Interim advice on Risk Communication and Community Engagement during the monkeypox outbreak in Europe, 2022

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Introduction

Recent health emergencies in the European Region have highlighted Risk Communication and Community Engagement (RCCE) as a core public health intervention which contributes to emergency response. Risk Communication and Community Engagement is a key measure available to health authorities to enable at-risk or affected communities to take informed decisions to protect their health, particularly when there is no vaccine and little in the way of treatment available. As such, RCCE is instrumental to achieve results across all the main areas of the response, from laboratory testing, contact tracing and isolation, to treatment and preventative and protective measures. For all these measures, support from affected communities is crucial for their success.

Scope and audience

This document is intended for health authorities working on RCCE in the context of the current monkeypox outbreak in Europe. It provides advice on approaches to the communication of risks and engagement of population groups based on the outbreak's epidemiology and context, recommended preventive measures and people's perceptions and behaviour.

The complexities of the monkeypox outbreak and context in Europe call for a comprehensive response that integrates risk communication with community engagement strategies to engage diverse audiences based on their risk of exposure. This mostly points at ensuring timely and consistent health information and advice to broader populations, while using more direct channels and engagement to those at increased risk through two-way communication.

Situation analysis

Monkeypox outbreak in Europe

Since 13 May 2022, multiple cases of monkeypox have been reported by Member States of the WHO European Region that are not endemic for monkeypox virus, including by countries of the European Union/European Economic Area (EU/EEA). Epidemiological investigations are ongoing. Reported cases in the European Region appear to be atypical for several reasons:

- All but one of the reported cases have no relevant travel history to areas where monkeypox is endemic e.g. west or central Africa.
- Most of the initial cases have been detected through sexual health services and are among men who have sex with men (MSM), although transmission is also observed outside of this group.
- The geographically dispersed nature of the cases across Europe and beyond, and the fact that many are not linked, suggests that transmission may have been ongoing for some time.
- The most reported clinical presentation is of localised rash, particularly around the genitals and anus, with associated regional lymphadenopathy.

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Risk Communication and Community Engagement context

The features of the monkeypox outbreak in Europe contribute to a complex RCCE context, which includes several key components:

- Predominantly affected community - As most cases reported so far are in MSM, there is a risk of stigmatisation. This needs to be properly considered in all RCCE activities, especially given that the health-seeking behaviour of many individuals in this group may contribute to a reporting bias. At the same time, while RCCE should target the most affected group, an exclusive focus may neglect other individuals at risk of higher exposure or severe disease (e.g. respectively health workers, commercial sex workers, household members of cases and immunocompromised people, pregnant women and young children).
- Uncertainty - There are many unknown aspects of the disease in this early stage of the outbreak. Initial reported features in Europe differ from previous monkeypox outbreaks, as manifested in other regions (e.g. Africa). These include its symptoms (genital and peri-anal rash mostly reported), routes of transmission (skin-to-skin transmission during sexual contact mostly reported) and affected population groups (MSM mostly reported). It is important for RCCE to acknowledge the rapidly evolving nature of the outbreak and incomplete knowledge (including whether there is presence of replicating virus in semen and vaginal fluids) and adapt initial prevention strategies as more scientific information becomes available.
- Mass gatherings - As summer approaches and COVID-19 related restrictions ease, festivals and events (including Pride events), where large numbers of people will gather, are planned for the coming months in many European countries, offering an environment that may accelerate disease transmission. However, such events can be used as opportunities to conduct outreach for specific population groups with public health messaging
- Relaxation of COVID-19 public health measures – Easing of COVID-19 restrictions in most countries of the European Region follows over two years of communication from public health officials on protective measures, and on changing and adapting behaviour to curb the spread of COVID-19. In the context of this protracted health emergency, many countries have reported general sentiments of pandemic fatigue [1]. The public health response to monkeypox is occurring during a time in which some individuals may be demotivated to follow new recommendations on protective behaviour, or to engage with public health officials in encouraging their communities to follow them, including supporting contact tracing efforts. This will need to be considered in engagement and communication strategies.

Risk communication response

Key principles of risk communication should be followed to build trust between health authorities and at-risk groups. These include communicating early, being transparent, consistent, and relevant, as well as applying the principles of effective communication*. Social listening insights should form the basis of risk communication interventions, particularly to understand public perceptions related to certain population groups and detect and address rumours and misinformation in a timely manner.

In the context of the current monkeypox outbreak in Europe, risk communication should reflect the evidence that indicates that anyone who has close contact with someone infectious can catch monkeypox, regardless of their sexual orientation. While everyone can catch monkeypox, not everyone is equally at risk. People who interact closely with someone who is infectious (including sexual partners, household members, commercial sex workers and health workers) are at greater risk of infection. Sexual contact seems to be a particular risk factor driving the current outbreak.

