
(IN)EQUITY IN THE U.S. MPOX RESPONSE: TRENDS AND DISPARITIES IN NATIONAL DATA

Last updated 2/28/23

On May 17, 2022, an outbreak of the mpox (Monkeypox) virus was confirmed in the United States. Shortly thereafter, the United States Department of Health and Human Services declared the virus a public emergency, with the White House following suit in August. According to the Centers for Disease Control and Prevention (CDC), throughout the outbreak, cases of mpox have been **most prevalent** among gay, bisexual, queer and other same gender-loving men (GBQ+/SGL) SGL, particularly younger Black and Latino GBQ+/SGL.

By the close of 2022, the United States had seen a significant decline in cases, and on January 31, 2023, the Biden-Harris administration **allowed the public health emergency declaration to end.** However, disparities in treatment must be addressed to fully combat mpox.

For this report, the Human Rights Campaign (HRC) Foundation examined **available case, vaccine and treatment data** from the CDC through the length of the public health emergency. Though the emergency declaration has expired, our efforts to understand and mitigate the deleterious effect this virus has had on Black and Latino GBQ+/SGL men is just beginning.

BIPOC and **LGBTQ+** communities are often adversely and disproportionately impacted by emergent health issues such as COVID-19, and they pose an even greater threat for **people living with HIV.** To break this cycle, we must identify and address the disparities.

Findings reveal that

⌘ **Though Black and African American (Black) people comprise most cases of mpox, they receive mpox vaccines and treatment at disproportionately lower rates.**

- o Approximately one in ten people who received at least one dose (11%), or who were fully vaccinated and received two doses (11%) were Black.
- o In contrast, Black people accounted for an average of three in ten (31%) mpox cases each week.

⌘ **Black people are also less likely to have received TPOXX treatment than their Latinx and white peers.**

- o A quarter (26%) of all TPOXX recipients were Black, compared with a third each of Latinx (34%) and white (33%) people.

⌘ **Mpox has also been disproportionately impacting younger people.**

- o Among cases with a known age, seven in ten (71%) were 40 years old or younger, including more than half (59%) who are between the ages of 26 and 40.
- o Younger people were also less likely to be vaccinated: less than half (49%) of those who received both doses of the JYNNEOS vaccine were between the ages of 25 and 39.

Mpox 101

Mpox is an infection similar to the smallpox virus. Though largely not fatal, mpox infection can lead to moderate and severe disease, as well as physical discomfort. The primary symptoms of mpox include rashes and scabs, which can appear on a person's face, hands, feet, genitals or other parts of the body. Other possible symptoms include fever, chills, swollen lymph nodes, exhaustion, muscle aches, backaches, and headaches.

Mpox was renamed from monkeypox by the World Health Organization in November 2022 — a change recognized and supported by the Biden-Harris Administration and several civil rights organizations. The renaming was an effort to minimize the stigma associated with the term monkeypox, which has been linked to offensive cultural stereotypes and characterizations of Black people and Africans — those associated with the virus' reported place of origin.

Mpox is primarily spread through physical skin-to-skin direct contact (including the rectum, anus or vagina) with active mpox sores, scabs, or rashes on a person infected with mpox. It can also be spread through direct contact with or exposure to upper respiratory fluids such as saliva, mucus, and snot from a person infected with mpox. Though mpox can be transmitted through sexual contact, it is not an explicitly sexually transmitted disease; transmission during sex is instead a result of the prolonged physical contact involved (though research is underway to determine if mpox can be spread through semen or vaginal fluids). Mpox can also be spread through hugging, kissing, and prolonged face-to-face contact, as well as sharing objects such as towels, linens, clothing, and toys.

Because of prevalence of cases among GBQ+/SGL in the 2022-2023 outbreak, people who are not educated on all the different ways mpox spreads could mistake it for a virus that only impacts LGBTQ+ people, potentially increasing risk for stigma against the LGBTQ+ community. In reality, there is nothing unique or inherently risky about GBQ+/SGL men, or LGBTQ+ people in general, which places them at risk for mpox; rather, mpox is a virus that has affected many different communities across the globe — not just the LGBTQ+ community here in the United States.

