

Americas: Monkeypox

Risk Communication and Community Engagement (RCCE) Messages

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RCCE messages

Regarding the disease

- Since the beginning of May 2022, monkeypox cases have been reported in countries where the disease had not previously been detected.
- Monkeypox is an endemic (consistently and regularly detected) disease in countries on the African continent.
- The monkeypox virus causes a disease with symptoms similar to, but generally less severe than, those of human smallpox (a disease that was declared eradicated in 1980).
- Monkeypox is a disease that can be transmitted from animals to humans (zoonosis); and, although it is called monkeypox (because monkeys can carry the disease and the disease was first detected in a sick monkey), the main animals that transmit the disease (reservoirs) are rodents.
- Human-to-human transmission has so far been shown to be limited.

- It can be transmitted through direct contact with the lesions (welts and blisters) that appear on the skin of people who contract the disease, and with the fluid that fills these lesions. These lesions can also appear on mucous membranes, such as in the mouth, and thus be transmitted through saliva.
- A person can also become infected by contact with the remains of skin lesions, fluid from blisters, or saliva present on clothes, towels, bed sheets, etc. Eating utensils can also be a means of transmission.
- Since sexual activities usually involve intimate contact between people and objects in contact with people's skin, a clear risk has been demonstrated when sexual practices between people involve someone infected with the virus and, above all, in the presence of lesions on the skin and mucous membranes.
- People who have been vaccinated against human smallpox may have some protection against monkeypox. Younger people are unlikely to have been vaccinated against human smallpox, as regular vaccination was discontinued in most countries of the world after its eradication in 1980.
- Even so, people who have been vaccinated against human smallpox should still take precautions to protect themselves and others.

Symptoms

- The vast majority of people have mild symptoms, a few others may develop more severe symptoms and require care in a healthcare facility, and in the most severe and rare cases death can occur.
- People at greatest risk of severe disease or complications are pregnant women, children and people with immune system diseases.
- The most common symptoms of monkeypox include:
 - Fever
 - Headache
 - Muscle aches
 - Back pain
 - Low energy
 - Swollen lymph nodes (lumps in the neck, behind the ears, armpits or groin).

- This is followed or accompanied by the appearance of a rash that may last two to three weeks.
- The rash may appear on the face, palms of the hands, soles of the feet, eyes, mouth, throat, groin, and genital and/or anal regions of the body.
- The lesions begin flat, then rise and fill with fluid before crusting, drying and falling off, with a new layer of skin forming underneath.
- Symptoms usually last two to three weeks and usually go away on their own or with supportive care, such as pain or fever medication.
- People remain infectious until all lesions have crusted over, the scabs have fallen off and a new layer of skin has formed underneath.
- If you have symptoms that may be monkeypox or have been in contact with someone who has monkeypox, call or visit a health care provider.

Preventive measures

- You can reduce the risk of contracting monkeypox by avoiding close contact with people suspected or confirmed to have monkeypox.
- Regularly wash and disinfect clothes, utensils and surroundings that may have been contaminated with the virus through the lesions of someone infected.
- Always maintain good hand hygiene, but be especially careful after handling people, clothing or objects that may be contaminated.
- During direct patient care or handling of potentially infected belongings, wear a face mask (in case of mouth lesions, coughing or sneezing can be spread by saliva droplets).
- Stay informed about monkeypox in your area and have open discussions with people you are in close contact with (especially sexual contact) about any symptoms you or they may have.
- If you think you may have monkeypox, you can act to protect others by seeking medical advice and isolating yourself from others until you have been assessed and tested.

- If you have probable or confirmed monkeypox, you should isolate yourself from others until all lesions have crusted over, scabs have fallen off and a new layer of skin has formed underneath. This will prevent you from passing the virus to others.
- Ask your health worker for advice on whether you should isolate yourself at home or in a health centre.
- Until more is known about possible transmission through sexual fluids and its duration, use barrier condoms for 12 weeks after your recovery and consult with your health care provider about when to stop using them.

Treatment

- People with monkeypox should follow their doctor's advice.
- Symptoms usually resolve on their own without treatment. If necessary, pain (analgesic) and fever (antipyretic) medications may be used to relieve some symptoms.
- It is important for people with monkeypox to stay hydrated, eat well and get enough sleep.
- People who isolate should take care of their mental health by doing things they find relaxing and enjoyable, staying connected to loved ones through technology, exercising if they feel well enough and can do so while isolating, and asking for psychosocial support if they need it.
- People with monkeypox should avoid scratching their skin and care for their rash by cleaning their hands before and after touching lesions and keeping their skin dry and uncovered (unless they are unavoidably in a room with another person, in which case they should cover it with clothing or a bandage until they can isolate themselves again).
- The rash can be kept clean with sterile water or an antiseptic.
- Lidocaine can be applied to oral and perianal lesions to relieve pain.
- There is a vaccine for monkeypox that was recently approved.



