A risk communication, community engagement and infodemic management toolkit for mpox elimination
17 May 2023 update
ABSTRACT

This Risk communication, community engagement and infodemic management (RCCE-IM) toolkit for mpox elimination offers a comprehensive resource for community-based organizations, event organizers and health authorities to use RCCE-IM tools as part of their elimination efforts. Originally published at the peak of the outbreak, this updated version includes a new section on community engagement, with tips to ensure the inclusion of groups that might have been left out from the response, such as the trans community, sex workers, and sex-on-premises venues. It also features revised and updated public health advice.

KEYWORDS

COMMUNITY ENGAGEMENT
EMERGENCY PREPAREDNESS
MPOX (MONKEYPOX)

RISK COMMUNICATION
INFODEMIC MANAGEMENT

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## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>CSO</td>
<td>civil society organization</td>
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<tr>
<td>GBMSM</td>
<td>gay, bisexual and other men who have sex with men</td>
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<tr>
<td>LBGTQI+</td>
<td>lesbian, gay, bisexual, transgender, intersex and queer</td>
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<tr>
<td>RCCE-IM</td>
<td>risk communication, community engagement and infodemic management</td>
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<td>STI</td>
<td>sexually transmitted infection</td>
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1. Introduction: why an updated version?

1.1. A year in the mpox response

One year ago in May 2022 mpox transmission rates in the European Region were skyrocketing. Gay, bi-sexual and other men who have sex with men (GBMSM) have been the most affected group in this outbreak and communities of trans and gender-diverse people linked to the same sexual networks have also been impacted. To fight mpox, organizations who represent the affected groups mobilized to ensure that they could protect themselves and prevent onwards transmission. Alongside health authorities, they made important contributions towards outbreak control.

One year on, the European Region has experienced a decrease in the number of people with mpox, likely due to a combination of improved detection with associated treatment and care; acquisition of natural and/or vaccine-derived immunity; and the uptake of protective measures amongst affected communities following risk communication campaigns and the mobilization of Civil Society Organizations (CSOs).

However, currently available data show a long tail of fewer infected people, making it difficult to predict the end of the outbreak. The Region may witness a resurgence of cases in the spring and summer due to travel; mass gatherings; vaccines not being readily available or accessible to key affected populations; limited testing capacities in countries; and recurring disease importation from established reservoirs. Additionally, inadequate support for marginalized groups and fatigue among responders may contribute to a rise in the number of infected people (1).

The WHO Regional Office for Europe continues to keep affected communities at the heart of its response to mpox, incorporating their valuable insights and ideas into guidance and strategies towards the goal of controlling and ultimately eliminating mpox from the Region by interrupting sustained person-to-person transmission of mpox.

1.2. About the revamped toolkit

In the context of the mpox regional control and elimination considerations document (1) and based on one year of lessons learned from the outbreak response, this document provides an update of the WHO Regional Office for Europe and the European Center for Disease Prevention and Control’s (ECDC) Risk Communication toolkit for Event Organizers developed in July 2022(2).

While the 2022’s release specifically targeted mass gathering event organizers, this revamped version serves as a comprehensive resource centre for community-based organizations, event organizers and health authorities seeking to use risk communication, community engagement and infodemic management (RCCE-IM) tools as part of regional mpox control and elimination.

It features revised public health advice and incorporates the latest evidence on mpox transmission and vaccination. This version also includes a new section on community engagement that offers tips for adopting a comprehensive approach to ensure the outreach and inclusion of groups that might have been left out from the response, and that the content and messages are more widely applicable.

Below is an overview of the new content included in this updated version:

<table>
<thead>
<tr>
<th>New audience</th>
<th>Community-based organizations</th>
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<tbody>
<tr>
<td>New content</td>
<td>• Updated messaging</td>
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<tr>
<td></td>
<td>• Updated list of guidance material</td>
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<td>• Updated information on vaccination</td>
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| New target groups     | • Trans communities          |
|                       | • Sex workers                |
|                       | • Sex-on-premises venues     |
|                       | • Undocumented migrants and refugees |
|                       | • People who use drugs       |
|                       | • People experiencing homelessness |
|                       | • Rural communities          |

| New tips              | • How to increase engagement of underserved communities |
1.3. About mpox

An outbreak of mpox, an infectious disease caused by the Monkeypox virus, an orthopoxvirus that transmits from person to person through close contact with a yet unrecognized animal reservoir in west and central Africa, has been occurring in the WHO European Region since May 2022.

During the 2022 outbreak, there was an unusual increase in the number of people with mpox, without having travel links with countries where the disease is endemic. The majority of people with mpox were GBMSM and communities of trans and gender-diverse people linked to the same sexual networks. Since the infection has been predominately transmitted through close physical contact, especially during sex, those who have frequent sex with multiple partners are at the highest risk of acquiring mpox.

However, it is important to emphasize that anyone can catch mpox if they have close physical contact with someone with mpox, regardless of their sexual orientation or gender identity. People more with a higher chance of exposure to mpox include household members and sexual partners of people with mpox, sex workers and health workers looking after mpox-positive individuals.

The stigmatization of communities and individuals affected by mpox can have a direct negative impact on the health of those affected, as has been seen with other infectious diseases like HIV, viral hepatitis, or sexually transmitted infections (STIs), and needs to be avoided in a public health approach as:

- stigma and discrimination prevent people from coming forward for testing and treatment, which undermines the goal of controlling the outbreak;
- stigma can cause harm by exacerbating poor health through undermining or impeding social relationships and access to health-care;
- stigma is often fuelled by fear or anxiety, but stigmatizing language can also be used by people accidentally due to a lack of awareness – discrimination is the unequal treatment that results from stigmatizing attitudes or beliefs.

