

# Risk communication and community engagement (RCCE) for monkeypox outbreaks

Interim guidance

24 June 2022



## Key points

- The sudden appearance of monkeypox in many countries without evident travel links to areas where monkeypox typically occurs is unprecedented and suggests that there may be more human-to-human transmission occurring. Evolving patterns of disease spread make clear communication more challenging and all the more important.
- Most, but not all, cases of monkeypox in newly affected areas are currently being detected among men who have sex with men (MSM). All efforts should be made not to stigmatize this or any affected population.
- Gatherings such as concerts and festivals in which people are or may be in close contact (e.g., face-to-face, skin-to-skin, mouth-to-skin, mouth-to-mouth contact, including sexual contact) may amplify the spread of disease. Organized gatherings and events that have prevention and control measures in place should be leveraged to conduct outreach and to provide practical public health messages to audiences and attendees.
- Issues including uncertainty surrounding the outbreak, the potential for stigmatization of currently affected populations, the threat of increased spread of the virus at upcoming festivals are key reasons to implement sound risk communication and community engagement (RCCE) plans and response immediately.
- The goal of the global RCCE response is to help control the outbreak and prevent onward transmission of monkeypox by informing and engaging affected populations.
- The key objectives of RCCE activities for monkeypox are to raise awareness, manage risk perception, maintain trust in health authorities and response measures, and proactively communicate to support people at risk to make informed decisions to protect themselves and others from infection and severe disease.
- RCCE activities must strike an appropriate balance of being informative and specific to higher risk populations without cultivating stigma or excluding other persons or groups potentially at risk.
- Clear, targeted, and intense efforts are needed to provide information where it will reach people at risk, including sexually active MSM and sex workers.

## Introduction

An outbreak of monkeypox is occurring in several regions of the world. The situation is evolving, and WHO expects that more cases will be reported. This outbreak represents the first time that cases of monkeypox have been reported in many countries at the same time, including in countries *where the virus has not previously been detected (1)*. This suggests that knowledge of the disease and its symptoms may not be well known amongst the general public, health workers and affected groups.

RCCE activities must strike an appropriate balance of being informative and specific to higher risk populations without cultivating stigma or excluding other persons or groups potentially at risk. Consequently, risk communication must be carefully managed to avoid complacency and to avoid causing undue levels of concern. People must understand their personal risk and adjust their behaviour to prevent infection and transmission and recognize that there is uncertainty around many elements of the outbreak that will require regular updates to guidance and recommendations. This guidance is designed to support RCCE activities at every level and provide accurate information to help people at risk of monkeypox make informed decisions to protect themselves and others from infection, as well as to protect themselves and others if they do become infected. This guidance will be updated as more information about the outbreak becomes available.

## Recommendations

### Identifying affected populations

#### Recommendation:

Due to the fact that monkeypox is now spreading in locations previously unaffected by the disease, many people are unfamiliar with the disease, its symptoms and the ways in which it is spreading from human-to-human. Many individuals may be affected by the disease in different ways and therefore will require tailored information and engagement through trusted sources.

#### Key audiences:

1. **The general public** – People living in areas affected by the monkeypox outbreak should have a clear understanding of their level of risk and how to protect themselves and others. It is important for the general public to understand that anyone exposed to the virus through close contact with someone who has, or may have, monkeypox is at risk, and that the outbreak is not specific to a particular demographic.
2. **Men, and in particular men who have sex with men (MSM)** – Monkeypox affects more men and boys than women or girls. While the reasons for this are not fully understood, this is true in previously affected and in newly affected areas. In the new multi-country outbreak, monkeypox is associated with human-to-human transmission and cases have been primarily detected among MSM. Conversely, for many years, monkeypox was associated with activities related to contact with wild game in areas where animals may harbour the virus. Knowledge of the local context is therefore critical to understanding monkeypox and raising awareness will help to protect those at risk and prevent onward transmission in all contexts. The risk of monkeypox is not limited to men, however.

