



Risk communication and community engagement approaches during the monkeypox outbreak in Europe, 2022

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Introduction

Recent health emergencies in the European Region, such as the COVID-19 pandemic and the multi-country monkeypox outbreak, have reaffirmed the role of Risk Communication and Community Engagement (RCCE) as a core public health intervention contributing to emergency response. RCCE is instrumental in achieving results across all the main areas of response, from laboratory testing, contact tracing and isolation, to treatment and preventive/protective measures, including vaccination. For all of these measures, successful implementation is dependent on support from affected individuals and communities.

This document is intended for health authorities designing RCCE interventions in the context of the current monkeypox outbreak in Europe. It supplements the 'Interim advice on Risk Communication and Community Engagement during the monkeypox outbreak in Europe, 2022' [1] jointly published by ECDC and the World Health Organization (WHO) Regional Office for Europe. It provides examples and approaches for RCCE, while building on experience from past outbreaks. These examples can be used to inspire countries in the European Region to develop community engagement approaches and risk communication strategies adapted to the national, regional and/or local context and specific target audiences in their response to the ongoing monkeypox outbreak.

General considerations

Anyone can become infected with monkeypox, but the current outbreak in Europe is affecting gay, bisexual and other men who have sex with men (MSM) disproportionately. Health authorities therefore need to make a particular effort to ensure their RCCE is reaching MSM, and that they consider the messages to be non-stigmatising, credible and actionable. Collaboration with civil society organisations active in these community groups and with organisers of events that the groups are likely to attend (e.g. Pride events) is an effective way to achieve this.

RCCE interventions may be developed and carried out by different stakeholders including public health authorities, civil society organisations and other non-governmental organisation (NGOs), academic institutions and event organisers. When public health authorities are designing such interventions, it is of the utmost importance that representatives of the community, such as civil society organisations, are consulted during the development phase, including on the communication channels, the communicator and the messages most suitable for outreach to target audiences. The context they can provide on their communities – for

example on perceptions, values, behaviour and trust – is key to crafting effective risk communication interventions. Moreover, it is important to note that even well-intended messages may be considered stigmatising, depending on the communication channel used, the communicator, the audience reached or the message itself. This is why it is essential to partner with community based organisations, civil society organisations and communities in designing and implementing RCCE approaches.

This document presents experiences from several of the countries affected by the outbreak (Belgium, Croatia, France, Ireland, Portugal, Spain, Sweden and UK) relating to the use of trusted communicators, targeted channels and community engagement approaches to reach MSM and other risk groups, and prevent stigmatisation. These practices, and comparable examples from other outbreaks, can serve as specific examples of RCCE for other Member States who may be facing similar challenges.

Examples of risk communication and community engagement approaches

Trusted communicators

Trusted communicators can include:

- trusted government spokespersons;
- health professionals, including those identifying as MSM;
- community champions;
- pre-existing health sector and civil society platforms/networks on HIV and MSM sexual health issues;
- civil society organisations (e.g. those working with sexual health rights and LGBT+ community advocates);
- leaders of different advocacy groups, working in health generally or in sexual health;
- event companies/organisers and/or hosts;
- managers of LGBT+ bars, night clubs, saunas and sex-on-the-premises venues (SOPVs).

During an outbreak, building and establishing trust with the affected community is extremely important for the acceptance and uptake of measures. Therefore, the use of trusted communicators for risk communication is critical. The selection of the appropriate communicators depends on the groups affected. In the case of the ongoing monkeypox outbreak, emphasis should be placed on communicators who are members of, leaders within or individuals who have long-standing relationships with MSM groups and/or the LGBT+ community.

Communication channels

Public-facing channels (i.e. channels addressing the general public) include:

- national and local health authority websites;
- national and local health authority social media accounts;
- media interviews or broadcasts with trusted spokespersons.