WHO has provided advice on approaches for understanding, preventing and addressing mpox stigma and discrimination here (3).

1.4. Signs and symptoms

Mpxox causes signs and symptoms which usually begin within a week but can start anywhere between 1–21 days after exposure. Symptoms typically last 2–4 weeks but may last longer in someone with a weakened immune system.

Common symptoms of mpox are:
- rash
- fever
- sore throat
- headache
- muscle aches
- back pain
- low energy
- swollen lymph nodes.

For some people, the first symptom of mpox is a rash, while others may have different symptoms first. The rash begins as a flat sore which develops into a blister filled with liquid and may be itchy or painful. As the rash heals, the lesions dry up, crust over and fall off. Some people may have one or a few skin lesions and others may have hundreds or more. These can appear anywhere on the body such as the:
- palms of hands and soles of feet
- face, mouth and throat
- groin and genital areas
- anus.

The rash can also be found in places inside the body that can be hard to see, including the mouth, throat, vagina, anus or rectum. Some people also have painful swelling of their rectum or pain and difficulty when peeing.

People with mpox are infectious and can pass the infection on to others until all sores have healed and a new layer of skin has formed.

Children, pregnant people and people with weak immune systems are at risk for complications and severe disease from mpox.

More information on symptoms is available here in the WHO factsheet (4).
2. Resources for Communities

2.1 Public health advice and materials

Evidence-based information and advice from community-based organizations and health authorities needs to reach underserved groups including trans people, sex workers, undocumented migrants and refugees, people who use drugs, people experiencing homelessness and rural communities with public health advice, testing, treatment and holistic sexual health services. It is important to provide evidence-based information and do so without judgement.

GBMSM having multiple partners can meet at sex-on-premises venues such as saunas, cruising bars, and sex clubs or through dating apps, among others. Dating apps are potential platforms for reaching this key populations and/or underserved communities when sharing public health advice or alerts on mpox testing. Feelds, Badoo, Romeo, Hunqz, Grindr, Scruff, Hornet and Tinder are just a few examples of these apps. When considering sharing public health advice on dating apps, apps that might be more often used by sex workers or trans and gender-diverse people should be strongly considered.

See Annex 1 for a list of resources.

2.2 Messages for key populations

Anyone with potential exposure to mpox can protect themselves and others by taking measures to reduce their risk of mpox. Below key advice, phrased for direct communication with key affected and populations such as GBMSM, trans people, sex workers and persons attending sex on premises venues is presented.

2.2.1 Overall public health advice for key affected populations

- Stay informed. Keep abreast of mpox through trusted information and advice sources. This includes the risk you have of getting mpox and the measures you can take to protect yourself, and where you can access care. If you are living with HIV, taking your medication regularly will help reduce your risk of severe mpox.

- Take care of yourself and your community. Take steps to prevent and/or mitigate the risk of being exposed to mpox for you and your partners. Avoid close physical contact with someone who has mpox. You can also check yourself regularly for symptoms and ask your partners to do the same, get tested if you have doubts and talk with your partners about potential symptoms. If you have or suspect that you have mpox, take a break from sexual activities and avoid close physical contact with others until the last scab has fallen off. Contact a health-care provider, sexual health clinic or community organization that you trust if you have any mpox symptoms.

- Follow hygiene measures. Keep your hands and objects clean. Having contact with objects and materials that a mpox positive person has used can also spread mpox. This includes sharing eating utensils or cups, or handling bedding, towels or clothing that have been in contact with skin lesions.

- Get vaccinated if you can. If vaccination is available to you, get vaccinated. This offers an extra layer of protection – together with other preventive measures. Remember that vaccines take several weeks to take effect, and while no vaccine offers 100% protection, getting vaccinated greatly reduces your risk of infection and can reduce the severity of the disease if you do get infected.

- Whether or not vaccination is available to you, be sure to stay updated on the mpox situation where you live, check yourself for symptoms, talk with partners about mpox and get tested if in doubt.

2.2.2 What to do if you have mpox or related symptoms

- Communicate with recent contacts. If you have mpox or notice mpox symptoms consider telling the people you had close contact with (including sex) in the previous 21 days – if it is safe to do so – so that they can be alert to symptoms and get tested. To facilitate this, you can swap contact details with sexual partners and agree to let each other know. You can also find out if contact systems exist that allow anonymous warning contact in your area and consider using them if you prefer. Health workers might be also able to help you pass on the information to your previous contacts anonymously if you do not feel able to do so.
• Contact your health-care provider or local sexual health clinic. If you think you are experiencing mpox symptoms and want to get tested or have any doubts about mpox, you can contact a health-care provider or a community organization you trust. See Annex 1 for resources to identify sexual health service providers.

• Take other harm reduction measures. It’s not yet known whether mpox can be spread through semen, vaginal or other bodily fluids. Using or wearing a condom will very likely reduce your risk or extent of exposure during sex. Condoms will not protect you from mpox during skin-to-skin, mouth-to-skin or mouth-to-mouth contact. Using condoms may also help anyone who has recovered from mpox prevent transmission to others when having sex in the weeks following recovery, as a precaution. Covering skin with clothing may also reduce your risk by limiting skin-to-skin contact.