3. **Women** – including women who share a household with a person who has monkeypox, are partners of MSM or are female sex workers – These groups may also be more vulnerable in the context of the current outbreak and must be aware of the risks, how to protect themselves and others, and what to do if they have symptoms.
4. **Adolescents and young adults** – Young people may be at risk of monkeypox if they engage in activities that involve prolonged close or intimate physical contact with other individuals who are themselves at risk, or if they have multiple sexual partners, which would also place them at greater risk. Young people should be proactively engaged in awareness raising activities around this outbreak as their risk perception may be low.
5. **People who are pregnant and children** – People who are pregnant may be at higher risk of severe illness also entailing risks to the fetus and should avoid close contact with anyone who may have suspected or confirmed monkeypox. Children are also at risk of more serious illness from monkeypox. If children present symptoms compatible with monkeypox, seek guidance from a health worker. The rash that develops with monkeypox may resemble rashes found in other common childhood illnesses, such as chickenpox (2).
6. **Organizers and attendees of gatherings** – Gatherings and events may be environments conducive to the spread of monkeypox (see Gatherings and Events below). Event organizers and other key stakeholders involved in gatherings should share up-to-date, practical and targeted information about monkeypox with participants, staff and communities. Efforts should be made to inform people ahead of time not to attend the event if they have confirmed or suspected monkeypox. Attendees should be enabled to practice physical distancing, hand hygiene and respiratory etiquette. WHO has developed public health advice for event planners, organizers and participants, in the context of the current monkeypox outbreak (3).
7. **Health workers** – Cases of monkeypox have been identified through a range of primary and secondary health care services including sexual health clinics. Health workers require detailed information on early identification and infection, prevention and control measures to appropriately care for their patients and protect themselves from possible exposure to monkeypox. As trusted sources of information, they must have key messages to confidently and accurately communicate with their patients and communities.
8. **Partners, stakeholders, civil society organizations (CSOs) and non-governmental organizations (NGOs)** - Groups and agencies who work with other target audiences may be helpful as trusted sources through which to disseminate information.

## Avoiding stigma

### Recommendation:

Social stigma in the context of health is the negative attitude or belief about a person or group of people who share certain characteristics. Stigma is often fuelled by ignorance, fear or anxiety, and people who are stigmatized may be rejected, stereotyped, discriminated against, abused, and/or experience violence directed at them because of a perceived link with a disease.

All RCCE activities must take into consideration the threat that stigma presents and take steps to prevent it. Stigma negatively affects those with the disease, as well as their caregivers, family, friends, and communities.

People who share other characteristics with stigmatized groups may also suffer from stigma. Stigma and discrimination are already being detected towards some communities of MSM.

**Remarks:**

Stigma is a well-documented barrier to health-seeking behaviours. People who experience stigma may be less likely to report symptoms or seek care, due to fears associated with rejection, social isolation or the impact of discrimination on their families and friends (4). In some countries, being identified as having monkeypox may violate social or legal structures, resulting in abuse, violence or loss of life.

Take steps to avoid the use of language that may be perceived as stigmatizing or defamatory to people and communities:

- Focus communications on the behaviours – not the people - that are fuelling the outbreak.
- Emphasize the fact that monkeypox spreads between people through close contact. Anyone who has close contact with someone who has symptoms of monkeypox is at risk.
- Avoid using language, photographs or graphics that spread fear or place an emphasis on a particular group, activity or community.
- Use the proper language to describe the nature of transmission: People ‘acquire’ or ‘contract’ monkeypox through close contact.
- Reiterate that stigma and discrimination actually harm response efforts and can ultimately prolong the outbreak.

## Managing gatherings and events

**Recommendation:**

Gatherings and events where physical contact may be involved may represent environments conducive for the transmission of monkeypox if they entail close, prolonged or frequent interactions among people, including intimate or sexual contact, which in turn could expose attendees to lesions, body fluids, respiratory droplets or contaminated materials. Event organizers, venue managers and other stakeholders involved in gatherings must be aware of and implement prevention measures and share up-to-date, practical and targeted information about monkeypox with customers, staff, volunteers and communities. WHO has developed public health advice for event planners, organizers and participants, in the context of the current monkeypox outbreak (3).

Planned gatherings in areas where monkeypox cases have been reported can be safely conducted with a few precautions and sharing of information. Such events should also be used as opportunities to conduct outreach with public health information for specific population groups. It is important to communicate early, often, and consistently through known and trusted communication channels and in language and terminology used by the affected populations. Public health authorities and event managers should work together to ensure targeted information reaches event-goers before, during and after the event. It is highly recommended to work closely with community-based and civil society organizations that have direct and trusted relationships with affected population groups.