These are more traditional channels of communication. National and local public health websites and their social media accounts are important for publishing regular reports and updates on the situation. They are regularly used by health journalists as a source for further reporting and can be a good reference for managing rumours and misinformation. In addition, these accounts regularly publish material containing health information and advice (e.g. leaflets, infographics, etc.) which can be used for risk communication interventions.

Table 1. Examples of public-facing channels used in the current multi-country monkeypox outbreak

Channel	Example
Health authority websites	<ul style="list-style-type: none"> • Webpages have been set up in many countries and by institutions including ECDC, WHO and the UK Health Security Agency (UKHSA), among others. These websites include guidance for the public, health authorities and health professionals. They also include epidemiological updates and links to press briefings. Frequently asked questions (FAQs), key facts and relevant training materials may all also be linked to these webpages.
Health authority social media	<ul style="list-style-type: none"> • In several countries the official Twitter accounts of health authorities are used for weekly epidemiological updates and to report key information on prevention and care-seeking, if a person suspects they are infected [2-6]. These posts are accompanied by social media tiles and sometimes also infographics. • Institutions or prominent public health officials, for example WHO Regional Office for Europe's Regional Director, Hans Kluge, have used their social media platforms to share health information and advice and amplify Twitter or Facebook posts from other health authorities, to increase coverage [7].
Media interviews with trusted spokespersons	<ul style="list-style-type: none"> • Steve Taylor, Board Member of EURO Pride, Organiser of Copenhagen Pride, and co-Founder of Global Pride 2020, was invited by WHO Regional Office for Europe to participate in a formal press briefing to speak about the opportunity provided by mass gatherings during the summer to raise awareness and share public health messaging on monkeypox [8]. He subsequently shared this formal press briefing to his followers and online communities. • Epidemiologists from UK HSA provided information on monkeypox in short videos, including advice for Pride events [2,3]. • PrEPster, a project of the civil society organisation The Love Tank from the UK hosted streamed information sessions with Dr. Will Nutland of the London School of Hygiene and Tropical Medicine, and colleagues from the UK HSA to inform their followers about monkeypox and how to reduce risk, prevent transmission and seek care [9].
Trusted spokespersons at events	<ul style="list-style-type: none"> • At several Pride events across Europe, popular drag queen hosts have been collaborating with organisers and public health authorities to give health information and advice messages.

Targeted channels can include:

- civil society and non-governmental organisations, including websites and media used specifically by MSM and wider LGBT+ community;
- mass gathering and other event channels (e.g. summer tourism agencies and event planners, including those for organising Pride events, summer music festivals, fetish festivals, island parties), including webpages and social media accounts. These are rich settings for information outreach and engagement;
- dating applications (apps) - as the virus can be spread through close contact, including during sexual activities, dating apps may reach people who engage with multiple sexual partners;
- social networking apps that could reach target groups (e.g. MSM and wider LGBT+), such as Facebook, Instagram, TikTok, etc.;
- bars, saunas, or sex clubs that can use their websites, put up posters at their venues, or share information on their social media pages;
- health clinics and sexual health service websites;
- university websites and social media accounts.

Social media and other digital channels reach a larger audience in younger age groups and a growing number of people from all adult groups [10]. During the current outbreak, and due to the large number of planned mass gathering events, use of these channels should be exploited to the maximum to increase knowledge of the outbreak and provide credible and actionable information and advice to the groups most at risk. If using digital channels to reach MSM or other groups, lessons learned from previous experiences with these channels may be useful for sharing prevention information and practices. Various guides detailing digital applications used for HIV prevention activities can be in ECDC's report 'Effective use of digital platforms for STI/HIV prevention among MSM in the EU/EEA' [11].

