



Interim advice for public health authorities on summer events during the monkeypox outbreak in Europe, 2022

Joint report by World Health Organization (WHO) Regional Office for Europe and European Centre for Disease Prevention and Control (ECDC)

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Background

Since 13 May 2022, multiple cases of monkeypox have been reported by Member States of the WHO European Region that are not endemic for monkeypox virus, including countries of the European Union/European Economic Area (EU/EEA) and beyond [1,2]. These recently diagnosed monkeypox cases have been identified primarily but not exclusively among men who have sex with men (MSM). Human-to-human transmission of monkeypox occurs through close contact with infectious material from skin lesions of an infected person, through respiratory droplets in prolonged face-to-face contact and through fomites (e.g. linens, bedding, sex toys, clothing) [2,3].

As the pandemic restrictions related to international travel and mass gatherings have been lifted in many European countries, a large number of mass gatherings including music, culture festivals or Pride events are planned, that will bring together young, international participants during the summer months. In addition, party events and other spontaneous gatherings are likely to take place in touristic settings (e.g. hotel/beach parties, etc.) during the summer holiday season.

Large gatherings may represent a conducive environment for the transmission of the monkeypox virus if they entail close, prolonged and frequent interactions among people, in particular sexual activity. Moreover, in recent years, outbreaks of other infectious diseases, including among MSM (e.g. hepatitis A, meningitis), can be linked to travel abroad and social and mass gathering events [4,5]. However, lessons from outbreaks spread through social and sexual networks have shown that cancelling organised gatherings is likely to be counterproductive to disease control efforts. Venue closure or event cancellation does not reduce sexual contacts but rather shifts the activities to other settings, including private parties, which are less accessible to community outreach or public health interventions. Liaising with commercial venues and events is more feasible and efficient than mapping private parties [6]. Engaging with populations through the organised events represents a powerful opportunity. By working with organisers of events, the risks related to monkeypox can be communicated and clear, practical, targeted information provided to attendees. Engagement and partnering with gay, bisexual and other MSM is essential to develop responses that are accepted and promoted by the members of these population groups. As such, appropriate actions and community consultation linked to mass gatherings and other events can help control the spread of monkeypox.

Aim

The aim of this document is to provide concise advice to public health authorities and guide their prevention, awareness-raising and behaviour change interventions before, during and after upcoming summer events. This will enable them to maximise opportunities for disseminating reliable information, advice and practical guidance to participants and minimise the public health risk from monkeypox. Although the main focus is monkeypox in the context of the current multi-country outbreak, much of the advice addresses good public health practices in general which may help prevent the transmission of a number of infectious diseases (e.g. HIV, sexually transmitted infections (STIs), etc.). This guidance also includes sections which can be used to formulate advice to business/venue owners and event organisers, as well as participants themselves. All advice can be adapted to the local context and the relevant audience and translated into national languages, as required.

Target audience

Public health authorities at national, regional or local level in the WHO European Region including countries of the European Union/European Economic Area (EU/EEA).

Considerations for public health authorities

1. Before and during the event

In the current context of the multi-country monkeypox outbreak, public health authorities at national and regional level should consider mapping the upcoming mass gathering events in their areas of responsibility and identifying the key stakeholders. Pre-event communication and engagement with the organisers, key support organisations, the local health professionals, relevant civil society organisations and the community in general would be beneficial to understand the duration and magnitude of the event, planned activities and the target audience of the gathering. Public health authorities may need to focus only on larger and/or events with international participation, depending on resources.

If a mass gathering attracts international participants, international coordination on the provision of advice should be considered through international organisations (e.g. ECDC and WHO Regional Office for Europe) to increase the consistency of the advice. Translation of health promotion material should be considered if such events attract international attendance.

Public health authorities, in partnership with community organisations, should consider engaging and supporting venue organisers and event planners, providing them with clear health information and advice for venue/event attendees and, where appropriate, guidance on environmental cleaning and disinfection of the settings to reduce the risk of fomite transmission.