## Before and during events

- Identify and map upcoming events in your region to understand the target audience, size and focus of the event. Engage and support venue organizers and event planners and provide them with accurate health information and guidance.
- Communicate proactively with event organizers on measures they should take to limit the risk of transmission at the event, including:
  - communicating in advance that workers, volunteers or attendees with confirmed or suspected monkeypox should not attend gatherings and should refrain from close contact with any other individual. They should follow advice issued by relevant health authorities.
  - Sharing information at the event on practicing physical distancing, hand hygiene and respiratory etiquette
  - Providing guidance on what to do if symptoms emerge during the event
- Introduce attendance lists for event participants, if applicable, to facilitate contact tracing in the event that a monkeypox case is identified.
- Provide staff responsible for dealing with attendees who fall ill at the event with information on how to manage people with signs and symptoms consistent with monkeypox.
- Consider that spontaneous or independent gatherings may occur outside the primary event venue, and extend outreach to hospitality venues, pubs and restaurants.
- Communicate with people attending the main event about risks associated with informal events.
- Events at sex-on-premises venues such as bathhouses, darkrooms and sex clubs may be particularly high risk due to the likelihood of close contact among participants. Recommend special measures for communication, contact tracing and cleaning at these events.
- Where possible, include information about other public health recommendations, such as those for COVID-19, HIV/AIDS and sexually transmitted infections (STIs).

## After events

Following a large-scale event or gatherings, public health authorities should:

- Recognize that monkeypox cases associated with the event may be diagnosed after the event is over and support contact tracing and notification efforts.
- Maintain open communication with participants, planners and event organizers and continue to provide information about symptoms, prevention measures and where to seek testing or care. Participants and staff/volunteers should be encouraged to monitor themselves closely for symptoms for 21 days following the event, and to inform event organizers if they do test positive during this time.

## Special considerations for event organizers

- Event organizers should be aware of the epidemiology of monkeypox in the host area, its modes of transmission and prevention, and what action should be taken if a person develops signs and symptoms compatible with monkeypox, including where appropriate care can be sought. This information should be shared with prospective attendees and all those involved in the event planning and delivery.
- Gatherings should be used as opportunities for information outreach and community engagement; attention should also be dedicated to the social context in which the event takes place, with a focus on individual risk behaviours associated with side events and unplanned congregations (i.e., gatherings in bars and pubs, house parties, private spaces, etc.).

- Attendees should always be reminded to apply individual-level responsibility to their decisions and actions, with the aim of preserving their health, that of the people they interact with, and ultimately that of their community. This is especially important for spontaneous or unplanned gatherings.
- Additional guidance can be found at <https://www.ecdc.europa.eu/en/publications-data/interim-advice-public-health-authorities-summer-events-during-monkeypox-outbreak> (3).

## Key messages

Key messages are the main points of information you would like for audiences to hear, understand and remember. They are bite-sized sentences that explain facts, concepts and information in a way that is clear, consistent and factual. As information evolves, key messages will change and must be updated accordingly. At present (June 2022), these key messages are recommended for monkeypox:

### Symptoms of monkeypox:

- Symptoms of monkeypox typically include a fever, intense headache, muscle aches, back pain, low energy, swollen lymph nodes and a skin rash or lesions.
- The rash typically begins within one to three days of the start of a fever and may be concentrated on the face, palms of hands and soles of the feet.
- During this outbreak, many patients present with atypical rash that starts in genital or perianal area, on the mouth and may present at different stages of development. Even one or two lesions can indicate monkeypox infection.
- Symptoms may go away on their own in two to four weeks. However, skin lesions can be few or appear in large numbers; they can be very painful or itchy. Sores in the mouth or swollen lymph nodes can make it difficult to eat or drink leading to dehydration or poor nutrition. Some people may need to be hospitalized to manage pain or prevent serious complications which can occur. Death can occur in persons who are vulnerable and develop severe disease.
- Infants and children, people who are pregnant and people who are immunocompromised are at higher risk of more serious illness with monkeypox.

### How monkeypox spreads from person to person:

- The different ways in which monkeypox can spread are not fully understood.
- People can catch monkeypox through close contact, including face-to-face, skin-to-skin, mouth-to-skin and mouth-to-mouth contact. Skin lesions and sores in the mouth contain infectious virus. Bodily fluids (such as fluid, pus or blood from skin lesions) and scabs are particularly infectious. Monkeypox virus DNA has been detected in semen. It is not yet known whether virus can spread through semen during sexual contact.
- Monkeypox can spread through contact with bedding, towels, clothing or contaminated objects or surfaces. This may also include objects such as eating utensils or items shared during sexual activities.
- Transmission of monkeypox has occurred among people who have visited sex-on-premises venues.
- Studies showed that some people developed immunity to monkeypox without having had symptoms (sub-clinical infection). However, it is not known whether people who do not have symptoms can

spread monkeypox. It is also not known how infectious a person may be before a rash appears (for example, when fever or swollen lymph nodes first appear).

