
LGBTQ+ COMMUNITY AND MPOX: ON THE HEELS OF A PUBLIC HEALTH CRISIS AND THE PATH FORWARD.

Results from a new study by the HRC Foundation

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INTRODUCTION

In May 2022, the mpox (monkeypox) epidemic brought about a wave of public health efforts at national, state and local levels of government and in community. Shortly thereafter, the U.S. federal government declared the mpox outbreak a public health emergency. In June 2022, the Centers for Disease Control and Prevention (CDC) urged the public that the mpox epidemic was a serious health matter—the effects of which were still not fully understood because of a dearth of testing. While the CDC **officially ended labeling** the mpox epidemic as an emergency in February 2023 because the rate of new cases has significantly decreased, there is still much to be learned about the public's understanding of and health organizations' response to the outbreak—particularly in marginalized and underserved communities.

Mpox cases rose at a time when the nation had just begun recovering from the aftermath of COVID-19. Data from the COVID-19 pandemic showed us that Black and other BIPOC communities fared worse than their white counterparts, with higher case and death rates. LGBTQ+ communities also faced adverse outcomes and greater economic toll during the COVID-19 pandemic. When one considers how LGBTQ+ and BIPOC communities are adversely affected by health crises, coupled with the knowledge that mpox has been most prevalent among gay, bisexual, and other same gender-loving men of color, it begs the question: how are LGBTQ+ people—particularly BIPOC LGBTQ+ people—faring during the mpox epidemic? Were LGBTQ+ people effectively educated about their risk of mpox and the strategies to stay healthy? Did they change their behaviors and engage in health interventions like vaccines to survive the mpox epidemic? The following report analyzes new data from a survey done in partnership with Community Marketing & Insights in order to better understanding community experiences, attitudes and health during the mpox outbreak.

The survey, fielded from November 2022 to January 2023, received responses from 3,463 LGBTQ+ adults in the United States. The study primarily focused on recruiting gay, bisexual and other same gender-loving men as well as transgender and non-binary people —communities the CDC noted had been particularly impacted by the mpox virus. Black and Latinx individuals were also oversampled based on evidence suggesting that Black individuals were comprising a disproportionate share of cases. In summary:

- Three in four (74%) of respondents in the sample were gay men.
- 15% of respondents in the sample were transgender.
- 24% of respondents in the sample were Latinx and 20% were Black.
- A simple majority of respondents (51%) were aged 18-44.

Risk Assessment and Health Education

The survey assessed respondent knowledge of mpox risk factors and behaviors through two questions that asked them to a) correctly identify groups that might have a higher likelihood of contracting mpox, and b) determine whether certain statements about the virus and its transmission were true or false. Table 1 presents each item for the question prompts, as well as the results for the percentage of respondents who answered each risk assessment questions correctly. However, for calculating scores, one item is excluded. That item is whether or not semen can transmit mpox. Research is still unclear whether this is true or false, and has been excluded. As such, scores are out of fourteen items, instead of fifteen.

Overall, respondents answered an average of six out of fourteen questions correctly:

- On average, transgender respondents as well as straight respondents, of which most straight respondents were transgender men and woman, answered five items correctly, reporting lowest level of knowledge.
- Latinx respondents, Asian respondents and respondents aged 25-54 were most knowledgeable answering seven out of fourteen items correctly.
- White respondents, Black respondents, bisexual respondents, pansexual respondents, respondents aged 18-24, and those aged 55 and older all answered six out of fourteen items right.

From COVID-19 to MPox

The mpox outbreak occurred against the backdrop of the ongoing COVID-19 pandemic, which can lead to questions about whether and how the mpox and COVID-19 health crises are related, and if the presence of both viruses exacerbates health risk. As the mpox outbreak in the United States began, a majority of the public understood that COVID-19 vaccines did not increase the odds of getting mpox. According to a [survey](#) fielded early into the United States outbreak by the University of Pennsylvania, the majority of adults (67%) knew they were not more likely to contract mpox due to being vaccinated against COVID-19.

The LGBTQ+ adults in this HRC Foundation survey also demonstrated that they understood COVID-19 vaccines do not interact with mpox vaccines. Most respondents (88%) knew that COVID-19 vaccines do not increase risk of getting mpox, a level of efficacy that exceeded what was seen amongst the general public. LGBTQ+ people—particularly GBQ+/SGL men—may have greater knowledge of MPox risk than the general population because healthcare entities such as the CDC had communicated and marketed mpox. health resources primarily to their communities.

