Public health advice on monkeypox for gay, bisexual and other men who have sex with men

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EPI-WIN webinar: How is Monkeypox spreading? What we know so far
Engaging with newly affected communities
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Check who.int for the most up to date information.
Which communities are currently affected?

Monkeypox is affecting different communities including:

- Diverse communities of all ages and backgrounds in previously affected West and Central Africa and more recently in more than 60 countries that have not previously had cases

- Most cases in countries not previously affected appear to be concentrated at present among some gay, bisexual and other men who have sex with men who have had recent sexual contact with a new partner or partners

- The risk of monkeypox in newly affected countries is not limited to men who have had recent sex with other men and a limited number of cases have also been reported in children and women

- Anyone who has close physical contact with someone infectious could become infected

Data tells us that sexual activity has played a role in transmitting monkeypox in recent months - some men who have sex with men are connected to sexual networks that extend across different cities and countries

Health authorities are working closely with affected communities, including broader LGBTQI+ communities, to closely monitor, and effectively respond to, the situation

Affected communities have responded quickly and thoughtfully to the outbreak – often drawing directly on learning from the response to HIV

Opportunity to draw on decades of experience in supporting people living with HIV and addressing HIV-related stigma and discrimination – these experiences are especially helpful to a successful approach to monkeypox
Monkeypox is spread through close physical contact with someone with the virus. Direct skin-to-skin contact with monkeypox rash, sores, or scabs can readily spread monkeypox including during sex. Kissing and mouth to body contact can also spread the virus. Transmission is also be possible through contact with fabrics that have been used by someone with monkeypox, for example towels, clothing and bed sheets.

Understand how the virus can be spread – stick to the facts and avoid speculation.
Reinforce, support and amplify advice targeting affected communities

- **Stay calm and learn more** about how monkeypox is affecting your community

- **Avoid sexual contact** if you feel you may be infected – even if you have not yet had a confirmatory test

- **Isolate at home and talk to a health worker** if you have symptoms or if you have been identified as a possible contact of someone with monkeypox

- Provide **emotional and practical support** to any friends or family members who may be asked to self isolate

- **Reach out for help and support** if you are asked to isolate – don’t attempt this on your own

- **Combat misinformation** by sharing only reliable, evidence based and non-stigmatizing information from trustworthy sources
Challenge stigma and discrimination – including stigma related to men who have sex with men and African people.

Stereotyping, stigmatizing, blaming or shaming people is harmful.

Anyone can get or pass on monkeypox.

Stigma is highly counterproductive and stops people from accessing services.

Monkeypox is nothing to be ashamed of.

PRESS RELEASE
UNAIDS warns that stigmatizing language on Monkeypox jeopardises public health.

GENEVA, 22 May 2022—UNAIDS has expressed concern that some public reporting and commentary on Monkeypox has used language and imagery, particularly portrayals of LGBTI and African people, that reinforce homophobic and racist stereotypes and exacerbate stigma. Lessons from the AIDS response show that stigma and blame directed at certain groups of people can rapidly undermine outbreak response.
Having **monkeypox** can be distressing for the person affected and those around them.

If someone discloses to you that they have monkeypox, react without being judgmental or making any assumptions about how they have become infected.

Respect their wishes as to whether they want other people to know about their illness or not.

Do all you can to **help those self-isolating**, including doing their shopping and checking in with them regularly.

Some people may struggle financially if they are unable to work during their isolation period; consider setting up support systems in whatever way you can in your community, if this is the case.

Giving people an opportunity to talk about their concerns and feelings can help.

More and more people are sharing their experiences of infection to help break down the stigma and feelings of shame that can arise.
Join calls for equitable urgent access to vaccines, antivirals and other services

The current outbreak has drawn attention to monkeypox which has received relatively little attention in the countries that have been previously affected.

While there is a vaccine for monkeypox recently approved by some countries, supplies are limited.

Some countries may also hold smallpox vaccine products and antivirals which could be considered for use according to national guidance – they may be available in limited quantities through national authorities, depending on the country.

Advocacy pressure is required to ensure that vaccines, antivirals and other essential services are made available in all communities as a matter of urgency – faith leaders can join affected communities in a call for enhanced urgent access.
Representatives working with MSM communities from the Strategic Advisory Group on HIV, viral hepatitis and sexually transmitted infections (STAC-HHS) and other key partners

WHO HQ informal community reference groups brings together community leaders and experts from all WHO regions (including several with global level responsibilities) and has met four times since May with a focus on:

- Updates and intelligence sharing on epidemic and response
- Advice to WHO HQ approach – including on community engagement and communication approaches and tools
- Networking and exchanging across countries and regions

MSM representatives from previously affected as well as newly affected countries are part of the group
Key feedback and priorities from reference group

- Sense that the response requires greater urgency
- Appreciation for the space and opportunity provided by WHO
- Recognition that communities are:
  - health literate, proactive around managing sexual health and well organized
- Appropriately funded communities are central to managing/responding to the outbreak – critical that moving forward community contributions are planned, costed and funded
- While support in addressing stigma and discrimination is welcome - clear expectation that engagement and collaboration expands beyond RCCE to the broader response
- Urgent focus on ensuring access to testing and vaccines supported by trained health workers
- Identification of **following community priorities:**
  - Urgent support to testing and vaccines access through advocacy and/or operational support
  - Health worker support and training
  - Guidance and social protection support/advocacy for people self-isolating
  - Recognition and strategies to recognize financial loss and hardship for sex workers
  - Stigma and discrimination approaches informed by context – including through a focus on tracking and reacting to online misinformation and support to public health officials and health workers