Tips for engagement with key event stakeholders and communication are provided below. Countries should consider focusing on prevention messaging in the immediate pre-event period and use the opportunity to promote good public health practices, placing information on monkeypox alongside other standard public health advice. The following should be considered:

- Use of social media and internet to provide health information and advice to participants, health professionals and the community.
 - Strongly discourage participation in the event(s) if participants experience symptoms compatible with monkeypox (see 'Navigating monkeypox: considerations for gay and bisexual men and other men who have sex with men') [7].
 - Provide specific updates and information to local health professionals, in particular to general practitioners, dermatologists, sexual health clinics and other relevant healthcare providers, where event participants may seek advice or testing. Sexual health clinics in particular are a key partner in the response to this outbreak and can provide significant expertise in partner notification techniques and contact tracing.
 - For events with international participation, provide pre-travel advice for travellers - e.g. through the website or app for the event or venue and by sending emails in association with registration for the event.
 - Include relevant information on the situation concerning monkeypox on public health websites, as well as any social media outlets used by health authorities.
 - Where possible, integrate messaging on monkeypox into other public health recommendations (e.g. relating to HIV or other STIs).
 - Encourage participants to keep contact details of sexual and other close contacts as this may help in contact tracing and partner notification, if monkeypox or an STI is diagnosed.
- Risk communication around the event should balance the risk of exposure of at-risk groups and that of the broader population.
 - Messaging provided at mass gatherings may target specific priority groups, such as men who have sex with men, but information should not be exclusively focused on these groups. Any health services provided at mass gatherings, including for monkeypox, should be available to anyone, irrespective of sexual orientation or gender.
 - During preparedness planning, implementation of risk communication and precautionary measures could be extended to side events and spontaneous gatherings linked to the main event. Depending on the type of event, this may include public spaces, bars, pubs and restaurants, as well as sex-on-premises venues, such as bathhouses, darkrooms and backrooms.
 - Partnering with local applications to include pop-up messages with relevant information, as part of broader health campaigns should be considered. If an event-specific application is used, advocating the addition of risk communication messages in multiple languages, including sign language, is advisable.
 - Communication and advice in the host country can be provided in key languages, including the use of pictograms, images and sign language.

- Good personal hygiene should be promoted, such as hand washing and respiratory hygiene (covering mouth and/or nose with a tissue when coughing or sneezing, coughing or sneezing into elbow, if without a tissue). Posters or material tailored to suit the audience should be considered (see more specific advice below).
- Actions should be promoted that will reduce the individual risk of monkeypox exposure, including reducing the number of sexual partners, increasing awareness of signs and symptoms, asking new partners about their sexual health, refraining from sharing sex toys and keeping them clean.
- Balanced communication on the use of condoms should be promoted: informing people that condoms cannot offer full protection against transmission of monkeypox since contact with lesions may be sufficient for transmission to occur, but that using condoms could reduce the risk of sexually transmitted infections, including HIV and hepatitis B and C.
- For events where first aid or health stands are available on-site, their use should be facilitated to sensitise and support participants with information on monkeypox and other common public health issues relevant to large gatherings (harm reduction, safe festival behaviour, STIs), and with information on where to seek medical advice and testing or further healthcare.
- It should be ensured that guidance on cleaning and disinfection of frequently touched surfaces and communal areas (e.g. toilets, food courts, etc.) is readily available.
- It should be ensured that guidance on waste (solid and human waste) management in accordance with local authority regulations is readily available.

2. After the event

After the event public health authorities should consider maintaining communication with participants, health professionals and the community. Focus should be on the need to contact a healthcare provider for advice on testing for monkeypox and STIs, should they develop symptoms. Information should include advice on remaining vigilant for symptoms of monkeypox after the event, and where to obtain clinical evaluation and testing.

Event organisers and business owners should consider continued provision of updated health information and advice regarding the detection of monkeypox cases on their websites, social media accounts and applications for at least four to six weeks after the event. Should monkeypox cases be identified with a link to the event, notification of the organisers by public health authorities can facilitate provision of relevant information to all participants about potential exposure which, in turn, can assist in identifying potential contacts.

Risk communication should acknowledge that more monkeypox cases can be diagnosed after the event, but the messages should retain a balance between the risk to specific groups with multiple sexual partners and the risk to the broader population.

As mentioned in section 2, for events with international participation, it may be useful to provide advice to returning participants in collaboration with the host country on what to do if they notice signs or symptoms of monkeypox.