About the Data Used in this Report

All quantitative data from this report comes from U.S. national CDC dashboards, which compile state and local data to report on national trends in cases, vaccination, and treatment. Raw data is not available, and thus our reporting is limited to the formatting of the existing dashboard.

It is important to recognize the limitations of the data discussed in this report. Although the World Health Organization, the Centers for Disease Control and Prevention, and other research institutions have recognized that mpox is particularly impacting gay, bisexual, and other same-gender-loving men, data from the CDC do not include case, vaccine, and treatment data by sexual orientation. In addition, data is largely unreported for multiple characteristics at once (e.g. race + gender), making it difficult to understand the intersectional challenges of the mpox outbreak on LGBTQ+ people of color. As a result, based on the CDC case data available, it remains unclear how the mpox outbreak has impacted multiply marginalized communities at the national level, such as Black LGBTQ+ people — even as data suggests that Black people, and LGBTQ+ people, are separately at increased risk for mpox relative to white and cisgender/heterosexual people, respectively. This has been further verified among the specific states and



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cities which report data at this level of granularity, allowing for a fuller picture of the outbreak in select communities. For example, data from Georgia showed that more than 8 in 10 mpox cases in Atlanta were among Black gay men.

In addition to analyzing existing data, HRC also had conversations about the outbreak with health care providers on the front lines. Those discussions provided important contextual information for the disparities we have observed, and underscore how structural factors, rather than just individual choice, contribute to communities most impacted by mpox – Black and Latinx GBQ+/SGL – being the least likely to receive treatment and preventive vaccines.

Disparities in Mpox Incidence

As of December, 2022, over 82,000 cases have been identified in 110 countries — 102 of which had not historically reported mpox since its discovery in 1958. A total of 29,643 cases of mpox have been recorded in the United States. The number of newly reported mpox cases has decreased each month since August, suggesting that efforts to combat the virus have had some success.

Race/Ethnicity

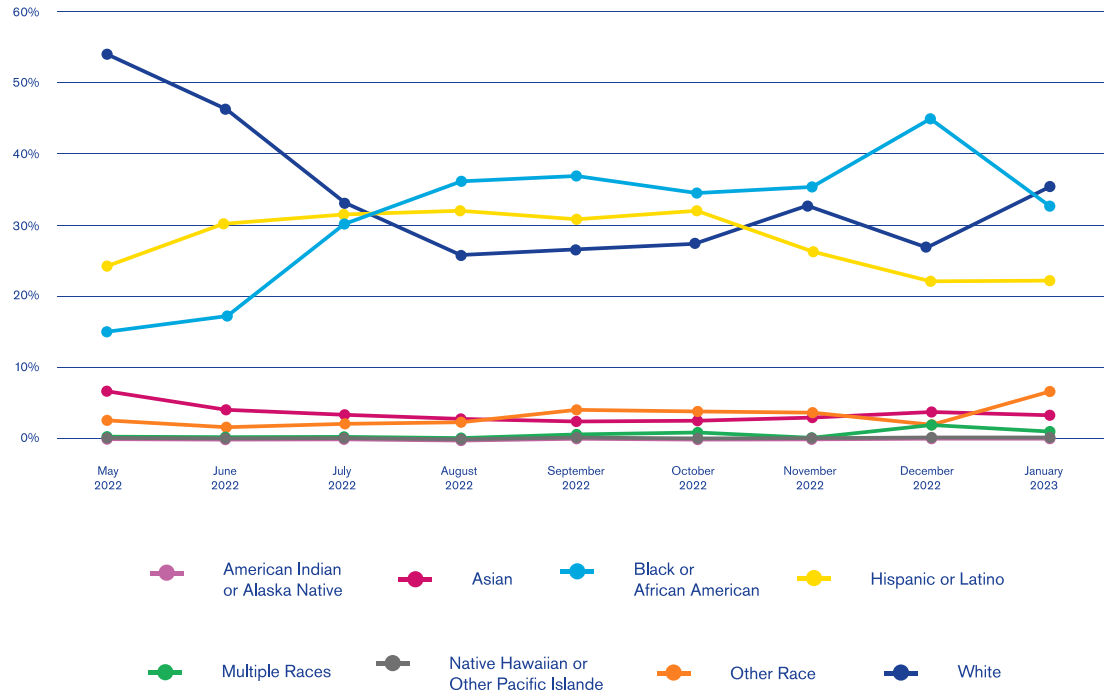
U.S. national data on race has been inconsistently reported throughout the outbreak and lag behind reporting on other demographics such as age, gender, and gender identity. Not every reported case has a known race, and the total number of cases containing race data is unavailable on the CDC's website. More confusingly, CDC reports utilize different metrics when reporting incidence by race/ethnicity than they do when reporting on age and gender. Currently, while national age and gender data is reported as a cumulative total of the number of cases (e.g., the number of cases since the outbreak began), incidence by race/ethnicity is reported on a weekly basis as the percentage of new cases in a given week that are among each racial/ethnic group. As a result, national estimates of the racial/ethnic case breakdown for the length of the mpox outbreak are not readily available.

