

Review of: "Monkeypox among linked heterosexual casual partners in Bayelsa, Nigeria"

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Potential competing interests: The author(s) declared that no potential competing interests exist.

Thank you for the chance to review this observational study describing seven monkeypox cases at a single clinic in Nigeria. And also for the work taken to compile and publish these data.

The paper provides insight into likely transmission during sex between heterosexual couples. It includes cases identified after partner tracing that would otherwise not have been recorded. It also comments on the urgency of access to both treatment and vaccines in countries where MPX was previously endemic.

The paper is well-written by researchers with strong experience of MPX in Nigeria. The following comments are largely minor. However, the review was written before version 2 was posted online, so some point might already have been changed.

General comments

1. A few suggestions on word use including over sexual transmission are included as specific comments, but really apply to the paper as a whole.
2. Perhaps include a brief description of a 'patent medicine store' to help a general reader who does not know about these stores. I was interested to know whether sexual health services are easy to access and if they are free, This is in the context of some people managing their infection on their own and that the first contact was often with a peten medicine service, where there is likely a charge.
3. It might also be good to comment on the role of stigma and shame in managing sexual health, if this is an issue for not accessing services, including the implications for contacting partners.

Abstract Results - also in the main body text.

As the study only includes seven people it would be clearer to report data as median and range - or even just range - ie 21 to 42. Similarly, it is clearer just to say all cases had between 3 to 6 partners in the previous three months. Mean and SD are not appropriate, especially if 3 and +/- 1 respectively, as none of the cases had less than three partners.

Introduction - and throughout

Line 3 - rather than referring to high risk behaviour in many part of the paper, it would be clearer to report the specific risk that are of concern - for example, MSP, CCS, and recreational drug use. Given the limited data on heterosexual transmission, it doesn't seem appropriate to define these yet as high risk in terms of MPX. While condoms can reduce the risk of some other infections, they are not effective for others. For example, if someone has MPX on their hand from skin contact to a lesion or pre-lesion, this is likely to touch other parts of their partners body. The same hand is also likely to put on a condom, wwhich would leave MPX on the outside of the condom, which could increase the risk of transmission.

Line 5 - as sexual transmission is central to the paper, it is important to keep a distinction between transmission that occurs because of close physical contact during sex and cases where sexual contact is the likely route becasue of sexual fluids.

The current global epidemic is overwhelmingly among sexual networks, but not necessarily due to sex. Direct skin contact might be a higher risk than contact with sexual fluids which could just be a secondary risk. Sexual transmission could also be driven by infectious lesions on genital tissue coming into direct contact with a partners genital mucosa, irrespective of contact with genital fluid.

Results

Please see comment above about reporting data on age and partner number.

Although a small point, percentages for seven people are perhaps not needed, or could be rounded to the nearest whole number.

Case details

Perhaps refer to participants as being men (rather than businessmen) or women (rather than ladies). Occupation does not seem to add much and might compromise anonymity (oil rig worker etc).. 'Commercial' is now used less often as 'sex worker' is sufficient. I realise that these comments are from a UK perspective.

Case 1

line 9 - perhaps editing the following section as 'sexual activity' doesn't need to be repeated so many times once we know this is the subject.. - ie "The first partner..." and "Contact with the second partner etc " would still be as clear

Case 4

Perhaps highlight that this case was managed without contact to medical care and would have been missed if it wasn't for contact tracing. This suggests that reported cases are likely to underestimates actual cases.

In the final sentence, please consider using either "said" or "reported" as "claimed has negative implications about trust and/or being believed.

Case 5

Perhaps use more neutral language to say that this person did not want to involve contact tracing (there might be many reasons for this) rather than 'Declined to provide further information' which attributes blame.

Case 6

Line 8 - please see comment above about using an alternative word to 'claim'

Case 7

Line 7 - please see comment above about using an alternative word to 'claim'.

Final sentence - perhaps 'lives alone' if this is the meaning.

Discussion

Line 1 - perhaps 'acquired from sexual partners' rather than 'activity'.

Line 8 - it is probably more accurate to say "MPX might have been transmitted via sexual fluid". There is too little data on the type of contact to say that genital fluids were the cause of transmission, when direct contact to lesions including at a very early stage was definitely also a risk. It is good that the discussion later recognises that early lesions could easily not be noticed.

Line 14 - this case perhaps a stronger case of infectious fluids as the primary risk, given skin lesions had fully resolved.

Page 7, para 2, line 4 - perhaps expand on the injections that many of these people had, especially from patent stores, or specify if this is only related to antibiotic treatment for STIs.

Page 7 para 3 - it is good to see that people were asked about same sex contact. Out of curiosity, are sexual health services available and easy to access (ie free of stigma etc) for gay and bisexual men in Nigeria.

para 3 line 3 - this language could perhaps be stronger but saying the data show that this is just as important for heterosexual networks.

para 3 line 6 - using 'refusal to present' etc again rather harshly implies judgement without understanding the likely complex reasons why people managed the infection in other ways. This might involve education, beliefs, financial, practical and social reasons. For example, taking time off work for a few spots that look to be resolving within a week or two.

para 3 lines 9-10 - the issues of access to treatment and vaccine are so important that it would be helpful if this could be covered and expanded in a separate paragraph. This will be important for future national and international responses to MPX.

I would respectfully suggest a fifth limitation. This is to recognise that transmission between sexual partners includes risks from skin-to-skin contact, saliva from kissing and oral sex and contact with lesions on a partner's genital, and that these could mask the role of infectious genital fluids. Precision in these discussions will be important in providing information on

risk to the general population.

Thank you again for your research and the care in reporting these timely results.