2.2.3 Specific public health advice for key population groups

Persons attending sex-on-premises venues

• Keep up to date about the risk of mpox and recommended protective measures in the area that the venue is located. Check yourself regularly for symptoms and ask sexual partners to do the same.

• Avoid close contact with someone who has mpox while at the venue and encourage people with mpox symptoms to contact a health-care provider.

• Take a break from sexual activities until the last scab has fallen off if you have or suspect that you have mpox.

• Have open, non-judgmental conversations. Swap contact details with (potential) sexual partners. You can let each other know if you develop symptoms. Contact tracing systems may exist that allow anonymous warning contact in your area if you prefer using them. If you have attended a sex-on-premises venue in the preceding 21 days you can also consider letting the venue know, and they may have a system to anonymously contact other people that attended the venue on the same day.

Sex workers

• Keep up to date about the risk of mpox and protective measures from trusted sources. Know the symptoms and check yourself regularly and ask clients and sexual partners to do the same before you meet.

• Avoid close contact with someone who has mpox. If it is possible, avoiding close contact with family, friends, housemates, partners or clients who have confirmed or suspected mpox can effectively reduce your risk of infection. If a client has symptoms that could be mpox, consider waiting to have sex until after they have a test result.

• Consider taking a break from sexual activities if you have mpox symptoms. If you have new and unusual rashes or sores, you can consider avoiding having sex or any other kind of close contact with other people (if it is possible to do so) until you have been checked for STIs and for mpox. Social support may be available in your country. You may consider types of sex work that avoid physical contact if possible and appropriate for your situation.

• Have open non-judgmental conversations with close contacts, partners and clients if it is safe to do so. If safe, appropriate and possible, swap contact details so that you can let each other know if you develop symptoms, even if you were not planning to see each other again.

• Ensure individual and environmental hygiene. Clean your hands regularly using soap and water or an alcohol-based hand sanitizer. Wash clothing, bedding, towels, objects and surfaces more often than usual. For example, change towels and bedsheets between clients if possible. Use detergent and water > 60 degrees Celsius. Clean objects, surfaces, sex toys, and electronic gadgets regularly with soap and water and household disinfectant.

• Seek health advice and get tested if you have been exposed or have symptoms. If you have symptoms or have been a close contact of someone with mpox, contact a health worker for advice, testing and medical care. Self-isolate where possible while waiting for a test and avoid close contact with others. If self-isolation is not possible, cover lesions when in close proximity of others. Mention to your health-care provider that you think your symptoms could be mpox or that you may have been exposed.
3. Resources for health authorities and providers

3.1 Ensuring delivery of and access to services

Public health authorities should ensure that all individuals – especially those at higher risk of contracting mpox – have access to mpox related health services and interventions, and should communicate transparently about them. Community engagement approaches can maximize outreach and minimize the stigmatization of affected communities.

Health information and advice

Providing timely and tailored health information and advice is critical to ensure target population groups access available services. Information on where testing, vaccination, and treatment is available can help people navigate the health system pathway and ensure they can get tested or vaccinated before or after going to an event. Providing evidence-based information without judgement is essential.

See Section 2. and Annex 1 for a comprehensive list of public health messaging which can be used for strategies to engage with key affected populations, and particularly those who have been underserved.

Vaccination

Globally, there is limited availability of third-generation vaccines approved for use against mpox (1, 5). In the interim, trust can be built between key affected communities and health authorities through transparency about vaccine supply, availability and access, vaccine effectiveness and eligibility criteria for vaccination. The WHO European Regional Office has developed a policy brief on considerations for mpox vaccination acceptance and demand in the WHO European Region (6), to be used as a reference during the planning and implementation of mpox vaccination campaigns or services. In addition, sharing updated information of vaccination sites with community groups and event organizers can ensure that individuals are aware of where they can get vaccinated.

See section 3.4 on Targeting Vaccination.

Testing

Public health authorities should maintain an updated list of testing centres and share it with community-based organizations and event organizers. This will help to ensure that individuals can easily access testing, particularly in underserved communities. In addition, sharing this information with event organizers can help to prevent the spread of the mpox virus at events by encouraging individuals to get tested prior to attending or afterwards.

WHO guidance on laboratory testing is available here (7) and Question and Answers for communities on testing is available here (8).

Contact tracing

Health authorities should consider how contact tracing can be organized in a timely, discreet, and confidential manner (e.g. through partner notification or conventional contact tracing, in alignment with national recommendations).

WHO interim guidance on Surveillance, case investigation and contact tracing for mpox is available here (9).

Treatment

Although many people with mpox are not hospitalized, a small proportion, particularly those that are significantly immunocompromised – such as people living with HIV/AIDS – have a higher likelihood of serious complications. An established clinical pathway for mpox accompanied with health information and advice about signs and symptoms that should prompt urgent treatment may contribute to quality and timely care. Early administration of antivirals such as tecovirimat in patients susceptible to severe disease may reduce the risk of poor outcomes.
3.2 Addressing the needs of specific groups in healthcare provision

Various organizations exist at the regional, national, sub-national and local levels working on health for LGBTQI+ people and HIV/STI prevention, including activist groups and community testing (i.e., checkpoints).

These organizations should be contacted, informed, and asked to engage in outreach activities with their members, users and networks to both to hear their perceptions and concerns on mpox and to amplify public health advice.