Looking at racial/ethnic trends over time as reported by the CDC, an additional troubling trend emerges: even as the overall caseload has declined as the outbreak has gone on, Black and African American people have increasingly and disproportionately represented larger shares of new cases.

- Though Black people were initially proportionately represented among the weekly case load, by the Summer of 2022, Black people were consistently accounting for the largest share of cases each week (Figure 1).
 - In May (15%) and June (17%), Black people accounted for an average of less than a fifth of all new cases — roughly in line with their share of the US population.
 - By July, Black people were consistently accounting for a third of all new cases each month — a trend which remained consistent through November.
 - In December, Black people accounted for an average of almost half (45%) of all cases each week.

- In contrast, average caseload among Hispanic/Latinx and white people has been trending downwards
 - Hispanic/Latinx people initially accounted for a quarter of new cases in May, before jumping in June to approximately three in ten cases and steadily remaining at that level through October.
 - By November, Hispanic/Latinx people had dropped back to a quarter of new cases (26%).
 - In both December and January, Hispanic/Latinx people accounted for an average of a fifth of new cases (22%, and 22%, respectively) — roughly equivalent to their share of the US population (**19% as of 2021**).
- A reverse trend was seen among white people.
 - At the outset of the mpox outbreak, white people, accounted for a plurality of new cases — including an average of more than half in May.
 - By August, however, white people had dropped to a quarter of all new cases (26%), and consistently stayed at that level through December, with the exception of a slight increase in the month of November (to 33%).
 - However, January 2023 saw a slight jump, with white people, for the first time since May 2022, accounting for a plurality of all new cases.

Figure 1: Average monthly proportion of new mpox cases, by race/ethnicity, as reported to the CDC through February 1, 2023.



Data reflects monthly average of weekly caseload by race/ethnicity (defined as the percentage of new cases in a given

Gender and Gender Identity

The CDC reports cases by gender as a cumulative total, reflecting the number of all cases to date with known gender (98%, or 29,591, as of February 1, 2023). While the CDC does report caseloads for transgender men and women, data is limited by what is **provided by individual states and jurisdictions**, as some provide both the sex and gender of a person with confirmed mpox case, and some only provide one. Further, in the instances where only one variable is provided, it is not always immediately clear if the reported data reflects sex assigned at birth or gender identity. When both sex and gender are reported, and they differ from one another, the CDC will categorize a person as transgender — either a transgender man or transgender woman, based on their stated gender identity. Where just sex or gender is reported, the CDC will categorize a person as simply either “man” or “woman;” when gender identities other than man/male or woman/female are reported, the CDC categorizes someone as “another sex/gender.” As the CDC does not clarify which states, or how many states, report each of these characteristics, caution should be taken in assuming these results — particularly for transgender and “another” sex/gender — are reflective of the US as a whole.

As of February 1, 2023, **men comprised nearly all reported mpox cases**, representing 28,199 of the 29,591 cases with a known gender – over 95%. Less than 3% of cases to date are among women (n=858; 3%). A little over 1% of all cases are among transgender men (0.2%) or transgender women (0.9%), whereas 0.7% are among people of another sex or gender.

Age

Cumulative cases by age are reported alongside gender, with the CDC reporting the number of cases to date in each age group (categorized into 5-year age intervals), and then the gender identity of all cases within a given age.