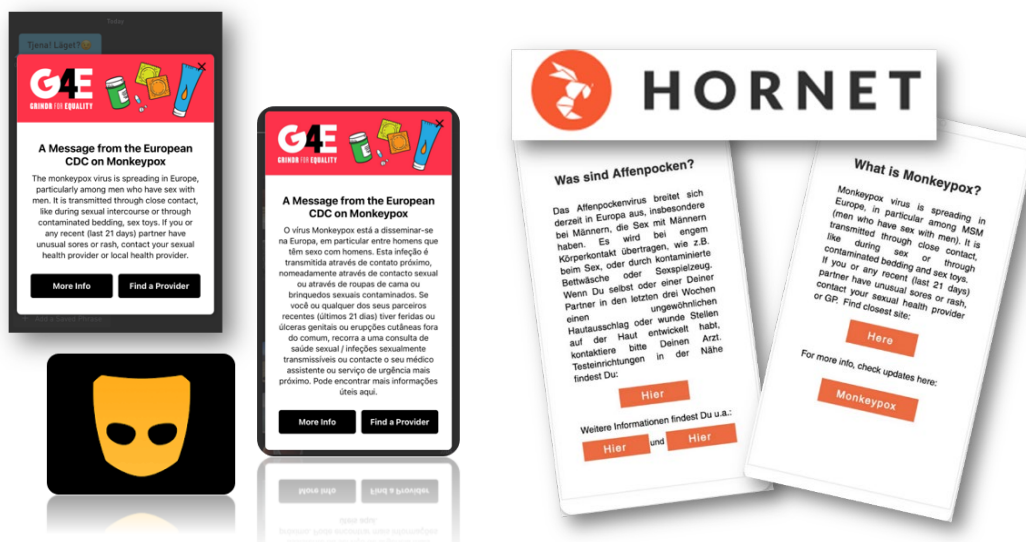
Table 2. Examples of targeted channels used in the current multi-country monkeypox outbreak

Channel	Example
Mass gatherings	<ul style="list-style-type: none"> • Mass gatherings can be an opportunity for risk communication before, during and after an event. • In preparation for the Glastonbury festival in the UK, key messages on sexual health and prevention of infectious disease were added to the festival website. Folded leaflets with condoms or lubricants, posters and bracelets with QR codes have been designed with civil society and public health professionals to provide advice on prevention of all sexually transmitted and infectious diseases. The messaging has remained transparent, but not solely focused on monkeypox, so as to not to stigmatise specific groups. • ECDC and WHO Regional Office for Europe have been working with the European Pride Organisers Association (EPOA), The Love Tank, and PrEPster to develop a toolkit of where and what to communicate to the participants at Pride events. The toolkit also includes multimedia elements, such as recorded messages, mini clips to broadcast on screens, and health advice posters to post at events. • After the Darklands Festival in Belgium, when several monkeypox cases were confirmed, the Federal Risk Assessment Group in Belgium worked with the festival organisers to post messages on their website indicating when and how to seek care for suspected monkeypox cases [12]. The festival organisers linked to public health messages from the Belgian health authorities and sent messages out to participants.
Dating applications (apps)	<ul style="list-style-type: none"> • In collaboration with Grindr and Hornet, ECDC has provided an information flash to all their users, including links to further information by ECDC and/or national health authorities and to the European Test Finder website (https://www.testfinder.info/). The key message was designed by public health professionals and community partners and adapted by the apps communication team. The pop-up message was translated into several languages and, where available, was provided in the language of the user's country (see Figure 1 below). A similar message was sent as an inbox message to users (i.e. the message is sent to the inbox of the app and is therefore available to the user at a later date). This message was translated into 29 languages and, if available, included a link to a relevant national website. • MSM sexual health campaigns such as MPOWER in Ireland and PrEPster/The Love Tank in the UK, have also sent out messaging via dating apps. The Grindr Equality foundation provides some advertising for free on the Grindr app to health authorities and LGBT+ community organisations. Sexual health campaigns are also able to pay for advertising on Grindr [13]. • More information on the use of dating apps for HIV and STI prevention has been produced by ECDC [11].
Civil society and non-governmental organisation (NGO) websites and social media	<ul style="list-style-type: none"> • In Ireland and Portugal, public health authorities and civil society organisations were already working together on sexual health outreach, engagement and communication with MSM. From May 2022, these campaigns have communicated on monkeypox: <ul style="list-style-type: none"> - GAT in Portugal [14], - MPOWER [15] and Man2Man in Ireland [16]. • Spain initiated a campaign led by the Ministry of Health, in close collaboration with their NGO advisory committee, for the summer season and events covering sexual health, monkeypox and COVID-19, not only focusing on MSM [17]. • PrEPster, a project of The Love Tank, streamed live information sessions on a social networking website to inform their followers about monkeypox and how to reduce risk, prevent transmission and seek care [9]. • Queer Health (also a project of The Love Tank), a website that shares health information for people identifying as LGBT+, has set-up a page dedicated to monkeypox [18]. The website is available in multiple languages and includes information on monkeypox in the EU, FAQs and information from other key stakeholder websites, such as NGOs working on HIV. • The Terrence Higgins Trust in the UK has also set up a website on monkeypox, providing updated information on the disease [19]. • The Deutsche Aidshilfe, an umbrella organisation of around 120 organisations in Germany representing the interests of people living with HIV/AIDS, has set up a webpage with a summary of key facts on monkeypox and a Q&A, including links to the websites of public health authorities [20].