3.2.1 Working with CSOs and other community actors

It is recommended to engage trusted CSOs experienced in working with, and providing trusted information and services to, key affected populations on sexual health. Additionally, event organizers may have connections with local businesses – such as sex-on-premises venues, bars and night clubs – developed over the years. Their engagement can strengthen outreach activities through partners and event vendors, and at relevant venues.

Community empowerment means that key affected communities own the health interventions benefiting community members and are part of the solution. This can take many forms, such as

- fostering community-led service delivery;
- participation in designing and implementing activities;
- peer-education and task shifting to peers;
- self-care; and
- ensuring a safe space in which community members can function without fear of reprisals.

WHO recommends that community-led groups and organizations should be made essential partners in designing, planning, implementing and evaluating health services (10).

Co-designing interventions and testing messages increases acceptability by the key target population and offers the possibility to leverage their communication platforms, which are already trusted by the communities they serve. Through these collaborations, mpox public health advice can reach key affected communities more effectively.

3.2.2. A questionnaire to identify meaningful stakeholders

The following questions can help public health authorities identify relevant community actors and local businesses who can be empowered to amplify health advice during their regular community outreach activities, on their social media, website and other communication platforms.

1. Are there CSOs that represent or work with GBMSM on sexual health? Are there any LGBTQI+ CSOs focusing on health or providing health services?
   - If yes, these CSOs may be able to help you target information and advice specifically at GBMSM.

2. Are there trans-led organizations that work with trans people on sexual health issues?
   - If yes, these CSOs may be able to help you reach trans people.

3. Are there sex worker or sex worker-led organizations that work with sex workers on sexual health issues?
   - If yes, these CSOs may be able to help you reach sex workers.

4. Are there CSOs that work with youth and young people on sexual health issues?
   - If yes, these CSOs may be able to help you target sexually active young people.

5. Are there any CSOs offering HIV and STI services?
   - If yes, these CSOs may be able to help you reach people more likely to be exposed to mpox through sexual contact.

6. Are there community-based services? Are there facility-based services implemented with significant contributions from or in partnership with CSOs? (e.g., LGBTQI+ housing, harm reduction services related to drug use, gender-affirming care, etc.).
   - These can be points of entry for STI/HIV/mpox testing, education, interventions and mpox vaccination.

7. Which large parties, saunas, sex-on-premise venues, side events, bars and/or nightclubs are participants of mass gathering events most likely to visit before or after the event?
   - Approach the owners/hosts of these venues to enlist their help in sharing public health information.
3.3 Considerations for health-care providers working with specific groups

3.3.1 Trans and gender diverse people

Stopping mpox requires that health-care providers address the needs of all affected and underserved communities, including those of trans and gender-diverse people. Disregard for a person’s gender identity can be a significant barrier to that person seeking and accessing care.

Prevention should be based on behaviours and not on gender identity or sexual orientation. However, public health advice for mpox has been mostly based on reviews of evidence for cisgender men who have sex with men, as data on trans people and mpox is scarce. Some of the recommendations may be valid for trans men having sex with men, but tailored advice is needed, taking into account the specific situations and contexts of the trans community.

WHO is committed to improving the health of trans and gender-diverse people and has developed specific recommendations in its guidance for HIV, viral hepatitis and STIs (11). In general, WHO recommends that health services should be made available, accessible, and acceptable to people from key populations1, based on the principles of medical ethics, avoidance of stigma, non-discrimination and the right to health for all (10).

Additionally, WHO recommends that health-care workers should receive appropriate recurrent training and sensitization to ensure that they have the skills and understanding to provide services for adult and adolescent trans people based on the right to health, confidentiality and non-discrimination for all (12).

To this end, WHO recognizes that organizations for trans people are essential partners in delivering comprehensive training on human sexuality and gender expression, and that they can facilitate interaction with members of communities with diverse gender identities and expressions. Engaging these organizations also generates a greater understanding of emotional health and social needs of trans and gender-diverse people, and the cost of inaction against transphobia.

3.3.2 Sex workers

Sex work can be a hidden and highly stigmatized profession, however, sex workers should not face stigma or discrimination when seeking and accessing care. WHO recommends addressing the specific health needs of sex workers and that health services should be made available, accessible and acceptable to sex workers based on the principles of medical ethics, avoidance of stigma, non-discrimination and the right to health for all (13).

Health-care providers should receive continued and tailored training and sensitization to ensure that they have the skills and understanding to provide services appropriate to the needs of sex workers, on the base of the right to health, confidentiality and non-discrimination.

To this end, mpox health services should be appropriate and ensure they take into consideration the need to identify, engage, and address the needs of sex workers. Working with sex worker-led organizations to can better the understanding of sex worker needs and to best to ensure equitable and stigma-free access to health services.

Community empowerment is a necessary component of sex worker interventions and should be led by sex workers. Trust, empathy and respect are important for all partners working with sex workers, and to build trust, health-care providers must treat sex workers with dignity and respect, listening to and addressing their concerns.

WHO has published practical approaches for collaborative HIV and STIs interventions with sex workers which was co-developed with sex worker-led organizations (14). Intervention tips for health-care providers include to:

- become informed about concerns faced by sex workers
- remain mindful of your own preconceptions and avoid stigmatizing sex workers
- be aware of sex worker diversity
- focus on the person, and not on what they do
- keep confidentiality, and be vigilant about respecting confidentiality
- appreciate that trust must be earned and
- create a sex worker friendly space.