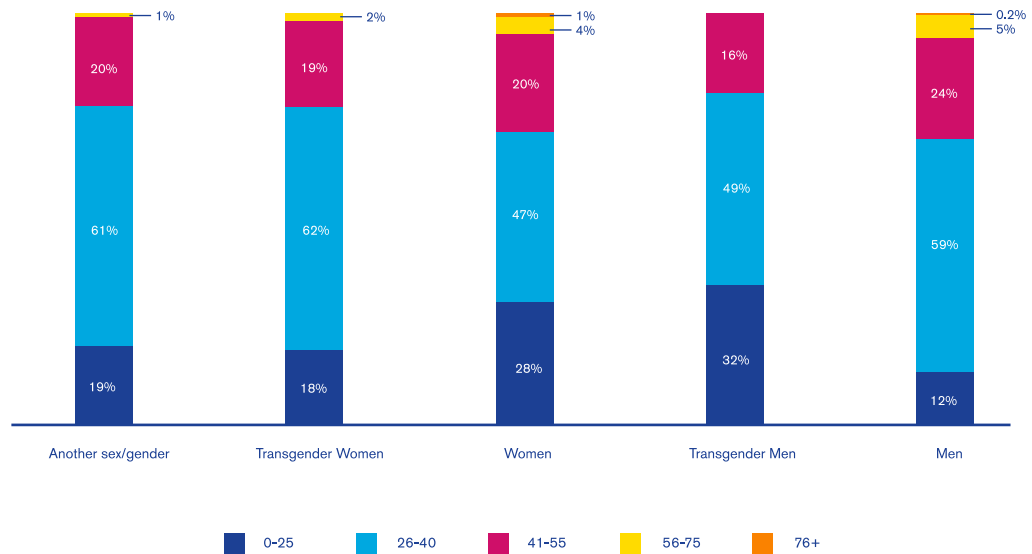
Overall, the vast majority of cases throughout the outbreak were among people aged 40 and younger (71%), including almost six in ten (58.8%) among people between the ages of 26 and 40.

- Roughly one in ten (13%) mpox cases have been among youth and young adults between the age of 0 and 25
- A quarter (24%) were among people between the ages of 41 and 55
- Less than 5% were among people between the ages of 56 and 75 (4%), or aged 76 and older (0.03%)

Because the CDC reports data by age and gender concurrently, we are able to explore within-gender age disparities (Figure 2).

- Overall, transgender and other gender people, on average, contracted mpox at younger ages compared to all men and women.
 - Over 84% of all cases among transgender men were among those aged 40 or younger, as were approximately 80% of all cases among transgender women and those who identified as another gender.
- For all men, cases were largely concentrated in older ages.
 - Among all men, only 12% of all cases were among those aged 25 or younger.
 - In comparison, a little under a fifth of cases among transgender women (18%) and other gender people (19%) were among those under the age of 26, as were over a quarter (28%) of all cases among all women, and a third (33%) of all cases among transgender men.

Figure 2: Mpox cases by age and gender, as reported to the CDC through February 1, 2023



VOICES FROM THE COMMUNITY:

PROVIDERS' STORIES OF RESPONDING TO THE MPOX OUTBREAK

In preparing this report, HRC Foundation staff spoke with three different health care providers about their experiences delivering care during the mpox outbreak.

“Early on in the outbreak, in DC in particular, there were 60 cases; of those 60, I believe 52 were among SGL of color. However, when speaking with the health department about the distribution of the vaccines, over 80% were [distributed to] white, gay men. So, we said, we’re not going to have another COVID, we’re not going to have another HIV outbreak, we’re not going to do that. We called the health department and had clinics set up rather quickly. It was important to get access to the vaccine to our community.”

- DeMarc Hickson, Executive Director, [Us Helping Us, People Into Living](#)

“When we have a pandemic, Black communities, and especially the most marginalized of us, typically have a hard time dealing with it and need additional support. We can’t wait on systems to tell us what the approach is. What I loved about our mpox engagement is that you saw Black-led, queer-led organizations leading the charge.”