- Some countries recommend vaccination for people at risk, however, mass vaccination is not recommended at this time.

Suggested actions

1. Monkeypox is a new disease for Latin America and the Caribbean, so we recommend being cautious in the way information about it is shared to avoid causing alarm or fear.
2. As the statistics show, there are not a large number of cases of the disease in the region, and the disease is both treatable and preventable.
3. As we have learned from COVID-19, providing verified information, demystifying rumours and avoiding their spread, as well as avoiding the spread of fake news is vital in times of uncertainty. In this regard, we propose here a series of recommendations from an RCCE perspective for National Societies to assess and define their course of action in relation to monkeypox:
 - a. Jointly assess with the National Society health team whether there is a need to start sharing information about Monkeypox and/or take other actions. Take into consideration the following:
 - i. Existence of any level of alert in the country.
 - ii. Existence of local cases
 - iii. Whether the local Ministry of Health has started to disseminate information and/or recommendations about the disease
 - b. With the communications team assess:
 - i. Whether the local media (radio, TV, press) are covering information about the disease.
 - ii. Monitor social media in general. It is worth checking the accounts of influencers, to see if they have talked about the issue.
 - c. Check with other National Society teams and volunteers to see if they have received questions or noted concerns from communities.
 - d. If the National Society has a feedback mechanism, see if any queries have come in regarding the disease.
4. Once the above information has been analysed, if it is determined that there is a certain level of concern in the communities, define an action plan together with the health team. Some recommended actions are:
 - a. Propose to the National Society leadership to conduct an internal communication activity with National Society staff and volunteers

to clarify doubts and listen to questions. Remember that providing accurate, clear, and timely information will help reduce negative stress.

- b. Prepare a frequently asked questions document and share it with all National Society staff and volunteers. Make sure that all project and service teams of the National Society have the document.
5. In conjunction with the communications team, prepare content to disseminate the key messages shared at the beginning of this document through social media.
6. If the National Society has access to radio or TV programmes, propose a discussion to explain the details of the disease, the mechanisms to protect oneself and how to identify symptoms, as well as the treatment to follow.
7. Contact the coordinators of programmes being run by the National Society to have a discussion with the community to assess whether there is concern about the disease, answer questions, identify rumours and receive feedback.
8. Continue to monitor the environment. With the support of the health and communications team, it is recommended to continue monitoring social media, mass media, as well as the environment in general to evaluate other actions that can be taken in the face of an increase in cases.
9. This disease has a high risk of stigmatisation and discrimination of the people who for now are the most affected by the disease (men who have sex with men - MSM), it is very important that this is an element to monitor and to address immediately if signs of stigmatisation are detected. Stigma can delay diagnosis and access to timely treatment.

Other suggested actions

- Identify community engagement and participation strategy, partners and channels for possible use in a future outbreak, including specific channels to reach and support the LGBTQIA+ community.

- Identify and brief volunteers with experience in health promotion (including volunteers trained in Community Health and First Aid - CBHFA - and Epidemic Control for Volunteers - ECV), who have strong connections to the LGBTQIA+ community, and/or who promote respectful attitudes towards the LGBTQIA+community. Monkeypox tools are available on the Epidemic Control Toolkit website.
- Identify referral pathways for individuals requiring clinical support (e.g. sexual health clinics; sexual diversity friendly health facilities, i.e. facilities that provide a welcoming, inclusive and respectful environment for all patients, including gay and bisexual men).
- Establish or adapt existing community feedback mechanisms with at-risk populations to understand and address key questions, concerns and rumours around monkeypox, its transmission and protective measures.
- Raise awareness of monkeypox virus transmission, related prevention and protective measures, and monkeypox symptoms and signs among communities currently affected elsewhere in this multi-country outbreak (e.g. importantly, but not exclusively, men who have sex with men (MSM) or people with multiple sexual partners), as well as among other populations who may be at risk (e.g. sex workers, transgender people).
- Implement the CEA feedback mechanism, focusing on emerging perceptions, concerns and dissemination of misinformation that could hinder response actions.
- Continually adapt Risk Communication and Community Engagement (RCCE) and response activities based on changing perceptions, transmission dynamics and information needs.
- Work with other community groups, sexual health, and civil society networks to increase the provision of reliable and objective information on monkeypox.
- Raise awareness about monkeypox virus transmission, signs and symptoms, where to access health care and measures to reduce the risk of transmission to others (e.g. through ECV and CBHFA). Communities at risk may vary depending on the context. Conduct risk communication and community support efforts in settings and locations where intimate encounters take place (e.g. MSM-focused meetings, sex venues). This includes engaging and supporting



organisers of large and smaller-scale events, as well as owners and managers of sex-oriented venues to promote personal protection measures and risk-reducing behaviours.

- Psychological First Aid is a useful tool to support primarily people who may be stigmatised by the disease and their families.
- Timely communication and information to society plays a crucial role in reducing the effects of infodemia (denial, disinterest, pessimism, stress saturation, anxiety, depression).