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1 Men who have sex with men, sex workers, people in prisons and other closed settings, people who inject drugs, and trans and gender diverse people.
3.4 Targeting vaccination

Mass vaccination is not required nor recommended for mpox at this time. However, primary preventive (pre-exposure) vaccination is recommended for individuals at high risk of exposure including:

- GBMSM with multiple sexual partners;
- other individuals with multiple sexual partners;
- sex workers;
- health workers at risk of repeated exposure;
- laboratory personnel working with orthopoxviruses;
- clinical laboratory and health-care personnel performing diagnostic testing for monkeypox; and
- outbreak response team members.

Post-exposure preventive vaccination is recommended for contacts who have had high-risk exposure to people with mpox, ideally within four days of first exposure (and up to 14 days in the absence of symptoms). Children, pregnant women and immunocompromised persons, including people living with HIV, may be more likely to develop more severe disease if they acquire mpox. In case of limited vaccine supply, these populations, if exposed, should be offered vaccination as priority.

Where and how vaccination is made available to key affected groups should be included in service delivery plans. Countries are encouraged to consider making vaccination available at facilities already attended by target groups, where services such as pre-exposure prophylaxis for the prevention of HIV; treatment for HIV; prevention, testing and treatment of STIs and sexual health; and gender-affirming care are offered, as well as less traditional settings for vaccination, including community based organizations, pharmacies, sex on premises venues and large gathering events. Each setting should be geographically well located and well served by public transportation.

Vaccination strategies should aim to reduce health inequity and reach those most vulnerable or marginalized within target populations, taking into account possible barriers related to stigma and discrimination. This may also involve making the vaccine available at pharmacies, community-based organizations and GBMSM-oriented commercial establishments (such as sex-on-premises venues), as well as events such as Pride festivals.

There may also be a need to establish new vaccine delivery strategies. Any new strategy should be carefully considered to ensure they provide equitable access to marginalized persons among those most susceptible. For example, sexual health clinics may or may not have high utilization rates by persons of all ethnicities, experiencing homelessness or using drugs, among others.

Immunization services should ensure that:

- individuals in the target groups feel safe and not stigmatized, with confidentiality protected and anonymity offered if programmatically feasible;
- minimal data is collected, its storage is confidential, and its uses are transparent;
- services are offered during convenient hours, for example evenings and weekends;
- appropriate counselling and information are available, related to vaccination and other protective behaviours;
- cost is not a barrier.

It will be important to communicate to the target groups through easily identified and trusted channels about:

- whether a vaccine is available
- the rationale for prioritization of target groups in the current phase of vaccination
- where and how to get the vaccine
- what is currently known about the vaccine’s benefits and effectiveness
- the role of vaccination as a preventive intervention alongside others.

*Vaccines and immunization for monkeypox Interim guidance is available here (5).*
3.5 Managing the infodemic

Listening to people’s narratives and detecting dangerous signals is critical to make messaging relevant and discard false information before it spreads. WHO defines an infodemic as “excess information, including false or misleading information, in digital and physical environments or landscapes during an acute public health event” (15).

The WHO Regional Office for Europe set up a social listening system on mpox – both online and offline - to track conversations, identify information voids, and monitor rumours and misinformation. Some key findings from the social listening have been that:

• there is fatigue and disbelief due to the many emergencies hitting the European Region (the mpox outbreak happening during the COVID-19 pandemic and the war in Ukraine);
• there have been discussions around transmission reiterating that mpox is not a STI, as well as the rumour that “monkeypox is airborne, can infect an entire population, be fatal, and cause blindness and scarring”
• there have been conversations around stigma, for instance that mpox is a ‘gay disease’; and
• there is a fear of mpox symptoms especially scarring from lesions.

WHO identified five conversations topic categories in the public health taxonomy for social listening on mpox conversations (16).

1. The cause – how did the virus emerge and how is it spreading?
2. The illness – what do we know about the disease, what are the symptoms and how is it transmitted?
3. The treatment – how can it be cured?
4. The interventions – what is being done by authorities and institutions?
5. Information – meta-conversation about guidance, reporting, misinformation and content.

Health authorities or infodemic managers that are developing infodemic management reports to inform the response, should consider the following tips:

• Compare the volume and misinformation themes of conversations and dynamics to overall net conversations versus mpox-specific conversations.
• Compare velocity of conversations within mpox conversations over time.
• Identify mpox specific themes of questions, worries, concerns, information voids, circulating narrative and misinformation, and crossover with other STIs.
• Focus not only on the content of conversations but also understanding people’s reactions, confusion, questions, and conversations about issued health guidance.
• Pay attention to key populations (including GBMSM, trans people, sex workers and migrants), stigma and inequities, as well as the visual analysis of memes and images used associated with mpox in the media and social media.

3.4.1 Setting up your own social listening system

Surveillance for infodemic management – often referred to as social listening – is the tracking of information and data, and the monitoring of emerging false information.

Conducting regular and tailored social listening will help provide a useful snapshot of the thoughts, impressions and questions surrounding the issue at hand, including inaccurate information and information voids. An example of mpox information voids as of early 2023 is a sharp increase in search interest around the topics of “monkeypox symptoms”, “how do you catch monkeypox” and “monkeypox pictures” in various parts the Region.

Tools like Google Trends (17) can be used to analyse search patterns and identify information voids.
3.4.2 Conducting social listening

- **Define objectives**: Identify specific objectives of the social listening activity.

- **Select social media platforms**: Select the social media platforms where social listening will be conducted. This can include Facebook, Twitter, Telegram, VKontakte, Reddit and other platforms based on those used by the target population.