- Larry Walker, Executive Director, [THRIVE SS](#)

Vaccines

Currently, there are two mpox vaccines: JYNNEOS, a two-dose regimen, and ACAM2000, a single-dose alternative. Criteria for vaccine qualification has varied throughout the last several months, with an initial strategy that was released in June 2022. In addition, [eligibility and process](#) for receiving vaccines can differ based on where a person lives or tries to receive a vaccine.

The CDC [explains](#) that there are varying strategies for vaccination based on when and how an individual came in contact or potentially came in contact with someone who already had mpox. Furthermore, the CDC [tracks and reports](#) mpox vaccine administration across 57 jurisdictions in the United States. As of February 1, a total of 730,555 people have received at least 1 dose of the JYNNEOS vaccine, including 449,113 who completed the vaccine regimen and received a second dose (61.5% of all people to receive the first dose).

The CDC reports the overall number of people who received both a first and second dose of the JYNNEOS vaccine, and also reports numbers broken down by race, age, and sex.

Race/Ethnicity

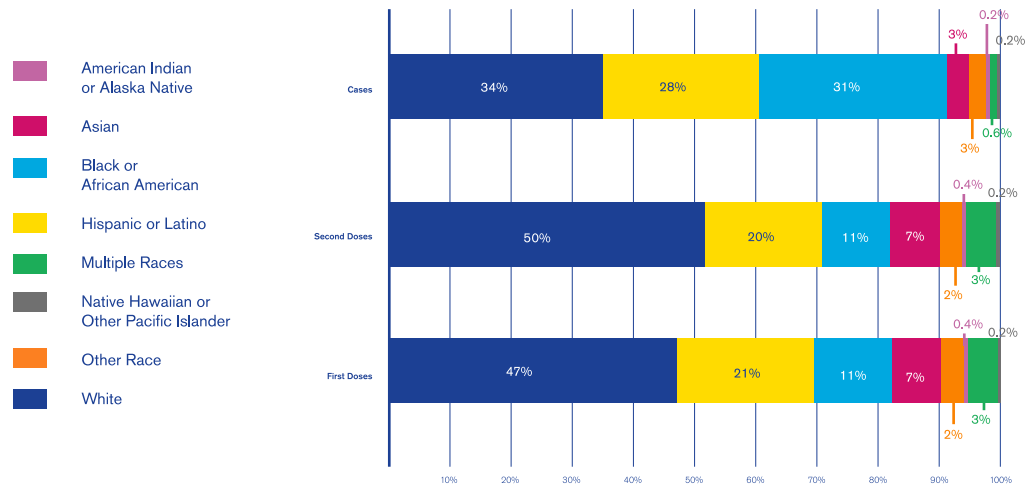
Among the most alarming parts of vaccine distribution efforts are the suggestive disparities by race. As noted, Black people have continued to grow in their share of mpox cases, yet [CDC data](#) suggest that an overwhelming majority of mpox vaccines have been administered to white people (Figure 3).

- White people comprise 47% of all people who received at least one dose of the JYNNEOS mpox vaccine — despite accounting for an average of a third (34%) of all Mpox cases each week.
- Hispanic/Latinx people comprise a fifth of all people who received at least one dose of the JYNNEOS mpox vaccine (21%) — despite accounting for an average of more than over a quarter (28%) of all mpox cases each week.
- Black people account for only a tenth of all people who received at least one dose (11%) — despite accounting for an average of a third (31%) of all new mpox cases each week.

Racial /ethnic disparities were sustained when considering full vaccination, or receipt of the second dose of the JYNNEOS vaccine.

- White people are among the most likely to be fully vaccinated, with two thirds (67%) of all white people who received the first dose of the JYNNEOS mpox vaccine, also receiving the second dose.
 - white people accounted for over half of people who received a second dose.
- In comparison, only 58% each of Black and Hispanic people who received the first dose also received the second dose.
 - Black and Hispanic people accounted for, respectively, a fifth (20%) and a tenth (11%) of all second doses.