Channel	Example
Leveraging the existing telephone hotlines of community-based organisations	<ul style="list-style-type: none"> In Croatia, targeted social media posts and paid ads have been used to inform MSM and related communities about monkeypox using simple language. In Portugal, risk communication materials on monkeypox give the numbers of a telephone hotline run by GAT, a community-based organisation that works on HIV/STI testing and access to care. They also give the number of the telephone hotline service for the Portuguese health service. People can ring these numbers to receive further information on monkeypox and arrange testing and access to care.
Frequently attended locations	<ul style="list-style-type: none"> In the UK [18] and Croatia, civil society organisations have been working with public health authorities to share health information and advice on monkeypox with the managers of saunas, clubs and other venues frequented by men who have sex with men.
Health clinics	<ul style="list-style-type: none"> In Sweden, the Västernorrland region has provided information for clinicians on testing, diagnosis and treatment of monkeypox, in addition to information that clinics should distribute to patients, such as information leaflets designed by the Swedish infection control units [21]. The Swedish infection control units work with the Swedish Medical Association to ensure that online translation is available for these information leaflets [22]. In Croatia, printed information leaflets about monkeypox have been distributed in different clinical settings (community-based testing sites for MSM, PrEP clinics, HIV clinics, etc.).

Figure 1. Multilingual push messages in Grindr and Hornet applications on the monkeypox outbreak, 2022

Pleas



Adapted messages

Key messages should be adapted to the target audience and the communication channel used. Following the principles of community engagement, public health authorities should at all times strive to include civil society actors or community-based organisations in the design and adaptation of messages. Communities are often best placed to tailor a message to their members’ context and language. For the purposes of mass gatherings, multilingual messages should be considered [23] .

Suggested key messages can be found in the initial risk communication advice document published by ECDC and WHO [1]. In principle they should include elements such as symptoms of monkeypox, what to do if a person suspects they have monkeypox, what to do if a person tests positive for monkeypox, and what type of treatment exists. An example of this type of document has been produced by ECDC experts in collaboration with civil society organisations: ‘Navigating monkeypox: considerations for gay and bisexual men and other men who have sex with men’. This document provides tailored messages to inform MSM in Europe about monkeypox

transmission, systems, testing and self-care [24]. WHO experts have also produced public health advice for larger population groups, including those at highest risk of infection [25].

In addition, field experience has shown that combining messages on monkeypox with other public health advice which may be more familiar to the target audience (e.g. HIV prevention, harm reduction, etc.) may be a better approach for acceptance and uptake of protective measures.

Community engagement with civil society organisations

Public health authorities at national and sub-national level need to identify and actively work with relevant civil society organisations, community-based organisations and stakeholders. This will make it possible to leverage the trust that these organisations have to ensure that the affected and at-risk groups are properly informed and empowered to protect themselves from the disease. This includes communicating in relevant and culturally appropriate languages and employing the communication channels used by their members [26].