In terms of specific items, knowledge was mixed (see Table 1a). A super majority of respondents knew mpox vaccines were available (84%) and that GBQ+/SGL men were at higher risk of mpox (83%), while a simple majority knew that two doses were needed to be protected against mpox (58%), that condoms cannot protect someone from getting mpox during sex (54%) and that mpox can be transmitted through dirty or used linens (52%). A vast majority of people believed that mpox had visible symptoms that help determine infection. mpox is largely asymptomatic, and only 16% of respondents realized it is a largely asymptomatic illness. Furthermore, only a third knew mpox could be transmitted by saliva, and 9 in 10 were unaware that animal contact could increase risk. Only around 4 in 10 could correctly identify mpox risk group populations. This suggests people were not receiving clear information about mpox, particularly key pieces such as how it's transmitted, and what it looks like when it occurs.

Table 1a: Percent of Respondents Who Answered Risk Assessment Question Correctly

Risk Assessment	Correct Answer	Percent of Respondents Answering Correctly
There is a vaccine that can prevent mpox.	True	84%
Gay or bisexual men	Yes, they are at higher risk	83%
You need two doses of the mpox vaccine to be protected	True	58%
Condoms can prevent you from getting mpox during sex	False	54%
MPox can be transmitted through dirty or used linens	True	52%
People who have had COVID-19 are at higher risk of getting mpox	No, they are not at higher risk	46%
MPox can only be transmitted by coming in contact to someone with the rash	False	45%
Transgender and non-binary people are at higher risk of getting mpox	Yes, they are at higher risk	41%
Lesbian, gay or bisexual women	No, they are not at higher risk	39%
Black, Indigenous and People of Color are at higher risk of getting mpox	Yes, they are at higher risk	39%
MPox can be transmitted by saliva	True	38%
MPox can be transmitted by semen*	True	32%
Wearing clothing can prevent you from getting mpox during close contact.	False	29%
Most people infected with mpox will experience symptoms	False	16%
People who work with animals are at higher risk of getting mpox	Yes, they are at higher risk	8%

Note: * indicates the item was excluded from scoring estimates.

Gaps do exist within the LGBTQ+ community in terms of knowledge about the mpox vaccine and risk groups (see Table 1b). Transgender respondents were less likely than cisgender respondents to answer key risk items correctly. For example, transgender respondents were less likely to know a vaccine was available or that GBQ+/SGL men were at higher risk during this outbreak. The same was true for bisexual and pansexual respondents compared to gay, lesbian and queer respondents. It is possible that resources and information about the mpox could have been culturally tailored more toward men who the CDC would describe as “men who have sex with men” (MSMs). In other words, bisexual men, pansexual men or straight men who primarily partner with transgender women, cisgender women or non-binary people may not receive as much relevant information than men who are gay or queer and often partner with other men.

Younger respondents were less likely to know there was a vaccine available or to identify that GBQ+/SGL men were at greater risk of getting mpox. Differences in knowledge about mpox may be due to disparities in the sources that respondents used to find information about mpox. A lot of the reliable content informing the public about mpox may not be typically located on social media platforms used by younger individuals, contributing to information gaps. Likewise, older people may not engage with certain social media platforms altogether. A majority (55%) of respondents aged 18-24 said they received their information about mpox from social media such as Facebook or Twitter, compared to 46% aged 25-34, 39% aged 35-44, 28% aged 45-54, 20% aged 55-64 and 17% aged 65 and older

Table 1b: Vaccine and Risk Group Knowledge, by Group

	There is a vaccine that can prevent mpox.	Gay and bisexual men are at higher risk.	Most people infected with mpox will experience symptoms
Race			
Asian	91%	84%	18%
Black	82%	81%	15%
Latinx	86%	85%	19%
White	84%	83%	16%
Age			
18-24	77%	73%	12%
25-34	84%	83%	16%
35-44	88%	85%	18%
45-54	89%	86%	16%
55-64	83%	85%	16%
65 and older	76%	81%	17%
SO/GI			
Transgender	75%	67%	15%
Cisgender	86%	86%	16%
Bisexual	76%	76%	18%
Pansexual	78%	67%	22%
Gay/Lesbian	86%	86%	16%
Queer	85%	81%	19%
Region			
Midwest	82%	83%	16%
South	83%	82%	17%
Northeast	89%	83%	17%
West	85%	85%	16%

Behavior Responses to the mpox Outbreak

At the onset of the 2022 mpox outbreak, the CDC [collected and published research](#) about the changing behaviors of GBQ+/SGL men. The study, which captured self-reported attitudes and behavior changes in August 2022, found one in two GBQ+/SGL men reduced the number of sexual partners, reduced the number of one-time sexual encounters and reduced sex with partners met on dating apps or at sex venues.