- **Identify keywords**: Identify keywords and hashtags relevant to the issue being monitored, for example mpox, its symptoms, treatments and other related terms.

- **Set up and monitor**: Set up and track the identified keywords and hashtags to identify posts, comments and other social media activity via tools.

- **Analyze social media activity**: Conduct data analysis to identify patterns and trends, for example the sources of misinformation, the types of misinformation being spread, and the rate and speed of dissemination.

- **Report findings**: Share findings through regular reports with stakeholders, for example community groups, the response team, health authorities, healthcare providers and other relevant parties.

- **Adjust**: Review the social listening plan and adjust based on the findings from the analysis for example changing or adding keywords or identifying new platforms or areas of concern.

*Detailed guidance is available on infodemic management here (18).*
4. Resources for event organizers and owners of sex-on-premises venues

4.1 Guidance for organizing events

4.1.1 Tools for risk assessment for large and mass gatherings

To reduce the spread of the virus and to help end this outbreak, the WHO Regional Office for Europe is working with health authorities, CSOs and event organisers across the European Region to reach key affected populations with health information and advice.

If you are involved in the organization of an event, such as a sex party, Pride event, circuit party or cruise, you have an excellent and important opportunity to help people at your event learn about mpox and protect their health.

*Technical support is available, including from here* (19).

Public health authorities are strongly encouraged to place emphasis on risk assessment and risk communication before, during and after large and mass gatherings. WHO has developed the Public health for mass gatherings: key considerations (20) and the generic all-hazards risk assessment and planning tool for mass gathering events (21) to support this.

To build on successes from reaching out to large and mass gatherings in 2022, the upcoming mass gathering season is an opportunity to reach LGBTQI+ and underserved groups such as trans people, sex workers, undocumented migrants and refugees, and rural communities. Health authorities and CSOs can do this by expanding outreach to other large and mass gathering events where sexual activity may be facilitated.

4.1.2 Spring and summer festivals and sex parties

Festivals, events and gatherings from spring 2023 onwards may provide further opportunities for increased transmission as well as the international spread of mpox. Mass gatherings do not amplify transmission by themselves – it is the behaviour during events that matters. Understanding and targeting behaviours that increase the likelihood of transmission can help reduce the spread of mpox.

At the same time, lessons learned from outbreaks of other diseases spread through social and sexual networks have shown that cancelling organized gatherings is most likely to be counterproductive to disease control efforts. Venue closure or event cancellation does not reduce sexual contact but rather shifts the activities to other settings.

Sex parties, cruises and circuit parties, linked to mass gatherings may be a conducive environment for the transmission of mpox if they entail close, prolonged and frequent physical contact, especially sexual activity. These events represent an optimal opportunity to engage the key affected populations with mpox public health advice and prevention activities and make planned events safer.

4.1.3 Add outreach activities during events to the WHO dashboard

WHO Regional Office for Europe will be updating the mobile-friendly web-based tool with interactive dashboard for mass and large gathering events during the mpox outbreak on a regular basis in preparation for the 2023 Pride and Festival season.

The Regional Office would value feedback from CSOs and communities on the tool as well as any additional relevant links or Pride events, circuit parties or cruises for your country, which you feel would be important to include in the tool. Please send this information to euromce@who.int.

4.2 Advice for event organizers

Event organisers have a key role in reducing the transmission of mpox and protecting people’s health. One way to address this is to think about the journey that the participant will go on through their interaction with your event. We are asking you to consider the following actions, by actively use the messages in this document to:

- target your guests before, during and after their event;
- engage with organizers of side events such as parties or club nights;
• inform participants about protective measures in the bars, saunas and sex-on-premises venues the event participant may use in the surrounding area.

4.2.1. Engaging health authorities, CSOs and business owners

It’s important to work with national or local public health authorities together with CSOs and sexual health service providers. National guidance should be referred to, if available, when planning your event. If you are faced with a novel situation not covered by the information in circulation, please ask local or national health authorities or international health organizations for support to make sure messaging is accurate and consistent.

Encourage the involvement of relevant stakeholders from the beginning and be open and transparent with all when planning your event. This helps ensure that public health advice and concerns are identified early, shared and included in your risk assessment and decision-making process for the event. It also ensures that participants know how to access health services if they think they have mpox symptoms.

The following interventions should be considered:

• Offer spaces to CSOs working with key affected populations and agree on channels that can be used to share information and advice, such as adding information about their services on your website and social media channels.

• Extend public health advice to side events of gatherings (for example, night clubs, bars and others) and business premises where sex may take place on the premises (for example, saunas and sex clubs).

• In collaboration with public health authorities, ensure first aid workers and the medical teams at the venue are familiar with mpox symptoms and clinical guidance, and know what to do if they identify suspected cases of mpox.

4.2.2 Before, during and after your event

The following content can be used by event organizers to inform communities on the steps that they can take to reduce transmission of mpox before, during and after events, using simple and visual content in relevant languages.

Before your event

There are practical steps that can be taken prior to the event:

• Identify trusted sources of information about the risk of mpox in your area (health authorities or reputable international organizations).

• Identify focal points responsible for managing mpox risk.

• Develop a plan for how to support people with mpox during or after your event, including providing details of relevant health services.

• Agree with local CSOs and health-care providers on which information channels can be used to share information, such as adding information about their services on your website and social media channels.

• Consider putting in place a system of paid sick leave for staff/volunteers who have confirmed/suspected mpox or who are a close contact.

