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# Community needs of gbMSM in Ireland in Response to Mpox Public Health Emergency of International Concern

SSSTDI Annual Meeting – November 2023

The logo for MPOWER, featuring the word "MPOWER" in white, bold, uppercase letters on a purple, slanted rectangular background. Above the text is a horizontal bar with a rainbow color gradient.

An initiative of  HIV  
Ireland

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David Comer  
Adam Shanley  
Dr Chris Noone



UCD School of  
Nursing, Midwifery  
and Health Systems

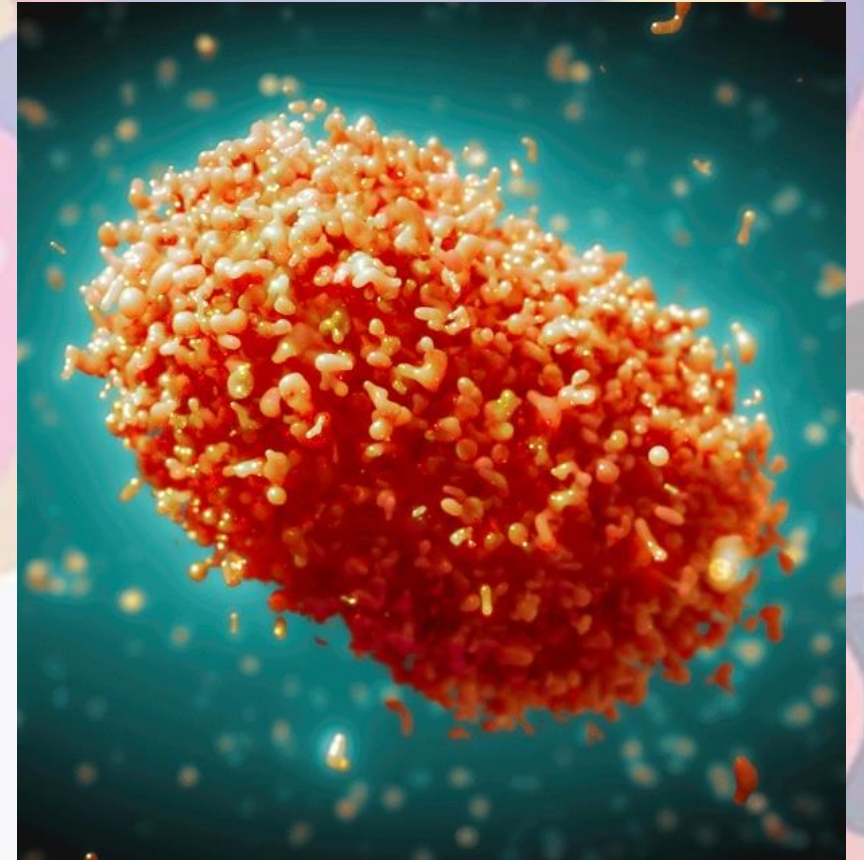


OLLSCOIL NA GAILLIMHÉ  
UNIVERSITY OF GALWAY

# Context

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- Spring 2022 saw a surge of mpox (then monkeypox) being reported amongst communities of GBmsm globally
- In advance of the first reported cases HSE emergency response team setup, then DoH strategic advisory group established.
- First cases in Ireland in late May 2022.
- Limitations in early supply of vaccines & restrictions around rollout
- MPOWER and other community organisations tasked with leading community support and communication



# Context

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- Research commissioned by MPOWER programme based at HIV Ireland, funded by HSE SHCPP.
- MPOWER provides a suite of peer-driven community-level interventions for gbMSM in Ireland aims to improve sexual health and wellbeing of GBmsm
- Harm reduction, sex-positive approach.
- Community-engaged research team
- Ethical approval from UCD HREC

The MPOWER logo features the word "MPOWER" in large, white, bold, sans-serif capital letters. The text is set against a dark purple rectangular background with a white border. Above the purple box is a horizontal bar with a rainbow color gradient (red, orange, yellow, green, blue, purple, brown, black).

**MPOWER**

An initiative of  HIV Ireland

The HIV Ireland logo consists of a black circle containing a white ribbon symbol, which is a universal symbol for HIV/AIDS awareness.