In the present study respondents were asked about any behavior changes they may have made in response to the mpox outbreak, focusing on the time period from July (when outbreak began) through December (when respondents were surveyed) 2022. Results, as presented in Table 2, offer more nuance into if, and how, people altered their behaviors during the outbreak.

Table 2: Rates of Behavior Changes					
	Engaged in temporary abstinence	Reduced number of sexual partners	Wore clothing, condoms or other barrier methods during sex	Temporarily stopped (or went less frequently) to sex venues/events	Temporarily stopped (or went less frequently) to social events
All Respondents	42%	60%	10%	29%	36%
Race					
Asian	38%	75%	15%*	38%	35%
Black	45%	58%	18%	31%	40%
Latinx	39%	63%	9%	27%	33%
White	42%	57%	8%	29%	38%
Age					
18-24	32%	61%	23%	18%	37%
25-34	38%	65%	16%	31%	46%
35-44	42%	65%	7%	30%	41%
45-54	44%	56%	6%	28%	31%
55-64	45%	59%	9%	28%	23%
65 and older	52%	45%	7%	29%	28%
SO/GI					
Transgender	32%	48%	22%	21%	43%
Cisgender	44%	62%	8%	30%	35%
Bisexual	48%	61%	16%	37%	39%
Pansexual	33%	53%	16%	22%	49%
Gay/Lesbian	43%	62%	9%	30%	36%
Queer	37%	59%	16%	30%	48%
Region					
Midwest	48%	54%	9%	25%	36%
South	44%	62%	13%	30%	40%
Northeast	39%	64%	11%	30%	32%
West	40%	59%	8%	28%	34%
Note: * indicates sample size <25 and indicates an unstable estimate.					

The first key finding is that the most common approach was one of harm reduction—namely, reducing the number of sexual partners, rather than stopping having sex altogether. This held true for people from all racial/ethnic backgrounds, sexual and gender identities, geographic regions, and ages—with the exception of those aged 65 and older; for these LGBTQ+ seniors, the most commonly employed behavior change was temporary abstinence.

In fact, abstinence—both in terms of temporarily stopping all sexual contact, and stopping or reducing frequency of attending sex venues and events—was employed as a health tactic among older respondents than younger respondents. Generational experiences may explain these individual differences in health practices.

Black respondents, respondents age 18-24, and transgender respondents were among those most likely to have worn clothing, or used condoms/other barrier methods during sex as a response to the mpox outbreak, suggesting these communities were intentional about having healthy sex—though rates of both of these were low overall. For instance, while over a fifth each of transgender (22%) and 18–24-year-olds (23%) reported they wore condoms/barrier methods as a “practice and/or behavior [change] as a result of the current mpox outbreak”, this was reported far less frequently for all other groups, including less than 1 in 10 Latinx and White people, cisgender or gay/lesbian people, or people age 35+. This may, however, be an artifact of the way the question was phrased: these groups may have already been highly-frequent users of condoms prior to the outbreak and just continued to be throughout. Alternatively, they may have been low condom users, and remained this way throughout.