* WHO principles for effective communications

Ten risk communication tips

Based on this, risk communication should consider the following ten tips:

1. Identify target groups relevant to the monkeypox outbreak in Europe
   - population groups at increased risk – alert them about specific risks and protective measures;
   - broader public - inform about the disease and preventive measures.
2. Raise a level of concern proportionate to the risk of different population groups;
3. Tailor risk communication through channels that target group(s) use;
4. Identify spokespersons who the affected population groups trust;
5. Explain the science simply, to foster trust and acceptance, stressing that work is ongoing to fill the knowledge gaps;
6. Acknowledge uncertainty, by labelling public health advice as preliminary and based on current evidence, and committing to provide further information and guidance as more becomes known;
7. Recognise people's fatigue for behavioural and social restrictions as a barrier to their possible compliance with health advice (people may be concerned about being back at the start of another protracted period of restrictions on activities);
8. Package messages and health advice relevant to specific settings and circumstances (e.g. nightclubs or frequent sexual relationships), including using a question and answer format;
9. Provide public health advice specific to the monkeypox outbreak without comparing it with or leveraging other health issues (e.g. sexually transmitted infections or COVID-19);
10. Use pictures of monkeypox symptoms to increase understanding but not generate fear (it can be useful to show the disease at it starts to help people detect it, without showing potentially disturbing images of full blistered rashes).

Below there is a list of possible communicators, communication channels, and messages that can be used in the current context.

Communicators

- Trusted government spokespersons;
- Health workers;
- Community champions;
- Civil society organisations – sexual health rights, LGBTQIA+
- Event organisers (summer tourism agencies and event planners) – Pride events, summer festivals, fetish festivals, island parties.
- Leaders of different advocacy groups, whether those working on health in general, One Health, or sexual health.

Communication channels

Public facing channels

- National and local health authority websites;
- National and local health authority social media accounts;
- Media interviews, broadcasts with trusted spokespersons;
- Public Service Announcements.

Targeted channels

- Mass gatherings (e.g., Pride parades, music festivals), including webpages and social media accounts. These are resource settings for information outreach and engagement.
- Dating apps. As the virus spreads through close contact, and sexual relations seem to be a transmission path in the outbreak, dating apps may reach people who engage with multiple sexual partners.
- Social networking apps that could reach target groups (e.g., LGBTQI+), such as Facebook, Instagram, TikTok, etc.
- Nightlife bars or sex clubs, who can use their websites, posters at their venues, or share information on their social media pages.
- Health clinics sexual health service websites.
- University websites and social media accounts.

If using digital channels to reach MSM or other groups lessons learned from previous experiences using such channels to share prevention information and practices is useful. Various guides by digital application can be found here [2].

Suggested messages

Key messages should be adapted to the target audience and the communication channel used.

- Monkeypox is a virus, which causes a disease with the same name. Its incubation period, meaning the time it takes for disease to develop following exposure to the virus, is between 5 and 21 days. Monkeypox is often self-limiting, meaning symptoms usually go away within two to three weeks.

Symptoms

- Symptoms generally begin with a fever, muscle aches, backache, fatigue and then a rash and painful lymph nodes. Lesions and rashes often occur on the hands, neck, and face and can spread to the rest of the body. In the current outbreak, rashes and lesions have in many cases presented on the genitalia or peri-genital areas and sometimes the mouth. Most people experience mild symptoms, but some may suffer secondary infections of their lesions. Even if symptoms are mild, it is important to contact your healthcare provider.

Transmission

- Monkeypox spreads between people through close physical contact. The virus can be transmitted by direct contact with rash lesions or with the bodily fluids of an infected person, contact of mucosa or with virus-contaminated objects, such as bedding or clothing. It can also be transmitted by respiratory droplets during direct and prolonged face-to-face contact. People should be informed about where to call for advice; if a person recognises that they have symptoms, they should seek care from their healthcare provider.
- In the current outbreak, the symptoms suggest that most transmission has occurred during sexual contact and intercourse, including among people that have travelled within Europe recently to attend mass gatherings with side events that may involve close physical contact or sexual relations. Particular sexual practices (e.g. having multiple and frequent anonymous sexual contacts) may put people more at risk of infection. People who closely interact with someone who is infectious, including healthcare workers, household members, sexual partners and commercial sex workers are at greater risk for infection.

What to do if you suspect you have monkeypox

- If you develop a rash, accompanied by fever or a feeling of discomfort or illness, talk to your healthcare provider, including on whether it is advised to get tested for monkeypox.

What to do if you test positive for monkeypox

- If you test positive for monkeypox, you should follow recommendations from your healthcare provider, in line with national guidelines. If recommended, self-isolate until all the lesions and rash heal, and all scabs fall off. You should also abstain from sex and wear a condom for eight weeks until all lesions heal.

What types of treatment exist?

- Treatment includes alleviation of symptoms, whether this is pain from the rash or fever. Antivirals are available but are only used for severe cases.
- Patient should wear a medical mask during close physical proximity to a household member if being cared for at home, and anyone caring for you should take appropriate personal protective measures.