The activities for which public health authorities may work together with these organisations include:

- building an understanding of the perceptions and concerns of those affected and at risk in relation to the outbreak (through qualitative research, such as focus group discussions, intercept interviews and social listening);
- facilitating the co-design and testing of risk communication interventions and messaging;
- providing advice on the appropriate language to use;
- amplifying public health advice through trusted community champions;
- monitoring rumours and misinformation, and helping to debunk them;
- monitoring people's acceptance and adherence to protective measures.

Priority groups and examples

The following groups have been identified as priorities for community engagement, given their increased risk of exposure to monkeypox and/or possibility of more serious disease. The examples below provide community engagement strategies used with these groups during monkeypox and other outbreaks. These examples are not exhaustive, they do not reflect all activities going on in Europe at the time of publication, and are likely to change and adapt as the monkeypox situation evolves.

MSM

- A coalition of civil society organisations active on sexual health issues, healthcare providers and the UK Health Security Agency have worked together to communicate to and engage with gay, bisexual and other men who have sex with men. Actions have included:
 - jointly branded webcasts on monkeypox between UK HSA and PrEPster/The Love Tank, civil society organisations working on sexual health issues with men who have sex with men;
 - a social media video clip of a UK HSA expert who is also a gay man talking about monkeypox and its symptoms;
 - outreach in relation to monkeypox to the managers of saunas, clubs and other venues frequented by MSM;
 - development of guidance on cleaning and disinfection relating to monkeypox, aimed at SOPVs;
 - communication and outreach on social media, including on dating/hook-up apps such as Grindr.
- Online communication campaigns (websites and social media channels) relating to monkeypox by existing HIV/sexual health campaigns (Ireland, Portugal, UK), civil society organisations (Croatia, Lithuania) and Pride organisations (Baltic Pride).

- Putting up posters about monkeypox with links to online campaigns in bars and SOPVs (Ireland) and at face height above urinals at festivals (UK).
- Giving out printed information leaflets about monkeypox at venues frequented by MSM, such as nightclubs and saunas (Croatia).
- In Portugal, the Direção-Geral da Saúde/Directorate-General of Health (DGS) has been working with the civil society organisation Grupo de Ativistas em Tratamentos (GAT) that deals with HIV/STI testing and access to care. The objective was to find pragmatic and feasible prevention measures and information, addressing the need to target those groups most at risk (namely MSM), without stigmatising or blaming. To better disseminate existing advice developed by DGS and based on ECDC and WHO Regional Office for Europe's joint RCCE publication, GAT and DGS held online sessions with community-based organisations. The collaboration also resulted in specific strategies for two mass gatherings in Lisbon (Marcha do Orgulho LGBTI+ and Arraial Lisboa Pride). Materials were designed by GAT, and a plan was developed for the distribution of information materials. Furthermore, it was decided to set up HIV/STI testing in mobile units, during which specific advice on monkeypox prevention, symptoms, and where to get tested, could be given out. The information material was a small, pocket-sized bilingual (Portuguese and English) card, designed by GAT, with an image intended not to alarm, calling attention to symptoms (bumpy cucumber). The card described essential information (symptoms, what to do if having symptoms, who to call for support (a GAT helpline and the number of the Portuguese national health service number (SNS 24)).
- The public health authorities and civil society organisations in Ireland have worked together closely for many years on prevention and treatment of HIV, viral hepatitis and sexual health issues. Two important platforms to communicate and engage with gay, bisexual and other men who have sex with men (gbMSM) in Ireland on health issues are: www.man2man.ie which is administered jointly by the Gay Health Network CSO and Ireland's health authority, the Health Service Executive (HSE); and the MPOWER Programme (mpower.hivireland.ie) which is run by the civil society organisation HIV Ireland, but also has a strong working relationship with the HSE. In May 2022, when the first case of monkeypox was identified in Ireland, these platforms collaborated and worked with HSE on a joint RCCE campaign concerning the new disease. Key actions have included:
 - Community leaders' briefings, bringing together LGBT+ CSOs, sexual health organisations, venue managers and Pride/LGBT+ event organisers. These have been opportunities to foster collaboration and co-create joint actions, as well as to raise awareness about monkeypox and how to prevent it.
 - Co-creation of messages and materials between civil society organisations and health authorities, so that messages are understandable and actionable without being stigmatising.
 - Advertising on gbMSM media platforms and via dating apps.
 - Community outreach at venues and events (**Figure 2A**).
 - Putting up posters about monkeypox in LGBT+ venues, including in SOPVs (**Figure 2B**).
 - Providing information to drag queens/comperes at LGBT+ venues so they can communicate with their audience on monkeypox.
 - Video clips about monkeypox played on large screens at the Dublin Pride events on 24–26 June 2022 and regular stage announcements.
 - The Dublin Pride event will be followed by a virtual town hall meeting with community members co-organised by MPOWER, to gauge the impact of the campaign, update attendees on the current situation and encourage further health-seeking behaviour.