MPox Vaccination Rates

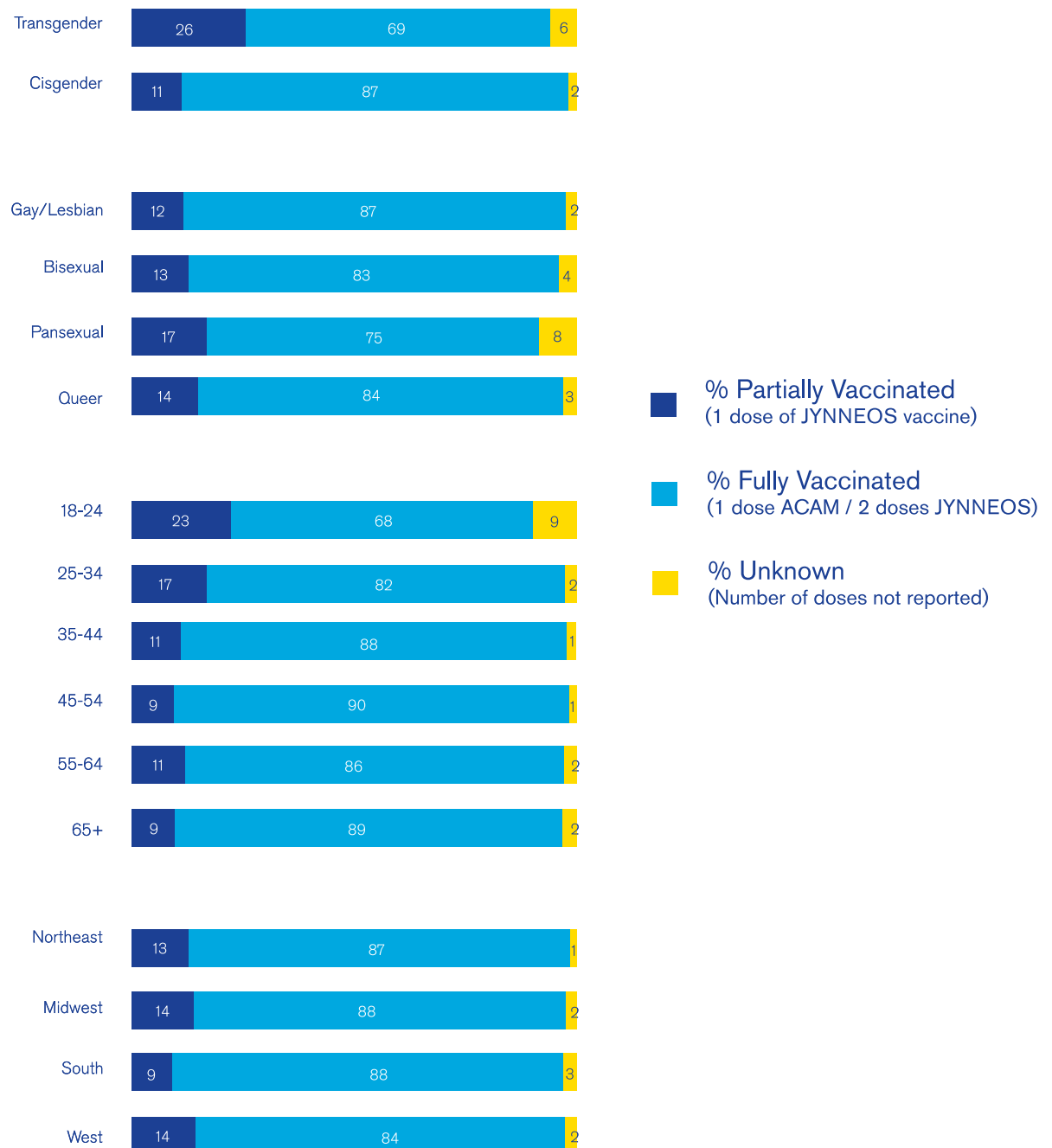
After excluding those respondents who were not eligible for the vaccine (3%) or who were not at risk for contracting mpox (18%), over half of the remaining respondents, (52%) reported receiving at least one dose of the mpox vaccine.

Those most likely to have been vaccinated in the community were cisgender respondents, gay or lesbian respondents, respondents aged 35-44, and respondents in the Northeast. Furthermore:

- More than half (57%) of cisgender respondents received at least once dose of an mpox vaccine—over twice that of transgender respondents (23%)
- Over half (57%) of gay and lesbian respondents had received at least one dose of the mpox vaccine, compared with
 - 45% queer respondents
 - 33% bisexual respondents
 - 29% pansexual respondents
- Over six in ten (60%) of respondents aged 25-54 had received at least one vaccine dose, compared to:
 - A little over half of respondents aged 25-34 (53%), 45-54 (58%), or 55–64 (50%)
 - Over four in ten (42%) respondents age 65 and older
 - A quarter (25%) respondents aged 18-24
- More than six in ten (62%) respondents in the Northeast had received at least one dose of the vaccine, substantially more than all other regions, including:
 - 56% respondents in the West
 - 49% respondents in the South
 - 42% respondents in the Midwest

Among those who had received at least one dose of an mpox vaccine, the vast majority – over 86% (n=1,242) were fully vaccinated, defined as 1 dose of the ACAM vaccine, or 2 doses of the JYNNEOS vaccine. This was substantially higher than that seen in the general public; as reported in a second report from the HRC Foundation which used CDC data, as of February 1, only 62% of all people who received the first dose of the mpox vaccine had gone on to receive the second dose and be fully vaccinated.

