Guidance for RCCE practitioners on Mpox

***Note**: This document has been developed based on and inspired by the WASH Cluster guidance for WASH practitioners on Mpox. Please see the end of the document for further RCCE guidance resources.*

2024 Mpox Outbreak Overview

There has been a global outbreak of mpox since 2022; this outbreak has been caused by the strain of mpox virus called Clade 2 and has affected around 116 countries worldwide. The current surge in cases is being driven by the rapid spread of a different strain – Clade 1b – which is predominantly affecting countries across the African region, particularly DRC, Burundi, Kenya, Uganda and Rwanda [1]. The guidance in this document applies to both Clades of mpox. WHO publishes a dashboard of updated cases globally here. Different Clades and Sub-Clades of mpox behave slightly differently to each other; WHO is monitoring for any significant differences between the Clades, including transmission routes. This guidance will be updated as more information becomes available on this issue.

Signs, Symptoms & Known Modes of Transmission

Mpox is an enveloped virus endemic to Central and West Africa. While the natural reservoir of mpox virus remains unknown, it isthought to be spread by rodents, such as rats, mice, and squirrels.

Incubation Period:
Signs and symptoms which usually begin within a week but can start 1–21 days after exposure.

Infectious Period:
From the onset of symptoms until lesions have scabbed over and fully healed. Symptoms typically last 2–4 weeks but may last longer in someone with a weakened immune system. Common symptoms of mpox include a rash which may last for 2–4 weeks. This may start with, or be followed by: Fever, sore throat, headache, muscle aches, back pain, low energy, and, swollen glands (lymph nodes).

[1] WHO Mpox Global Strategic Guidance and Response Plan

Transmission Routes:

Close contact with an infected person, including:

- Skin-to-skin contact (e.g., touching, sex)
- Mouth-to-mouth or mouth-to-skin contact (e.g., kissing)
- Face-to-face interaction (e.g., talking or breathing close to one another)
- Transmission from mother to baby during pregnancy or birth

Other transmission routes include:

- Contact with contaminated objects (e.g. clothing, linen used by an infected person)
- Needle injuries in healthcare or community settings (e.g., tattoo parlours)
- Animal-to-human transmission through bites, scratches, or handling infected animals (e.g., hunting, skinning, cooking) [2]

Treatment:

There is no specific treatment for mpox, and most treatment is supportive to manage signs and symptoms. Most people fully recover withing 2-4 weeks without the need for medical intervention, however the disease can cause more complicatedillness for children, pregnant women, and people with weakened immune systems.

Preventive Actions:

- Avoiding physical or prolonged face-to-face contact (hand-shaking, touching, kissing or sexual contact) with someone who is showing symptoms of mpox. If someone in your family or household has mpox, arrange for them to isolate in a separate room, if possible, personal items should not be shared and seek health care.
- Avoiding contact with surfaces or items used by someone who has mpox
- Being aware of transmission routes, practicing safe sex (although it doesn't prevent the skin to skin contact), maintaining good personal hygiene and handwashing with soap and water or alcohol-based hand rub
- Vaccination, particularly recommended for high-risk groups and direct contacts of patients (e.g health and care workers at risk of exposure, people who have multiple sex partners (both heterosexual and homosexual sex) and people living in the same household or have had contact with someone who has mpox)[3]
- Avoid contact with wild animals (alive or dead) known to carry the virus, such as rodents, and those that appear sick or have been found dead.

[2] For more detailed information on signs and symptoms, transmission routes etc please see WHO: https://www.who.int/news-room/fact-sheets/detail/mpox
[3] Note that vaccination strategies will vary country to country, and upon the number of vaccines available. Follow guidance from individual Countries Ministries of Health for more information for the specific country you are working in.

Response Guidance for RCCE Actors

The focus of RCCE Actors should be support and engage communities, ensuring their perspective and realities drive the mpox response interventions, and equipping them with knowledge and skills so that they practice key public health recommendations, access the needed services, and are protected from exposure to and the impacts of mpox. Note that all guidance given below should be read in conjunction with national level guidance. RCCE must take into consideration the uncertainties regarding the transmission dynamics of mpox and its impact on children and pregnant women, and have a strong focus on preventing misinformation and stigma.

Coordination

1	Coordinate with the Ministry of Health, RCCE coordination group in country to ensure a coordinated response, identify high risk areas for targeted interventions, and to align approaches.
2	Coordinate with the other sectors (WASH, Health etc) to align information, community engagement and other approaches.