# Research Questions

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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

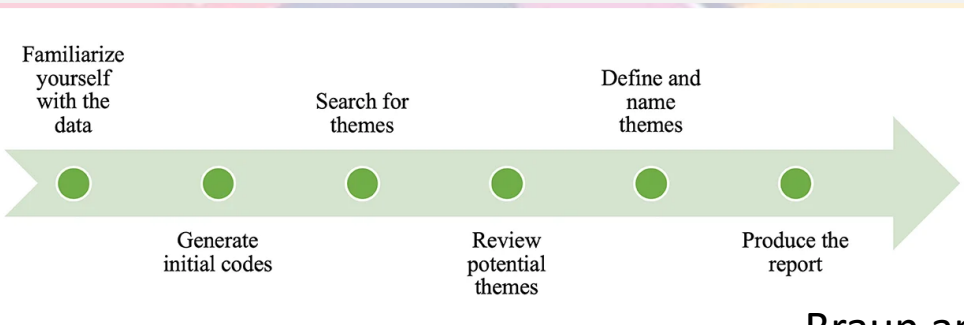
Expert advisory group of clinicians, community organisations, public health experts and community members

Cross sectional, online, mixed methods survey (Braun et al 2021).

Data collection over six weeks

**Descriptive statistical analysis**

Reflexive Thematic & Critical Realist informed qualitative analysis (Koopmans & Schiller, 2022).



Braun and Clarke (2006; 2021)

**MONKEYPOX  
INFO  
DO YOU FEEL  
INFORMED?**



**Share your  
thoughts on the  
information available.**

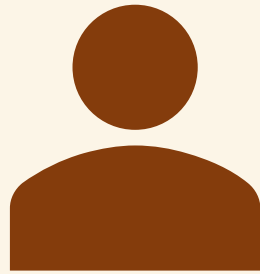


# Participants



163 participants

Aged 18-68 ( $M=39.56$ )



2 Assigned  
Female at Birth

All participants  
identified as male



Participants were  
primarily Irish (84.66%)

Lived in Dublin  
(57.06%)



Most identified as gay  
(85.28%)

5 diagnosed with mpox  
prior to data collection  
(3.07%)

# Perceptions of mpox

Concern about & perceived risk of contracting mpox were lower than for other STIs.

In this regard perceptions were likely reflective of actual risk of infection for mpox versus other STIs.

Somewhat high perceived negative impact of mpox; Reported negative impact for those diagnosed with mpox was slightly lower

Participants were moderately well informed about the mpox public health emergency and felt that they understood public health guidance reasonably well