3. Considerations for advice to organisers and business/venue owners of summer events

Public health authorities should consider communicating and partnering with event organisers and business/venue owners connected to summer events in relation to the potential risks of monkeypox transmission. Simple actionable information and advice on monkeypox is a sound strategy that can mitigate this risk, while using these social gatherings to amplify engagement. Ensuring that the facilities provided for the events are taking into account public health needs will also benefit the event organisers.

1. Advice to organisers of large events and mass gatherings may include the following, which can be adapted to any setting

- Facilitate the dissemination of risk communication messages on your website, social media accounts and/or event application, using multiple languages including pictograms, images and sign language.
 - Adapt social media content from health authorities or international organisations so attendees know what to do to prevent exposure, and if they experience symptoms of monkeypox, where they can seek appropriate healthcare.
 - Continue using and updating the messages even after the event is finished (up to six weeks afterwards) to provide information to participants about potential detection of cases and to facilitate case finding. One of the suggested practices is to provide attendees with a plastic event bracelet which would allow them to get a free examination at a sexual health clinic.
- Discuss with local health authorities how contact tracing can be organised in a timely, discrete and confidential manner (e.g. through partner notification or conventional contact tracing). If necessary, collaborate with local organisations that are experienced in doing outreach and are trusted by communities.
- Promote good personal hygiene, such as hand washing and respiratory hygiene, with services and posters or relevant material from public health authorities.
 - Provide multiple functional hand-washing stations (with soap and water) around the venue.
 - Alcohol-based hand rub should be distributed at multiple sites across the venue, particularly near toilets or in food courts.

- Depending on national guidelines, a ratio of 1:50 women and 1:50 men is usually suggested for available toilets. Consider a higher ratio for women's toilets, as well as the need for toilets accessible to the disabled (usually 1:250).
 - If the venue is to be held in a closed space, review ventilation in line with the national recommendations. Minimum recommended ventilation rate according to EN 16798-1 is 10 L/s/person.
 - Promote condoms and HIV/STI testing, with posters or relevant material from public health authorities.
 - Ensure that frequently-touched surfaces in common areas (e.g. toilets, food courts, etc.) are cleaned regularly (and disinfected, if there is risk of contamination with body fluids). Cleaning and disinfection should follow available national guidelines, but general advice appears below.
 - Common areas should be cleaned at least twice in each eight-hour shift. Disinfectants (containing 70% alcohol or 0.1% hypochlorite solution (i.e. dilution 1:50, if household bleach is used, usually at an initial concentration of 5%)) should be prepared and applied to surfaces according to manufacturer's instructions.
 - Make sure that cleaning staff have appropriate personal protective equipment (PPE), including aprons or gowns, heavy duty gloves, FFP2 respirator and eye protection.
 - Single-use disposable cleaning equipment (e.g. disposable towels) is recommended. If disposable cleaning equipment is not available, the cleaning material (cloths, sponges, etc.) should be placed in a disinfectant solution effective against viruses, or 0.1% sodium hypochlorite.
 - If portable/temporary toilets are used, confirm safe handling of human waste (including spills of vomit or urine). Bleach solution (5%) should be added to the containers carrying human waste before these are disposed of at municipal sewage sites, in accordance with local recommendations and legislation, or use a necessary quantity to achieve a final solution of 0.1% bleach.
- 2. Advice to business owners of sex-on-premises venues, (including bathhouses, darkrooms and backrooms)**
- All the above advice for event organisers is also valid for business owners of sex-on-premises venues and the following additional advice applies, which should be adapted to relevant existing national guidance for these businesses:
 - Change bed linen and towels after each customer or adopt single-use options.
 - Used bed linen and towels should be handled by cleaning staff wearing gloves and an FFP2 respirator, without stirring and washed in a washing machine at 60°C cycle or higher. Use of water-soluble alginate bags is also an option as these prevent staff from having to handle individual soiled laundry. After handling used bed linen, hands should be washed carefully.
 - Utensils, plates, glasses etc. should be washed in a dishwasher at 60°C cycle or higher. If a dishwasher is not available wash in hand-hot water.

4. Risk communication and community engagement considerations

Risk Communication and Community Engagement (RCCE) is a key measure available to health authorities to enable at-risk or affected groups or communities to take informed decisions to protect their health. ECDC and WHO have issued interim advice to Member States on RCCE in the context of the currently ongoing monkeypox outbreak in Europe [8].