3	Map RCCE, community actors and media, collect and triangulate data to identify high risk areas, identify and address capacity building and other needs.
4	Based on available data and feedback, co-develop mpox preparedness and response plans with trusted community representatives, stakeholders and local authorities. Co-create and pre-test and/or re-adjust messages and other materials.

Data for Action

1	Use social and behavioural data to drive preparedness and plan the response
2	Clear understanding of disease transmission dynamics, key population groups at high risk; community knowledge, concerns, vulnerabilities, perceptions and capacities; hygiene and health access barriers, stigma, fears; local information needs and trusted actors, channels and platforms; cross border movements.
3	Engage communities in research design and decision-making mitigates concerns about experimentation and builds trust.

Community Engagement

1. Engage and involve communities as key planners and implementers: local healthcare and other frontline workers, professionals working with children, social workers, caregivers of infants and young children in wasting treatment programmes, pregnant and breastfeeding women, faith-based groups, organizations working with some key population groups, such as people living with HIV, LGBTQI+, sexual workers, youth, people who work with animals, etc

2. Improved hygiene and other preventive practices: engage communities to understand and address contextual barriers to safe water and soap and to find/co create solutions to encourage adoption of all preventive measures

3. Case management: ensure availability of well-trained community health workers and volunteers capable of identifying, managing, and referring cases to healthcare facilities.

4. Community-based surveillance (CBS): CBS relies on active community participation, including community-based health workers and others community structures.

5. Vaccination: active involvement of community leaders and social mobilizers in the design, planning and implementation of campaigns, co-designing communication material and approaches to improve vaccine uptake in targets population.

6. Psychosocial support: engage frontline workers and communities and provide them with basic psychosocial support skills, train them to co-lead psychoeducation activities to reduce fears, change harmful beliefs, while addressing stigma and supporting community resilience.

7. Safe gatherings: engage event organizers, venue managers, school managers, market vendors and others involved in gatherings to implement prevention measures and share up-to-date, practical and targeted information about mpox with customers, staff, students, volunteers and communities.

Risk Communication

1. Identify key audiences: caregivers of infants and children, women who are pregnant or breastfeeding, and people who are immunocompromised, as well as some key population groups, people living with HIV, people with multiple sex partners, and people who work/have contact with animals.

2. Communicate risks to affected populations through accessible and preferred channels and trusted voices, including social networks, influencers and community groups who have access to high-risk groups of people. Focus dialogues on stigma. Prioritise bilateral communication approaches.

3. Promote knowledge of mpox symptoms, associated risk factors, and focus on actions around preventative measures, (including vaccination if available), health seeking behaviours and treatment. Provide information on available services and entitlements.

4. Use data from online and offline social listening systems and/or feedback mechanisms to address misinformation/rumours and any communities' questions, suggestions, etc.

5. Avoid language that may be perceived as stigmatizing or discriminatory:
Focus communication on the behaviours – not the people; avoid framing mpox as only a sexually transmitted disease; avoid language, photographs or graphics that spread fear or place an emphasis on a particular group. Messages should provide strategies on how to safely support those who are suffering, and promote safe community self-help.

Get more on: Behaviour science mpox messaging and Tips to talk with children

Feedback and Social Listening Mechanisms

1. Collaboratively create and implement a feedback, rumour tracking system with the affected community, ensuring the inclusion of child-friendly mechanisms.

2. Regularly review programmes and activities, updating information based on community feedback and social listening insights and contextual changes. Share systematically the data with frontline workers and volunteers.

3. Continuously monitor the performance of the feedback mechanism by analysing the volume of feedback received, the recommendations implemented, the completion of the feedback loop, and the diversity of sources, to ensure inclusivity.

Home-Based Care

Support at-home based care by providing the following guidance to the community health workers, volunteers and other community-based actors, such as local leaders, religious leaders, traditional birth attendants and healers etc., and providing support to access the necessary NFIs to manage cases at home:

- Designate one caregiver, preferably someone in good health with no underlying chronic conditions.
- If possible, isolate the person with mpox in a separate room, or area with a curtain or screen.
- Wear disposable gloves and other personal protective clothing when supporting the person with mpox.
- Advise the person with mpox and caregivers not to share things touched by the person with mpox with others will help prevent the spread. People with mpox should clean and disinfect the spaces they occupy regularly to limit household contamination.
- Bedding should be carefully lifted and rolled and not shaken to prevent dispersion of infectious particles.
- Floors should be damp mopped with mild disinfectant rather than swept.
- Bedding, towels, clothing, and utensils should not be shared and should be washed separately with soap and hot water.
- Waste generated from patients with mpox should be collected in strong bags and securely closed for disposal.