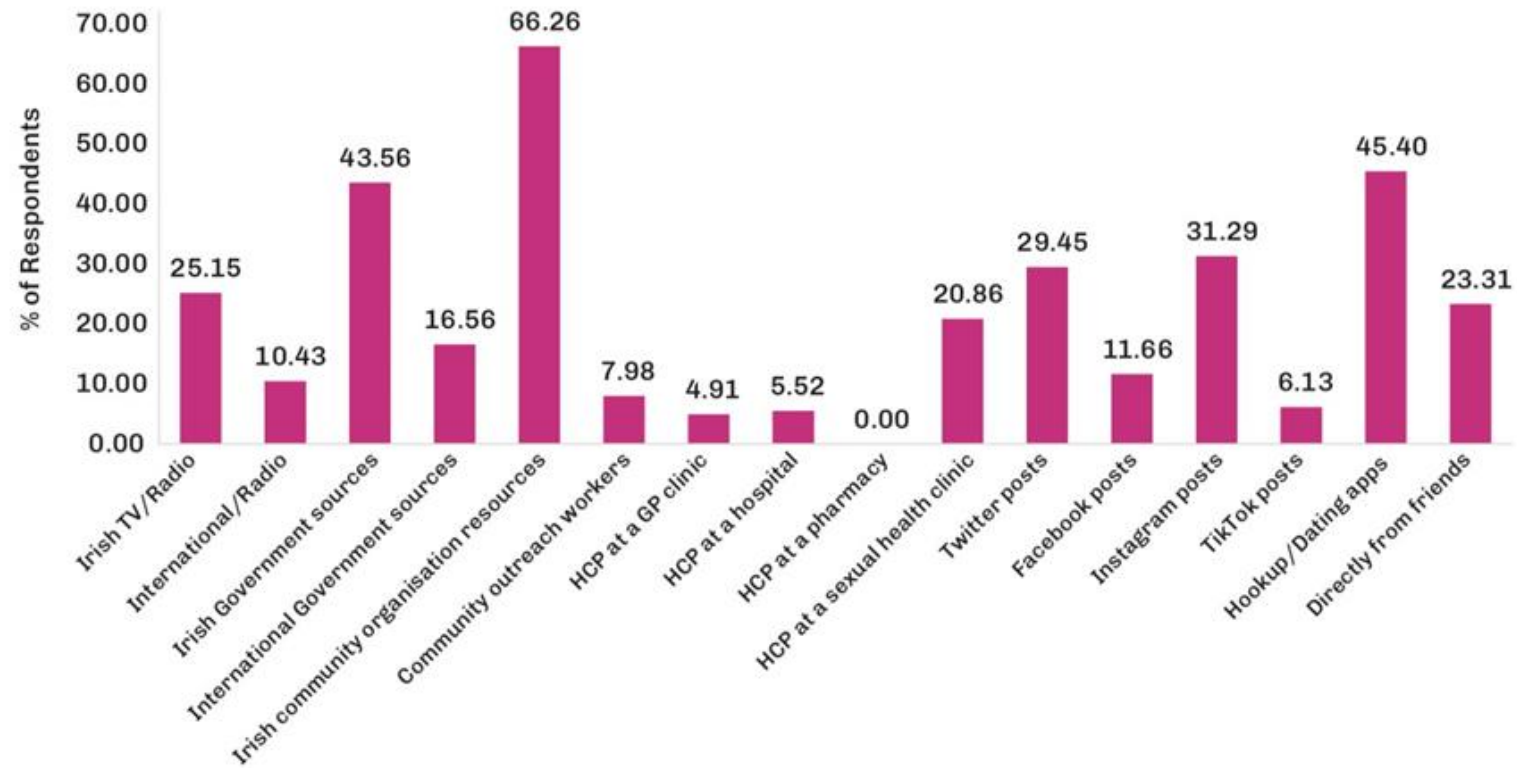
**Table 2.** Perceptions of aspects of mpox.

	<i>N</i>	<i>M</i>	<i>SD</i>
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 on mpox

Figure 1.

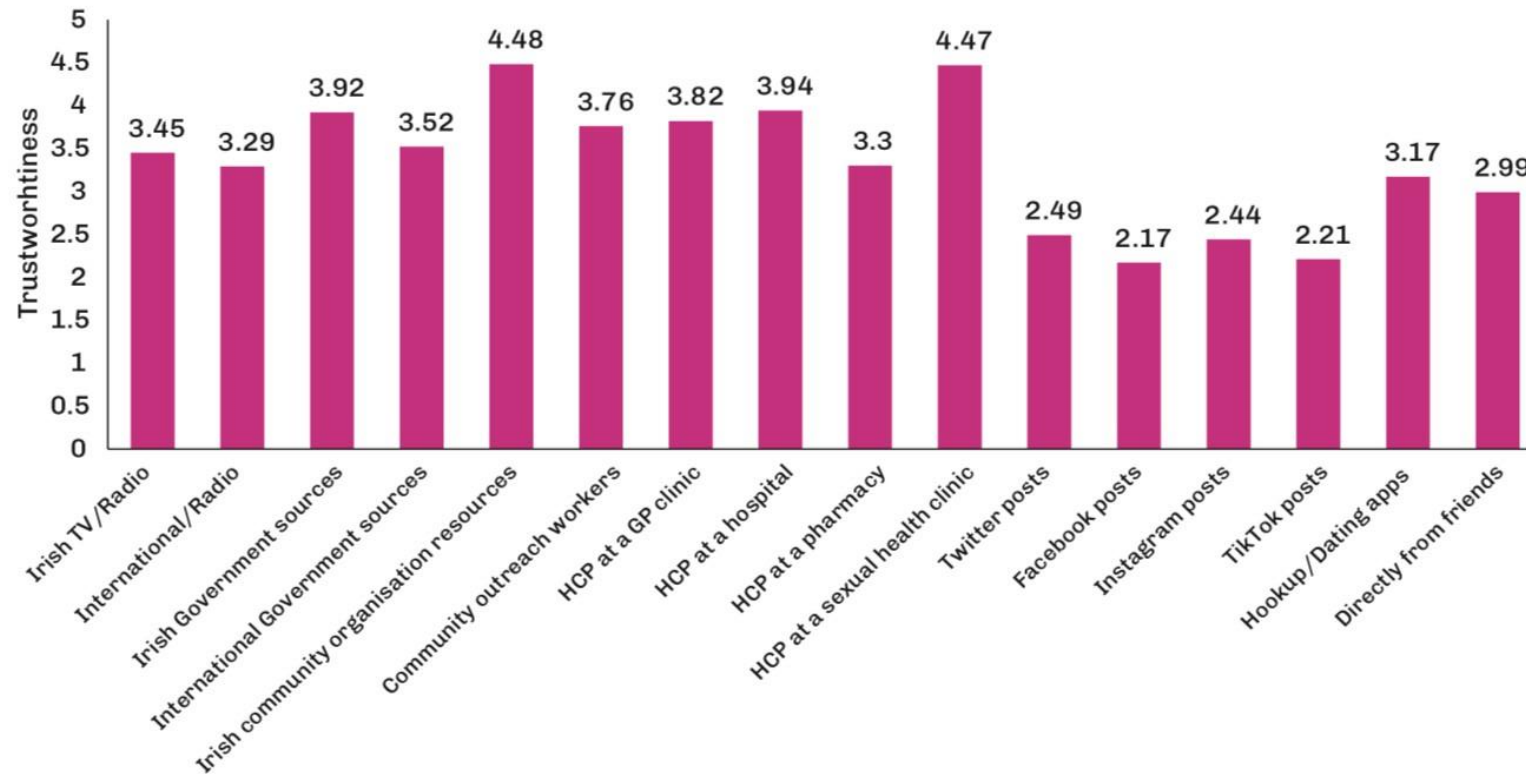
Use of sources of information about mpox.



