been marginalized,” she said. “This is certainly a very timely and very important window that we don't want it to close before we really have the opportunity to act.”

Reporter Adrianna Rodriguez contributed to this report.

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