Community Engagement response

Protective action from affected and at-risk groups and individuals is the key to successfully controlling a public health emergency. In the context of the monkeypox outbreak in Europe, community engagement approaches should be used to support targeted risk communication messages to populations or groups more likely to be exposed to the virus. This requires that public health authorities at national and sub-national level identify and actively work with relevant civil society organisations, community-based organisations and stakeholders, and leverage the trust they have to ensure that the affected communities are properly informed and empowered to protect themselves from the disease. This includes communicating in relevant and culturally-appropriate language and using communication channels used by their members [3].

Areas of engagement

Public health institutions should consider working with the relevant organisations and groups that engage with target audiences, and engage them in the following activities:

- Building an understanding of affected and at-risk communities' perceptions and concerns about the outbreak (including through qualitative research, such as focus group discussions and 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.

These organisations may also be of help in the public health response, for example with contact tracing [4]. The importance of such approaches has been seen in both the recent COVID-19 pandemic, as well as other epidemics such as Ebola.

Priority groups

Three key groups should be considered as priority groups for community engagement strategies during the current monkeypox outbreak.

Men who have sex with men

Community engagement approaches are best positioned to maximise outreach and minimise stigmatisation of MSM. Applications used by MSM for meeting partners can be explored to reach those most at risk and provide health information and advice. Various organisations exist at the regional, national, sub-national and local level working on health for LGBTQIA+, including activist groups and community testing organisations (i.e. checkpoints). These should be contacted, informed and asked to engage in outreach with their members, users and networks about the situation and to hear their perceptions and concerns and co-design and test interventions. Other organisations working on sexual health may also be mapped and contacted for similar purposes.

Key messages should focus on the fact that monkeypox is spread through close contact with infectious individuals, may possibly be sexually transmitted but that condoms cannot offer full protection against transmission of monkeypox, since contact with lesions may be sufficient for transmission to occur.

Commercial sex workers

As most monkeypox cases are reported through sexual contact, commercial sex workers group at increased risk. Commercial sex workers' unions, organisations and networks, as well as counselling centres and clinics should be engaged in providing health information and advice to members and those who visit them; understanding risk perceptions, concerns and possible rumours and misinformation; and testing messages. Other organisations working on sexual health may also be mapped and contacted for similar purposes.

Key messages should focus on the risk of monkeypox transmission through sexual contact and intercourse with someone who has symptoms: close skin-to-skin contact during sex, including kissing, touching, and oral and penetrative sex. Mouth-to-skin contact could cause transmission where skin or mouth lesions are present. Use of contaminated sex toys can be another vehicle of spread, thus they need to be used responsibly and kept clean. While monkeypox may possibly be sexually transmitted, condoms cannot offer full protection against its transmission.

Healthcare workers

Healthcare workers' unions and associated professional networks should be engaged with so they can be equipped to detect and treat cases early, as well as provide health advice and disseminate messages about case definitions and strategies for contact tracing.

Key message should inform healthcare workers about the susceptibility to severe disease of people with untreated HIV infection, those who are otherwise immunocompromised, pregnant women and young children, so that they can provide appropriate advice, treatment and support for such patients. Healthcare workers should also be made aware that their own close contact with patients may put them at increased risk of infection and therefore they should protect themselves accordingly.

Immunocompromised people, pregnant women, and children

As these population groups have been shown to be more vulnerable to severe monkeypox disease [5], support organisations, networks and institutions should be identified, leveraged, kept informed, and supported in conducting outreach to their members.

Key messages should have a particular focus on their heightened risk of severe disease, and the importance of seeking treatment should they develop symptoms of monkeypox infection. However, it is important to clarify that people living with HIV under appropriate treatment are not considered immunocompromised, and those with untreated HIV should be referred to HIV treatment [6].

Stigmatisation

Stigma and fear can hamper public health responses, whether this is driving people to hide their illness, to avoid seeking care, or to adopt healthy preventive behaviour [7]. Given that many of the initial cases of monkeypox in Europe are in MSM, there is the potential for stigmatisation to occur. The following actions should be considered to mitigate any possible stigmatisation:

- Monitor public perceptions of MSM to detect and address any developing or growing stigma or negative sentiments.
- Use respectful and inclusive language that does not link disease transmission to sexual orientation. Do not use orientations of different sexualities (e.g., gay, bi-sexual, lesbian, queer, etc.) to discuss the population who is most affected and refer to them as groups not communities. It is important to focus on the particular behaviour that individuals may adopt (experience from HIV in this regard can be leveraged). Engage with relevant civil society organisations to provide advice on the language to use and to test messages.
- Use risk communication methods to amplify and share facts about monkeypox and this outbreak in an understandable and accessible format. Remind people that monkeypox is not specific to MSM, that it can also infect and be spread by the broader population through close contact, including sexual contact. Highlight that prevention is needed by the entire population, especially those who have multiple sexual partners, to reduce the spread of monkeypox in the community.
- Consider engaging social influencers in various communities to spread facts and risk communication messages. Make sure that these influencers represent all possible groups that may be affected.

While avoiding any stigmatising language, it is also important to be factual and address those who appear to be currently most at risk. Diluting health information and advice with considerations of not stigmatising e.g. MSM may give rise to the possibility that the level of risk may be misunderstood.

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