Figure 3: JYNNEOS vaccine administration by dose, and mpox case load, by race/ethnicity as reported to the CDC through February 1, 2023



Disparities in vaccine distribution may be due to various factors, including a lack of information about availability of vaccines and other shortcomings of the healthcare system. More research is needed to determine additional barriers to vaccinations among **LGBTQ+ people** — specifically, among Black LGBTQ+ people and other LGBTQ+ people of color. Historically, LGBTQ+ people and **people of color** have been mistreated by the medical industry which can create a lack of trust and lead to a lack of vaccine confidence or uncertainty. These trends have been seen in past research about COVID-19 vaccines, where, **for example**, Black LGBTQ+ people expressed less confidence in receiving vaccines and had lower vaccination rates. In terms of mpox vaccine confidence, no intersectional data on LGBTQ+ people of color exist, though existing data suggests that similar challenges may be present for mpox vaccination:

- A survey found that a combined two-thirds of Americans were either unsure **(51%) or did not believe (15%)** that an mpox vaccine existed.
- A **study** of U.S. adults found that Black people were more likely than white people to say “I don’t know” when asked whether they intended to get vaccinated for mpox. The Study also found that 31% of Black people said they did not know if they intended to get the mpox vaccine, compared to 25% of white people.

Gender/Gender Identity

The CDC reports vaccination data by sex, and this data makes it unclear whether or not the reported sex is what a patient identifies with. Based on reported sex, men comprise an overwhelming share of vaccinations like they do cases of mpox.

- Men comprise over 650,000 of people who have received at least one dose of the mpox vaccine — approximately 90% of all people who received the first dose.
 - Approximately two-thirds (63%, n=415,000) of men who received the first dose have gone on to receive the second dose of the vaccine as well.
- Women comprise over 61,000 of people who have received at least one dose, and another 12,000 individuals with at least one dose have an “unknown” sex.
 - Both women, and those with an unknown sex, were substantially less likely than men to go on to receive a second dose, reported by approximately 44% of each.



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Age

Vaccination data is reported by age using slightly different age categories than are used to report on cases or treatment, meaning we cannot directly compare vaccination rates to case rates across age.

However, data that is available suggests that younger people are not receiving the vaccine at levels equivalent to their risk for mpox.

- While over seven in ten mpox cases have been among people age 40 or younger, only a little over half (54%) of people who received at least one dose of the JYNNEOS vaccine fell into that age group. Less than half (49%) of those fully vaccinated were below the age of 40.
- Similarly, less than one in ten (8%) people who received at least one dose, or who are fully vaccinated (6%) were under the age of 25 — despite this age group accounting for 13% of all cases.
- Less than half of people who received one dose (46%), or who were fully vaccinated (43%), were between the ages of 25 and 39.
 - In comparison, almost six in ten (59%) of all cases were among people age 26–40.

Across other age groups, the percentages of people with at least one dose are:

- 18.1% with at least one dose are age 40–49
- 21.8% with at least one dose are age 50–64
- 5.9% with at least one dose are age 65 and above

In addition, the likelihood of being fully vaccinated increased by age.

- A third (37%) of those aged 12–17 who received a single dose of the mpox vaccine, also went on to receive the second dose.
- In comparison, 45.1% of 18–24 year olds, and over half (58%) of 25–39 year olds, who received a first dose, also received a second.
- Two-thirds of people between the ages of 40–49 (65%) and 50–64 (70%) who received a first dose, also received a second.

Treatment

According to the CDC, as of January 25, 2023 — the last date through which the CDC will release updated data — 6,832 individuals had been prescribed TPOXX (tecovirimat) **treatment for mpox**, as authorized under the Food and Drug Administration. TPOXX is typically used for the treatment of smallpox, however, the CDC has **special protocol** for the usage of the treatment on adults and children for mpox.

Data on treatment may not reflect the overall population of patients who have been prescribed treatment, and is likely an undercount, as the CDC has not received documentation for every patient treated.

Starting in July 2022, the number of people receiving TPOXX steadily increased week over week, with between 100 and 600 new people receiving treatment each week. Treatment incidence leveled off in November; since the start of 2023, only 11 people — or fewer — have been newly prescribed TPOXX each week.



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Race

The most recently available reported data on race and TPOXX treatment is from January 25, 2023, with data on 5,760 people (84% of all those who received treatment).

As with data on vaccination, Black people are less likely to have received TPOXX treatment than their Latinx and white peers. Overall, 26% of TPOXX recipients are Black. In addition:

- 34% are Latinx
- 33% are white
- 3% are Asian.