# Trustworthiness of sources of information on mpox

Figure 2.

Perceived trustworthiness of sources of information for mpox



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

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)

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)

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)

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

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] 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)

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

"You must self-identify as slut to get [the vaccine]"  
(Gay man, 46-50, Galway)

I think the gay saunas in Dublin should be shut down on public health grounds given that every friend, and friends of friends, seems to regularly contract STIs in them. (Bisexual man, 46-50, Kerry)

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

Here we go again, gay men being blamed [for] another disease (Gay man, 51-55, Dublin)

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)

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)

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



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.



Increased, sustainable investment in sexual health and public health infrastructure that responds to situations like the mpox outbreak and provides support to the community sector.



Consider targeted public health interventions and awareness campaigns amongst gbMSM communities for other relevant public health issues (e.g., HPV).



Undertake DEI audits of vaccine delivery programmes in relevant state bodies to ensure they address rather than reinforce pre-existing stigma and health access inequalities.

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



Provide training in sex positive patient-provider communication for healthcare practitioners in general practice, sexual health and public health.



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



Develop strategies for 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.



Develop holistic healthcare services for gbMSM

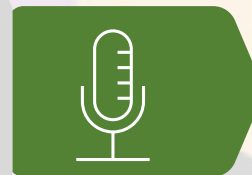


Conduct further research with those who were diagnosed with mpox to understand their lived experience.

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



Continue the partnership between community organisations and statutory public health agencies, with enhanced visibility of statutory public health agencies.



Develop mechanisms to co-produce messaging as part of a Risk Communication and Community Engagement (RCCE) strategy; carefully communicate unknowns, uncertainties, and resource constraints rather than be delayed by them.



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



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.

## Limitations

- **Potential sampling bias related to recruitment**
- **Cross-sectional nature of survey**
- **Exclusion of sub-sections due to language and recruitment strategy**

## Acknowledgements

- **All participants in the study**
- **Those who promoted the study**
- **MPOWER Team**
- **SHCPP for funding the study**

### **Expert Advisory group**

Adam Shanley, Ewerton Dias, David Field, William Flynn, Claire Gilbourne, Dr Christine Kelly, and Dr Randal Parlour.



# Discussion points

- How do we create effective, targeted public health campaigns which reach those impacted while reducing potential for stigma?
- Evolving discussion on sexually transmitted infection vs infection with potential transmission through sex
- Building partnerships which enable community-led action while also ensuring health system integration
- Potential for community-led holistic healthcare for gbMSM and beyond.

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