• Consider putting in place a system for ticket refunds to people who are unable to attend because of confirmed or suspected mpox symptoms or recent exposure.

Before an event, use mailing lists, social media or other communications channels (like phone messaging groups and social media pages) to address event participant with the following advice.

• Stay up-to-date on mpox and what you can do to protect yourself and your community. Use sources from reliable local/national health authorities and international organizations.

• Check yourself regularly for symptoms and get tested if you have doubts. Talk to your partners about symptoms and encourage them check themselves regularly.

• If you have any mpox-related symptoms, take a break from festivals and crowded events and contact a health-care provider.

• Talk to your health-care provider about getting vaccinated.

To effectively reach event participants, consider using various channels, such as the event website, event apps, social media channels, CSO networks, messaging groups, newsletters and dating apps (push notifications), text blasts, email, interviews with trusted spokespersons and pre-event webcasts and live streams.
Inform staff and volunteers about how to protect themselves and others against mpox, the symptoms, and what to do if someone develops symptoms at the event or venue.

During your event

To effectively communicate public health advice to event participants, event organizers should combine local information on testing and vaccination, if it is available, with key public health advice.

During an event, volunteers and staff should be used, as well as banners and posters – at the event entrance and in restrooms at eye level – the event website or app, social media channels, loud speakers, big screens and stage announcements to address event participants with messages below.

- Be aware of your current health status, and if in doubt opt out from close physical activity at the event.
- Avoid close contact with someone who has mpox.
- Keep your hands clean.
- Stay up to date with the latest information and advice on mpox.
- If you think you might have mpox, contact a health-care provider or sexual health clinic to get tested as soon as possible.

After your event

After an event has occurred use a post-event webcast/teleconference with participants and if possible, have an anonymous form on your website where people can tell you that they have tested positive for mpox, as well as which events they attended and on which day, so that you can use this to alert other event participants. Mailing lists, social media or other communication channels (like phone messaging groups) should be used to:

- remind people who have attended events/venues to check themselves for symptoms for up to three weeks after the event and to inform the venue/event organizers and any close sexual contacts if they develop symptoms during this period;
- encourage people who are symptomatic or are close contacts of people with mpox to connect with their local public health authority and get tested;

- provide updated health information and advice to people on how to detect mpox and seek medical advice on the event’s website, social media account, event apps, and consider push notifications via dating apps, for at least four to six weeks after the event
- share local information on getting vaccinated against mpox, if it is available.

Your public health authority (e.g. the Ministry of Health, city departments of health, national or local disease control agency) can advise you on how participants should access health services if they think they have mpox or a STI.

Use the section Resources to identify sexual health providers in Annex 1 if you need to identify a sexual health service provider in your country.

4.2.3 Infection and prevention control

- Provide sufficient hand-washing facilities and hand sanitizers, as per national recommendations.
- Ensure hand-washing facilities are available to participants, that they are located across the venue area, and that information is provided to alert attendees about where they can wash or sanitize their hands.
- Distribute alcohol-based hand rub at multiple sites across the venue, particularly near toilets and in food courts, or near food trucks.
- Clean and disinfect the event premises regularly; for specifics, please review the national recommendations, and WHO Regional Office for Europe and ECDC guidance (22).
- Allocate a private space in the event venue for attendees, volunteers, and staff who may start to show symptoms while they are attending the event. Make sure proper medical assistance is secured.
4.3 Advice for sex-on-premise venues

Owners of sex-on-premise venues could consider relevant steps for event organizers applicable to your venue (as described in section 4.2) and the specific advice below.

4.3.1 Before clients arrive at your venue

- Identify where clients can be referred for mpox testing or vaccination.
- If relevant for your context or community, explore the potential vaccination options for premises users and staff at events.
- Recruit local health-care providers to come and share information about common symptoms and the health-care services available.
- Consider partnering with CSOs, sexual health clinics or service provider organizations to facilitate referrals for testing for HIV, STIs and other infections at sex-on-premises events.
- Explore options for web-based tools that allow sending anonymous messages individually or in batches to mobile phones/e-mail addresses or systems where people can be contacted anonymously.

Communicate with people attending the event in advance using contact lists, messaging groups, social media, venue/event websites etc., to inform them of the risk of mpox, how to identify symptoms, the importance of testing and isolation or covering lesions when in close proximity of others for anyone who has symptoms and on how to have open and non-judgmental conversations with other close contacts. Ask anyone with symptoms to get tested and not to attend the venue/event if they have mpox.

4.3.2 At your venue

- Provide information on what to do if people at your venue develop symptoms (through leaflets, posters, brochures).
- Encourage open, non-judgmental conversations between sexual contacts on potential exposures and for people to exchange contact details if they feel comfortable and if it is safe to do so.
- Encourage attendees to:
  - contact venue owners in case they develop mpox symptoms after the event; and
  - leave their contact details at the reception if they wish to be contacted in the future if mpox is reported among persons who were in the same venue/event on the same day.

4.3.3 After leaving your venue

If it becomes known that there was definite mpox exposure at the venue/event, communicate with attendees/visitors and share local information on how to get health advice and tested if necessary.

4.3.4 Infection Prevention and Control

- Make sure frequently touched surfaces and objects are cleaned with soap and water and disinfected regularly (with standard disinfectant). When possible, do this during your event.
- Regularly wash clothes, towels, linen or equipment with standard detergents and hot water (above 60 °C).
- Ensure staff undertaking cleaning and waste disposal are wearing a well-fitted surgical mask, non-sterile disposable gloves, and a disposable apron.
- Ensure that waste products such as tissues, condoms and paper towels are double bagged and disposed of using standard waste management.
- Have condoms available throughout your facility or across your event.
Annex 1.