Gender/Gender Identity

As with cases, TPOXX receipt was jointly reported for age and gender/gender identity and is available for 5,196 individuals (76% of those who received treatment). The proportion of people treated by gender is roughly equivalent to the proportion of cases by gender, suggesting that treatment may have been allocated more equitably across gender and age.

Looking just at the gender breakdown of those who received TPOXX, as of January 25, 2023:

- Nine in ten (94%) are men
- 3% are women
- 2% are transgender women
- 0.5% are transgender men
- 0.8% identify as some other gender

Age

Seven in ten (70%) of people who received treatment for mpox are aged 40 or younger, roughly equivalent to the proportion of all cases (71%) in that age group.

- One in ten (11%) people who received TPOXX were between the ages of 0 and 25, slightly lower than the proportion of all cases (13%) in this age group.
- Three in five people (59%) who received TPOXX were between the ages of 26 and 40, equivalent to the proportion of cases (59%) in that group.

In addition, among those receiving TPOXX as of January 25:

- 25% were between the ages of 41 and 55
- 5% were between the ages of 56 and 75
- 0.1% were aged 75 or older

What You Can Do

LGBTQ+ People

LGBTQ+ people **should know** how mpox is spread, its symptoms, where to get vaccinated, and how to obtain treatment. Vaccination eligibility **varies by state and jurisdiction**, giving rise to equity concerns. The CDC has provided general guidelines that can be a helpful starting place. Vaccination against mpox is encouraged by the CDC, especially if a person **has been** in close contact with someone who had mpox. Furthermore, while sexual orientation and gender identity are not causes of mpox, members of the LGBTQ+ community — particularly gay and bisexual men and trans women — are more likely to engage in networks and behaviors that increase their risk of mpox and therefore should be vaccinated as an additional safety measure. Vaccination is also encouraged if someone has had group sex, sex at a commercial sex venue (like a sex club or bathhouse), or sex at an event, venue, or in a geographic area where mpox transmission is occurring. Use the **vaccine locator** to find out where to receive a mpox vaccine, and visit the **CDC's website** to learn more about receiving treatment.

VOICES FROM THE COMMUNITY:

PROVIDERS' STORIES OF RESPONDING TO THE MPOX OUTBREAK

"The resilience in the community [helped us address the mpox outbreak]. When we started hearing about mpox and there were posts on social media, people actually started quarantining, so we learned from COVID that maybe we change some of our behaviors. Maybe I don't go out to the club, maybe I don't go out to the bathhouse."

- DeMarc Hickson, Executive Director, [Us Helping Us, People Into Living](#)

Non-LGBTQ+ People and Allies

While non-LGBTQ+ people do not comprise much of the share of people with mpox, they are still at risk and many non-LGBTQ+ people have gotten mpox. However, non-LGBTQ+ people and allies can have a critical role in reducing stigma and misinformation about mpox and LGBTQ+ people. **Stigma can lead people** to hide details about their health, such as having mpox, due to fear of being mistreated and discriminated against for a virus that is treatable and preventable. Allies can be critical in educating their peers about mpox who may hold otherwise stigmatizing beliefs. For example, mpox can spread through sexual and non-sexual contact, though many people may believe it strictly spreads through sexual contact. Furthermore, allies can help combat misinformation about the virus in their communities. For example, one in ten (10%) **respondents to a survey** conducted by the University of Pennsylvania said that President Biden probably or definitely released mpox on purpose to "to deflect attention from" the failures of his presidency. While most people (71%) rejected that as a false statement, one in five (19%) were unsure. It is critical for all people to educate themselves about mpox to end the outbreak and help combat stigma and misinformation.

VOICES FROM THE COMMUNITY: PROVIDERS' STORIES OF RESPONDING TO THE MPOX OUTBREAK

“Community partners...have a specialty in this particular population and all of their needs. So, there's orgs that specialize in the farm worker community, there's orgs that really focus on the undocumented community. We have a huge native/indigenous population in our region, we have the Indian Health Services and those organizations...We really would be a great partner to bring our mobile unit out. So, building those partnerships, really expanding the network has been a strategy for overcoming some of those geographic distinctions in the cities.”