- It is not yet known to what extent transmission to another person can occur due to short-range aerosols, (for example, when an infected person with mouth lesions speaks or sings at close range with others).
- There have been no reports of human-to-animal transmission to date.

#### **Prevention measures:**

- Anyone with confirmed or suspected monkeypox should isolate in hospital or at home, as advised by their health worker. By avoiding close contact with other people, infected persons can help to protect those around them.
- Those recovering from monkeypox at home should protect others by staying in a separate room, ensuring good ventilation, using separate utensils, doing their own laundry, and cleaning shared spaces such as bathrooms after every use.
- If close contact with someone with monkeypox is unavoidable, individuals should open windows for good ventilation, wear a well-fitted medical mask, wear disposable gloves, clean hands before and after touching and monitor oneself carefully for symptoms for 21 days after the last exposure and ask the person with monkeypox to cover any skin lesions by wearing clothing over the rash.
- Health workers caring for people suspected or diagnosed with monkeypox should implement transmission-based precautions, including use of personal protective equipment (PPE) when providing care. For additional information, refer to the Clinical management and infection prevention and control for monkeypox: Interim rapid response guidance, 10 June 2022 (2).
- People who are experiencing symptoms compatible with monkeypox should not attend events, parties, or gatherings.
- Reducing the number of sexual partners, including anonymous partners, may help to prevent monkeypox.
- Condoms do not protect from monkeypox which spread through skin-to-skin contact, but they do provide protection against a range of sexually transmitted infections.

#### **In the event of monkeypox exposure:**

- People who show symptoms or have been a close contact of someone with monkeypox should contact their health care provider for advice, testing, and medical care.
- Exposed individuals should monitor themselves closely for symptoms for 21 days after last exposure and contact a health worker if concerned.

Messages should also provide specific information about the monkeypox outbreak in the geographic area, including the number of confirmed cases, the location of the outbreak, how the public can protect themselves, and what agencies and organizations are doing to respond. Messaging should be provided in an accessible format that resonates with the intended audience. Questions and answers for the outbreak can be found at <https://www.who.int/news-room/questions-and-answers/item/monkeypox> ; these can be adapted for a local context (5). Ensure that messages communicate uncertainty and emphasize the evolving nature of the monkeypox outbreak and how information may change as more is learned.



## Communicating about uncertainty

As the monkeypox outbreak situation is evolving, it is important to continue to explain what is known, what is unknown and what is being done to address the unknowns. State clearly that the situation is evolving. Use wording such as, “There is still a lot we don’t know...” or, “The evidence we have now, though incomplete, is...” And, “We will keep you updated as we learn more.” Advise people where they can find additional information, directing them to health authorities, websites or hotlines that may be in place. Using empathetically toned communication will better ensure trust with audiences.

## RCCE methods

### 1. Use a data-driven approach

RCCE is a proper technical intervention and using an evidence-informed and data-driven approach informs contextually relevant, targeted, and effective response actions and interventions. Clear methodology and data are essential to monitor, evaluate, and adjust response materials and solutions. Monitoring and evaluation should be conducted on a designated schedule to harness the value of data for action.

Data on key variables – such as knowledge, attitudes, practices, behaviours, risk perception, preferred communication channels and trusted influencers – can be rapidly collected using pre-established data collection tools and platforms. These data are often collected through surveys, mixed methods or rapid qualitative methods are also recommended as they provide richer insights and explanations than quantitative methods alone. Analysis of data will highlight key themes and trends that can then inform the focus of RCCE interventions. Disaggregated data analysis is important to also highlight emerging issues in particular population groups.

Collection and analysis of data over time informs strategic shifts in RCCE. Where possible, existing data collection platforms should be activated for this purpose, or new listening platforms established.

Efforts to produce data and analytics require clear operational questions to guide the process and pathways to shape decisions.

### 2. Conduct social listening

Social listening is the collection, analysis, and interpretation of contextual, behavioural, and social data into actionable insights. Social listening is key to:

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