References


All weblinks accessed 15 May 2023.


Annex 1.

List of resources

WHO mpox resources
Below is a repository of mpox related resources developed by WHO and partners that can be used for inspiration and guidance when designing mpox prevention activities; participating in community outreach, formal and informal community conversations, and information sessions; preparing outreach messages for social media; drafting local resources; as well as to refer to to fill any knowledge gaps regarding mpox. For different language versions of public health advice or the testing for mpox infographic, please contact Leonardo Palumbo, Community Engagement Technical Officer at palumbol@who.int.

Technical documents

Eliminating mpox in the WHO European Region – a response with communities at its heart: a case studies compendium. Copenhagen: WHO Regional Office for Europe; 2023 (https://apps.who.int/iris/handle/10665/367827).

This compendium of case studies has been developed for health authorities, community organizations working with affected populations, event organizers and health workers including sexual health service providers. It is intended to offer inspiration to such readers to renew their efforts to achieve and sustain mpox elimination.


This document is intended for health authorities designing risk communication and community engagement interventions in the context of the current mpox outbreak in Europe.

Guidance documents


This document (updated in March 2023) is intended for use by individuals, community leaders, influencers, health workers and others affected by or working on the mpox outbreak.

Arabic, Chinese, French, Russian and Spanish versions are available.


This document contains public health advice for sex-on-premises venues and events to control the spread of mpox while enabling venues to stay open and events to continue to take place. It contains practical advice that should be adapted to local settings.

Arabic, Chinese, French, Spanish and Russian language versions are available.

Public health advice for sex workers on monkeypox.

This document includes public health advice for sex workers of all genders on protecting themselves and others against mpox. It is intended for use by sex workers, sex worker-led organizations, community leaders, advocates, health service providers (especially those in sexual health service delivery) and organizations working to promote the health of sex workers.
Arabic, Chinese, French, Portuguese and Spanish versions are available.


From a working group established from experts of the European Union Joint Action HEALTHY GATEWAYS consortium, the published advice considers evidence, temporary recommendations, (interim) guidance and advice, technical reports and tools from WHO and the European Centre for Disease Prevention and control.


This document contains practical advice to help reduce the risk of mpxox transmission in a range of congregate settings. Examples of congregate settings include facilities such as prisons, refugee camps, nursing homes, transitional housing and university campus housing. They can be used as a basis for formal and informal community conversations, information sessions, or producing community information for your communities on how to protect themselves and others.


The overall goal of surveillance, case investigation and contact tracing in this context is to detect new outbreaks and stop human-to-human transmission to control the outbreak and minimize zoonotic transmission. The key objectives of surveillance and case investigation are to rapidly identify cases and clusters.


The overall goal of laboratory testing is to enable timely and accurate confirmation of mpxox infection to support the breaking of chains of transmission, to stop the outbreak.


Public health advice with practical, actionable tips on recovering from mpxox while at home.

Arabic, Chinese, French, Russian and Spanish versions are available.

**Commonly asked questions**


This answers commonly asked questions on testing and mpxox.

**Infographic**

A testing for mpxox infographic is available on request.

Getting tested for mpxox, editable word document.

*If you rebrand materials with your own logo, please remove any current logos.*
Resources on mpox for the community by the community

This section is a repository of examples of resources developed by community-based organizations for their communities.


A guide to strengthen mpox education, health services and advocacy for gay and bisexual men.


Questions and answers on mpox from the community with the Love Tank, Prepster and Mpact.


A blog from Sex Worker Advocacy and Resistance Movement in the United Kingdom.


Information in English, Spanish and Portuguese from London based The Love Tank, including information for sex-on-premises venues and event promoters, and case studies on community mpox vaccination events.


Information in French on 10 key points to reduce risk of Mpox


This resource has been jointly developed by WHO and the Global Network of Sex Work Projects.

It is available in Arabic, Chinese, English, French, Russian and Spanish.

Resources to identify sexual health providers

Sexual health service providers play a crucial role in the mpox outbreak by providing routine sexually transmitted disease (STI) screening, HIV testing and vaccination for mpox as well as sharing public health advice. They are also responsible for tracking, testing and treating patients with mpox, and can incorporate mpox diagnosis, treatment, and vaccination into existing sexual health services. Here is a list of resources to located sexual health providers where you are.


A website that enables people to find the nearest place to get tested and treated for HIV and Tuberculosis, and tested for Hepatitis B and C and STIs, in countries across the WHO European Region. It is a free online tool that facilitates easy access to services that fit the needs of the user.

MSM Checkpoints in Europe [website]. Brussels: EUROHIVEDAT; 2023 (https://www.msm-checkpoints.eu/content/msm-checkpoints-in-europe/).

This Toolkit was developed by the Working Group of Work Package of the Euro HIV EDAT (Early HIV Diagnosis And Testing in Europe, www.eurohivedat.eu) project, funded by the 2008–13 Health Programme from European Commission.


The COBATEST Network links organizations across Europe who offer community-based voluntary counselling and STI/HIV testing services and promotes testing, early diagnosis and linkage to care in key populations.

AIDS Action Europe is a regional network of a diverse group of more than 370 civil society organizations, national networks and community-based groups, most of which are HIV service organizations.
The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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