- Gabriel Maldonado, Executive Director, [TruEvolution](#)

Healthcare Providers

Healthcare providers can take multiple steps to help combat the mpox outbreak and better serve LGBTQ+ people, particularly Black gay, bisexual, SGL, transgender and non-binary people. The CDC has [published guidance and resources](#) for healthcare professionals that assist with case definition, clinical guidance, vaccines, specimen collection and infection control which professionals should use to prepare for patients who have or may have mpox. Healthcare professionals also need to ensure that they provide competent care that will reach all communities. With the disparities Black gay, bisexual and other same gender-loving men are currently facing in vaccinations and treatment, relative to their share of cases, healthcare professionals must intentionally work to serve those communities. First, this includes creating LGBTQ+ inclusive practices in health facilities, which [can be done through](#) the HRC Foundation Healthcare Equality Index. For Black and other LGBTQ+ people of color, decades of harm the medical community has inflicted on them. Furthermore, the overarching distrust it has created among communities of color can create additional barriers that professionals need to deconstruct with their patients in order to adequately provide them with care.

VOICES FROM THE COMMUNITY: PROVIDERS' STORIES OF RESPONDING TO THE MPOX OUTBREAK

“We found that some of the eligibility requirements and high-risk descriptions around the population the county prescribed us was really a deterrent and stigma barrier because it said things like LGBT, it said sex worker, it said all of these terms that unfortunately in a shame-based society, shame is the name of the game...Shame has been a barrier that we've been trying to work against so that people do not see themselves as so distant from the risk. When people see things like sex worker, drug user, that automatically trumps the entire category of risk for them. They assume that, hey, if I'm not a sex worker or drug user, I'm not looking at anything else. I'm not that risky...And then they walk away.”

- Gabriel Maldonado, Executive Director, [TruEvolution](#)



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“When it comes to infectious diseases, pandemics, outbreak...government and society has a tendency to inject, inject, inject to solve the problem as though it's a fire that needs an extinguisher. You'll see an uptake in investment and resources, consciousness and integration with contracts of mpox, then after a year or less you'll see money drop and resources drop, but the disparity will remain. The outbreak may be contained, but the disparity will begin to widen. Because the disease did not go away, you'll still have populations that we deal with every day that still have regular and occurring infectious clusters that take place particularly in homeless facilities, sex work environments, rehab facilities, prison systems. We'll see uptakes in mpox infections in those areas to come, but there may not be the resources, the sense of urgency or the political will to invest in at that future time. That is a concern I have.”

- Gabriel Maldonado, Executive Director, [TruEvolution](#)

“[To combat inequities we need to] implement an anti-racist framework to public health in America. Now we see that it's not just okay if this issue is only affecting Black and Brown people on other shores. This thing is going to be in your backyard. It may take 50 years and sometimes it may take five weeks. We need to stop the xenophobia. We saw the same thing with COVID where they said it was China's fault. We are all breathing, we travel, we are the most laissez faire country when it comes to mitigation. We go anywhere and believe nothing can happen to us. It's going to reach our shores. So long as we have this racist framework for how we handle public health, we are going to be the hot mess. When are we going to realize that's the driving force behind millions of American deaths?”

- Larry Walker, Executive Director, [THRIVE SS](#)

Conclusion

The mpox outbreak significantly impacted younger people, gay, bisexual, and other same-gender-loving men, and transgender women. The appearance of new mpox cases has significantly decreased since the start of the 2022 outbreak, due largely to individuals receiving mpox vaccinations and treatment to combat and prevent further spread. Despite that, CDC data show that Black people continue to be the largest share of new and existing cases of mpox, and that they receive a disproportionately low share of mpox vaccines and treatment. Healthcare professionals and public officials have a critical role in deconstructing the barriers that typically prevent people with marginalized identities — particularly those who reside at the intersection of several identities, such as young Black gay, bisexual, and other same gender loving men — from receiving resources and care to prevent and treat mpox. Providers can take action towards deconstructing these barriers by using the framework described in [HRC's Healthcare Equality Index](#) and educating themselves on barriers and stigma faced by LGBTQ+ people in healthcare settings and other institutions.