

# Ethical aspects in MonkeyPox publications: An analysis of case reports in Latin America

## Background

- On May 2022, Latin America has an outbreak of **Monkeypox virus** at the same time of the third wave of COVID-19.



Figure 1. Weekly cases of Monkeypox virus in Peru (2022). Source: Centro Nacional de Epidemiología, Prevención y Control de Enfermedades (CDC-Peru).

- The sanitarian emergency, the uncertainty and the fear established on the population because of the COVID-19 **increased the pressure to generate local scientific knowledge.**
- The first and fastest form of generate scientific evidence: case reports.



**Aim:** To realize an analysis of case reports and case series published in Latin America during Monkey Pox outbreak.

## Results



Figure 2. General characteristics of included case reports about Monkeypox outbreak published between 2022-2023.

**75%** → Non were approved by an Ethical Board

**65%** → Non were reported any informed consent process

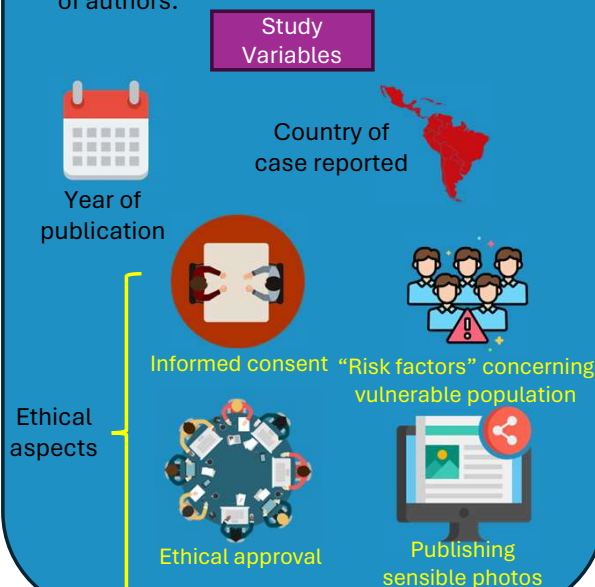
**Signalizing "risk factors"**

**65%** → HIV/AIDS      **75%** → LGBTBI+

**70%** → # sexual partners      **15%** → Sexual behavior

## Materials and Methods

A systematic search was developed on Scopus, SciELO, and Scholar Google using keywords related to "Monkeypox virus", "case reports", "case series" and "country" of authors.



## Discussion and Conclusions

The 2022 Monkeypox outbreak was a challenge to research systems (on the middle on COVID-19 pandemics) but unfortunately the evidence shows the occurrence of **malpractices (MCIs) and ethical concerns** since the firsts levels of evidence generation (case reports). The consequences of MCIs could be summarized on three axis:

- Biased evidence generation.**  
Risk population → "vectors"  
Selection bias in future studies  
Construction of biased models
- Public health interventions**  
Vaccine-related stigma  
Mistrust to health systems  
Fear to stigmatization in medical assistance.

In conclusion: The most of case reports about 2022 monkeypox outbreak **had evidences of MCIs and ethical concerns** that could leave to stigmatize vulnerable population and biased evidence in an initial stage of the epidemiological study.