Figure 2. Examples of outreach

Figure 2A Outreach workers at an LGBT+ venue in Ireland distributing flyers on monkeypox.

Figure 2B. Posters about monkeypox in toilets at an LGBT+ venue in Ireland.



Photo credit: MPOWER, Ireland.

Sex workers

- Existing sex worker organisations and networks can facilitate access to this population and the implementation of appropriate prevention messaging and contact tracing strategies. During COVID-19, the Deutsche Aidshilfe, a German NGO, provided recommendations on COVID-19 prevention for sex workers [27]. Similarly, the state of Queensland in Australia designed guidelines on COVID-19 prevention and control with sex workers and sex worker businesses [28]. The document served as a checklist for businesses and individual sex workers to reduce the risk of transmission, screen clients for potential infection and provide support for contact tracing.

Healthcare workers

- Infection prevention and control guidance, and testing and management guidelines addressing healthcare professionals have been developed by many public health authorities including WHO [29], UK HSA [30], and the US Centers for Disease Control and Prevention [31].

Immunocompromised people, pregnant women, and children

- In France, during COVID-19 the national public health authority, Santé Publique France, worked with the network of Centres for Information, Testing, and Diagnosis (CeGIDD) across France to communicate on the potential risks faced by immunocompromised people, how to reduce these risks and prevent transmission. The CeGIDD, in turn, mapped and engaged civil society and associations working on HIV to adapt their testing, and support strategies (access to food, mental health support related to isolation, etc.) to the realities faced by people living with HIV (PLHIV) during COVID-19 [32]. In this way, adapted solutions to prevention, testing, and treatment were developed together with civil society and groups supporting PLHIV, in collaboration with public health authorities.
- The European AIDS Clinical Society (EACS) [33] and the British HIV Association [34] have both issued statements about monkeypox to guide clinicians caring for and people living with HIV. Both organisations indicated that people who are not virally suppressed are more likely to need specialist review and be at higher risk of severe outcomes if they contract monkeypox.

Stigmatisation

The following presents strategies that can be used to prevent and counter stigmatisation.

- Use respectful and inclusive language: to stress that monkeypox is not a disease linked to sexual orientation. For example, ECDC and WHO Regional Office for Europe are working with civil society actors representing affected groups to design their guidance for men who have sex with men, and with event organisers. These civil society representatives are asked to review messaging to ensure it is respectful towards and inclusive of the affected groups.
- Monitor public perceptions of MSM. For example, WHO Regional Office for Europe has a social listening team that is monitoring trends related to the perception of MSM in the broader population with regard to monkeypox, general sentiment, and the spread of mis and disinformation. This monitoring informs public health authorities on what mis or disinformation may need to be debunked, and what risk communication messages may need to be enforced.
- Concentrate most of the RCCE activities on channels and outreach activities that specifically target the most affected community group (currently MSM).

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