Disparities seen in receipt of any amount of vaccination were sustained when looked at full vaccination (Figure 1). For example, cisgender respondents (87%) were substantially more likely than transgender respondents (69%) to go on to be fully vaccinated. Three quarters of pansexual respondents (75%) who received at least one dose went on to be fully vaccinated, compared with over eight in ten people of other sexual orientations, including 87% of gay/lesbian respondents.



Racial/ethnic disparities in vaccination rates

When looking at vaccination rates by racial/ethnic groups (and after excluding those ineligible or not at risk), Latinx (54%), Black (53%), and White (50%) respondents were almost equally likely to have received at least one dose of the mpox vaccine. Yet, when looking at the breakdown of those vaccinated, a disparity emerges:

As reported in an [analysis from The HRC Foundation](#), the demographic breakdown of mpox recipients reported by the CDC reveals a stark disparity in vaccine distribution: namely, though Black and Latinx represented a plurality of those infected with mpox, they had no higher likelihood of receiving the mpox vaccine than other ethnic groups. Similar trends emerged in our data.

Only 35 people in our sample contracted and tested positive for mpox, so extensive demographic analyses of that group are not feasible. However:

- Over a quarter of all mpox cases in our sample (29%) were among Black people. Yet Black people accounted for less than a fifth (19%) of those who received any vaccine, or who were fully vaccinated (18%)
- Roughly one-third of all mpox cases (34%) were among Latinx respondents, yet only a quarter of those who received at least one dose (27%), or who were fully vaccinated (26.7%) were Latinx.
- In contrast, three in ten mpox cases (31%) were among White respondents, whereas over four in ten people who received at least one dose (43%), or who were fully vaccinated (44%), were White.

Reasons for Vaccination

Among respondents who either have received a vaccine, want to receive a vaccine, or have an appointment to receive a vaccine, most said that protecting their own health was a reason they got vaccinated (see Table 3). A simple majority of respondents said that their trust in the vaccine and the desire to protect the health of their communities were reasons for getting vaccinated. A fair percentage of respondents also said they perceived some form of risk to getting mpox, driving their decisions to get an mpox vaccine. Fewer individuals referred to their doctors, an exposure or a job requirement as a reason for getting an mpox vaccine.

Table 3: Reasons for MPox Vaccination Among Respondents

Reason	Percentage
"I want to protect myself from contracting mpox"	85%
"I trust the mpox vaccine and believe it is effective"	60%
"I want to protect others in my community"	56%
"I thought I was at high risk of contracting mpox"	49%
"My doctor or healthcare provider recommended I get the vaccine"	19%
"I was exposed to mpox"	2%
"I was required for my job"	1%

Understanding the Unvaccinated

Among the 1,961 (56% of sample) of respondents who have not received a vaccine, most (48%) said they do not want or they do not need an mpox vaccine. In addition:

- 30% want to get vaccinated but have not been able to do so
- 18% said they didn't know why, had another reason or already got the mpox virus
- 4% had an appointment scheduled to get the vaccine

Reasons vaccination was not desired

Among the 942 respondents who said they do not want a vaccine, or 48% of the 1,961 respondents above, a simple majority did not want to get the mpox vaccine because they did not perceive they were at risk. Other available reasons were selected much less frequently, with fear of being outed at the bottom of the list.

Table 4: Reasons for Not Receiving an MPox Vaccine	
Reason	Percentage
"I am not at risk of getting mpox"	64%
"I am not worried about mpox/I do not think mpox is a big deal"	19%
"I just didn't want to"	13%
"I am not eligible or I don't not know who is eligible"	11%
"I wanted to see how others responded to the vaccine"	7%
"I do not know where to get the mpox vaccine"	7%
"I was worried about side effects"	6%
"I do not trust the mpox vaccine"	5%
"I was afraid of someone finding out my sexual orientation or gender identity"	1%

Reasons vaccination was not able to be obtained

Respondents who reported they were unable to get a mpox vaccine most often attributed it to their ineligibility: one in five respondents did not know if they were eligible or what the eligibility criteria were. Many respondents who selected “other reason” suggested that they were unable to obtain a vaccine due to confusion regarding eligibility. Others expressed concern regarding logistics around where and how to get vaccines.