- If you cannot isolate completely while you are sick, take precautions to limit the risk of spreading mpox to others such as wearing a well-fitting mask and cover lesions while around others; disinfect surfaces in shared bathrooms or rooms between each use; avoid sharing objects (e.g., towels, washcloths, drinking from the same glass); Cover upholstered furniture and porous materials that cannot be washed.

Preparing for and managing mpox suspect or confirmed cases in schools

1	•Plan with local health and education authorities, staff and update emergency contact lists. Involve teachers and students in the planning discussion. •Identify a room or dedicated space for isolation of a suspected case that is child friendly. Establish a referral pathway and a clear coordination channel withthe health facility. •Develop and review procedures with staff and parents for isolating and referring systems. •Promote an open and transparent discussion with the school community, explaining the procedures to create trust, reduce alarm and prevent potential stigma/discrimination. •Ensure schools and learning spaces have basic information about the disease and clear SOP •Train teachers, education staff and students' representative(s) to assess sick students and identify early symptoms. Provide basic psychosocial support skills, and train them to co-lead psychoeducation activities at school. •Encourage regular cleaning and facilitate basic hygiene practices and have appropriate supplies available. •Promote regular dialogues with the school community to promote prevention measures, address doubts, concerns, and rumors. •Build on existing hygiene promotion programs in schools, co-create with students' messages, materials and other school activities to promote hygiene and other protective measures at school and at home
2	•Isolate the learner/staff in the previously identified isolation area, while making sure the person receives all the information they need, and their concerns and doubts are addressed. •School staff and caregivers should have minimum contact/touch with the suspect case and wear basic PPE if in close contact (medical masks and disposable gloves). •School mpox lead to immediately inform the local health center or mpox response team member and establish contact with the family of suspected case and ensure a communication channel between the suspect case and his/her relative. •Ensure cleaning staff are equipped with basic PPE (rubber gloves) and trained on use of PPE and cleaning practices. •The probable or confirmed mpox cases should follow national clinical guidelines for isolation. The school or learning space should continue to communicate with a learner while in isolation and organize distance learning to avoid learning disruption. If distance learning is not feasible the school should think of organizing catch up or remedial class for the affected student to catch on missed lessons •Provide psychosocial support to learners and staff and ensure they are not stigmatized on their return. If possible, engage trusted voices from the school and community to help increase awareness of the dangers of stigma. Amplify messages that reduce discrimination and judgment

3	•Identified contacts (learners and staff) should remain at school and be monitored according to national surveillance guidelines. Quarantine or exclusion from work or school is not necessary during the contact monitoring period if no signs or symptoms develop. •Contacts should be offered mpox medical advice, and psychosocial support, testing in case of symptoms. Ensure the person's doubts and concerns are addressed and feedback acted on. They should continue to attend schools and learning spaces. •Reinforce dialogue with school community around preventive measures, all forms of transmission, explain measures being taken, address new questions, concerns and collect suggestions on how to improve prevention, create trust, and address fear and stigma. •Reinforce frequent handwashing, appropriate cleaning and disinfection of contaminated surfaces and improved ventilation. Ensure supplies are available.

Further Guidance on Mpox:

- Mpox RCCE Training for volunteers ENG and Training in French Sept 2024)
- Risk communication and community engagement readiness and response toolkit: Mpox (2024)
- Behavioural Science for Mpox Prevention Messaging
- How to talk with children about mpox
- UNICEF Key messages (6th Sept)
- UNICEF School messages (9th Sept)
- WHO RCCE Messages (27th Sept 2024)
- MPOX Q&A (WHO 17 August 2024)
- Mpox (who.int) – Facts 26th August 2024
- RCCE public health advice on understanding, preventing and addressing stigma and discrimination related to mpox 2022
- U-Report Chatbot in FRA and ENG
- Template for U-Report poll on mpox *(ENG August.2024) and* U-Report Poll en Français *(FRA August 2024)*
- Quantitative Questions bank for mpox *(22.08.2024) and* Quantitative Questions bank for mpox FRA *(24.08.2024)*
- Mpox qualitative questions bank draft (Sept 2024)
- WHO Social listening Taxonomy (August 2024)

Useful links:

- Mpox Risk Communication and Community Engagement (sharepoint.com)
- https://www.rcce-collective.net/resources/thematic-kits/mpox/