Important points for public health authorities from this advice include the selection of communicators and communication channels. The upcoming summer mass gathering events (e.g. Pride parades, music festivals), including their webpages, apps and social media accounts, can be tools for outreach and engagement.

Advice to event participants in the coming months should preferably be developed in collaboration with at-risk groups, in simple language outlining symptoms to look out for, what to expect from public health services, simple advice for patients with symptoms and where to get more information. An example of such guidance, developed by community organisations and public health experts, that can be adapted to national needs can be found here [7].

ECDC and WHO recommend that health authorities should consider working with the relevant organisations and groups that engage with target audiences. In addition, community influencers (frontline workers, including health and social workers, community outreach workers,) are in the best position to:

- map and target high-risk groups in their communities, as well as those influencing them;
- map settings where risky behaviour is most likely to occur, including at side events of mass gatherings (such as music festivals) where the probability of close contact and casual sex interaction is higher. These events include, but are not limited to, sex on premise venues, bathhouses, darkrooms and backrooms;
- act as the first point of contact for people who develop symptoms but might be afraid to present at health clinics for fear of stigma and discrimination (particularly in countries where the level of stigma towards MSM is higher);
- help establish community-based surveillance and contact tracing systems;
- help with the early detection of signs of social tensions due to stigmatisation of certain groups who are perceived as diseases carriers (migrants, MSM) and address these issues;
- set up systems to listen to the needs and concerns of an affected community;
- monitor and address rumours and misinformation spreading in the communities.

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More information

- ECDC regular updates on monkeypox: www.ecdc.europa.eu/en/monkeypox-outbreak
- WHO Regional Office for Europe regular updates on monkeypox: <https://www.who.int/europe/emergencies/situations/monkeypox>
- NGOs PrEPster and The Love Tank provide regular updates on monkeypox (including information for venues and event promoters): Everything we know about monkeypox so far: www.queerhealth.info/monkeypox
- [Interim advice on Risk Communication and Community Engagement during the monkeypox outbreak in Europe, 2022 \(2022\) \(WHO\)](#)
- [Public health advice on the recent outbreak of monkeypox in the WHO European Region. 24 May 2022](#)
- Monkeypox Q&A [English](#), [Русский](#), [Français](#) (20 May 2022)
- WHO factsheet on monkeypox, publishing date, 19 May 2022: <http://www.who.int/news-room/factsheets/detail/monkeypox>
- WHO Surveillance. Case investigation and contact tracing for Monkeypox: Interim guidance, 22 May 2022. <https://www.who.int/publications/i/item/WHO-MONKEYPOX-surveillance-2022.1>
- Laboratory testing for the monkeypox virus: interim guidance. [English](#), [Русский](#) (23 May 2022)
- [Clinical management and infection prevention and control for monkeypox: Interim rapid response guidance, 10 June 2022](#)
- [WHO Monkeypox outbreak: update and advice for health workers](#), 26 May 2022.

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5. European Centre for Disease Prevention and Control (ECDC). Rapid risk assessment: Increase in extensively drug resistant *Shigella sonnei* infections in men who have sex with men in the EU/EEA and the UK. Stockholm: ECDC; 2022. Available at: <https://www.ecdc.europa.eu/en/publications-data/rapid-risk-assessment-increase-extensively-drug-resistant-shigella-sonnei>
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7. European Centre for Disease Prevention and Control (ECDC). Navigating monkeypox: considerations for gay and bisexual men and other men who have sex with men. Stockholm: ECDC; 2022. Available at: www.ecdc.europa.eu/en/publications-data/navigating-monkeypox-considerations-gay-and-bisexual-men-and-msm
8. European Centre for Disease Prevention and Control (ECDC) and World Health Organization Regional office for Europe (WHO/Europe). Interim advice on Risk Communication and Community Engagement during the monkeypox outbreak in Europe, 2022. Stockholm/Copenhagen: ECDC/WHO Regional Office for Europe; 2022. Available at: <https://www.ecdc.europa.eu/en/publications-data/interim-advice-risk-communication-and-community-engagement-during-monkeypox>