Table 5. Reasons respondents were unable to obtain a desired Mpox vaccine	
Reason	Percentage
“I did not know if I was eligible /I did not know the eligibility criteria”	21%
“I did not know where to get vaccinated”	17%
“Vaccines weren’t available in my area”	17%
“Other reason”	12%
“I was unable to get an appointment”	10%
“The vaccine was not offered by the doctor / clinic I wished to use”	9%
“Vaccination sites weren’t open at convenient times”	5%
“I could not travel to available vaccine sites”	5%
“Cost concerns / I did not know if I could afford it”	4%

Discrimination and mpox

Overall, 7% of respondents reported experiencing discrimination either because they were perceived to have mpox or they did have mpox. These experiences ranged from being treated with less courtesy, receiving poorer service at restaurants and stores, people acting afraid of them and being threatened or harassed.

According to a [survey](#) from the University of Pennsylvania at the onset of the mpox outbreak, most Americans were generally unsure when it came to understanding risk and aspects of the mpox virus. It is possible that the adoption of a less-public facing effort to combat mpox helped deter some forms of discrimination. Another element is that mpox, statistically speaking, was not as lethal as COVID-19 or other viruses. This does not diminish the seriousness of the mpox outbreak, but puts into context why the average person may be unfamiliar with mpox and thus less likely to engage discriminatory behavior against people who have or are perceived to have mpox. Regardless, one person being discriminated against is a cause for greater efforts to educate the public.

Conclusion

The mpox epidemic hit at the backdrop of the COVID-19 pandemic in the summer of 2022. Many LGBTQ+ people knew that vaccines were available to protect them from mpox, and many received vaccines. However, racial disparities regarding vaccine administration emerged in the data. Black and Latinx individuals comprise a plurality of mpox cases and, similar to what is shown in data from the CDC, our Black and Latinx respondents comprised a minority of those receiving mpox vaccines. Among those who did not receive vaccines or were unable to, confusion around eligibility of the vaccines frequently arose as a concern.

Many survey respondents demonstrated some efficacy regarding risk and prevention of mpox. The community did exhibit that they did not receive clear or enough information, considering that only 16% of respondents could correctly identify that mpox is primarily asymptomatic. In addition, respondents did report changing many behaviors amidst the epidemic to protect their health, and the changes they implemented did vary by respondent sexual orientation, gender identity, race, age and even region. This suggests that respondent identity likely played a role in the various strategies they employed to either learn more about the epidemic and protect their health.

While the CDC has declared an end to the mpox epidemic's emergency status, healthcare professionals and public health officials must heed the lessons learned in this epidemic and continue to improve upon service provision to LGBTQ+ and BIPOC communities. Through these lessons, LGBTQ+ people can gain increased access to information and opportunities that can better inform their decisions regarding their health.

Methodology

Data come from a nonprobability survey of adults in the U.S., of which most were gay, bisexual and same gender-loving men. The survey was fielded from November 2022 to January 2023. Unweighted proportions and averages are presented in this analysis. A total of 3,462 individuals completed the survey and were included in analyses. The sample may overstate experiences of individuals with higher levels of socioeconomic well-being (based on rates of insurance), individuals who are gay men, and individuals aged 25-54. The following are key demographics of the sample:

Sample Characteristics		
	N	%
	3,462	100%
Age		
18-24	230	7%
25-34	780	23%
35-44	737	21%
45-54	610	18%
55-64	644	19%
65+	462	13%
Race/Ethnicity *not mutually exclusive		
American Indian /Alaska Native	140	4%
Asian	213	6%
Black or African American	706	20%
Latina/Latino/Latine/Latinx, Hispanic, or Spanish	837	24%
Middle Eastern or North African	21	1%

Native Hawaiian or Other Pacific Islanders	23	1%
White	1773	51%
Mixed race or ethnicity, or multiracial/multiethnic	309	9%
Something else	1	< 1%
Gender *not mutually exclusive		
Men	3,023	87%
Women	142	4%
Non-binary	290	8%
Genderqueer/Genderfluid	221	6%
Something else	60	2%
Gender Identity		
Transgender		
Cisgender		
Sexual Identity *not mutually exclusive		
Asexual/demisexual	138	4%
Bisexual	373	11%
Gay or lesbian	2777	80%
Pansexual or omnisexual	208	6%
Queer	628	18%
Straight or heterosexual	45	1%
Some other SO	44	1%
Census Region		
Northeast	511	15%
South	11173	34%
Midwest	699	20%
West	1079	31%
Health Insurance status		
Insured	3318	96%
Uninsured	145	4%