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Monkeypox Prevention and Protecting Sex Workers: A Call to Action

Randi Beth Singer
University of Illinois at Chicago

Amy K. Johnson
Lurie Children's Hospital of Chicago

Jessica L. Zemlak
Marquette University, jessica.zemlak@marquette.edu

Ariel Shensa
Duquesne University

Rebecca M. Singer
University of Illinois at Chicago

See next page for additional authors

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Randi Beth Singer
University of Illinois Chicago, Northwestern University
Amy K. Johnson
Ann & Robert H. Lurie Children's Hospital
Jessica L. Zemlak
Marquette University
Ariel Shensa
Duquesne University
Rebecca M. Singer
University of Illinois at Chicago
Cocoa Costales
Northwestern University
Kathleen Chiu
New York City Department of Health
Jahari Stamps
Southside Health Advocacy Resource Partnership

In May 2022, a global outbreak of Monkeypox (MPV) linked to human-to-human transmission began and has spread rapidly around the world (Farahat et al., 2022). As of September 9, 2022, there were 57,527 cases globally with the USA leading the spread of infection with 21,894 cases (CDC, 2022). Human-to-human transmission of MPV spreads through close, intimate, and often skin to skin contact with lesions, scabs, respiratory secretions and surfaces that have been used by someone with MPV. It can also be spread perinatally. The current outbreak of MPV among adults is predominantly linked to sexual contact with an infected person. While MPV is not classified as a sexually transmitted infection, the close skin-to-skin contact associated with oral, vaginal, or anal sexual activity has been a driver of the current outbreak of MPV, thereby increasing the likelihood of transmission among those who exchange oral, anal or vaginal sex, including sex workers (Philpott, 2022; Singer et al., 2020).

The current outbreak has occurred largely among men who have sex with men (MSM). Of reported U.S. MPV cases, 99% have occurred in men, among whom 94% reported male-to-male close intimate or sexual contact (Philpott, 2022). Considering the mode of transmission of the current epidemic, any person with multiple sex partners may be at increased risk for exposure to MPV via the increased likelihood of connecting to a sexual network with active MPV (Vivancos et al., 2022). While not all sex workers exchange oral, anal, and/or vaginal sex for something of value, those that do could be at increased risk of exposure to MPV. The current community transmission pattern places those with multiple sex partners and overlapping sexual networks at the greatest risk of infection, similar to early HIV epidemic infection patterns (Gupta et al., 1989).

Early HIV prevention efforts in the US centered MSM as a priority population, overlooking non-MSM sex workers and their potential for increased occupational exposure to HIV. For example, early Pre-Exposure Prophylaxis (PrEP) for HIV prevention efforts focused primarily on MSM while other populations, including non-MSM sex workers, were not prioritized. As such, we continue to see stagnation in the reduction in incidence of HIV infections among cisgender women and sex workers (Shannon et al., 2015). By solely focusing prevention efforts on MSM, the current MPV epidemic response is mirroring the same flawed pattern (Glick et al., 2020).

We have an opportunity to be proactive in preventing and treating MPV among a broader group of individuals, including sex workers. Community empowerment interventions have shown that including sex workers in the planning and response to disease prevention is most effective (Benoit et al., 2020; Singer et al., 2021). Partnering with sex workers to inform needs assessments, community consultation, and peer support should help shape prevention efforts. Engaging sex workers in this process may help mitigate commonly experienced barriers to care such as criminalization, discrimination, and stigma. Risk reduction education and access to prevention efforts must include input from sex workers as experts in their field in order to effectively tailor it to sex workers (Wirtz et al., 2014).

To achieve this goal, clinicians and outreach organizations must be educated about the prevention and treatment of MPV for those engaged in any behaviors that increase the probability of contracting MPV. In this call to action, we encourage policy and guideline makers to include sex workers across the gender spectrum in prevention efforts, inclusive of vaccine availability, risk reduction education, and available treatment. Understanding that vaccine supply is limited, inclusion criteria must be expanded as soon as possible to include sex workers who trade certain sexual activities associated with high risk of MPV transmission as the virus is not bound by sexual orientation or gender identity (CDC, 2022). Further protection of sex workers from MPV must be prioritized through increased access to information so that clinicians can provide sex workers prevention and treatment care targeted to their distinct needs.

The Internet is widely available, accessible at all times, and has been shown to be a routine source of medical information (Johnson et al., 2016; Record et al., 2018). According to a 2021 survey, over 75% of adults access health-related information on social media (Neely et al., 2021). Google Trends data revealed a sharp increase in

Internet search volume for MPV the last week of May—coinciding with the global outbreak—with the search volume doubling by the first week of August 2022. Tweet Binder, a Twitter analytics tool, estimates that tweets containing #monkeypox potentially impacted over two million users'; a conservative estimate including only tweets using this particular hashtag (Tweet Binder, 8/5/22).

Evidence of MPV information-seeking via social media presents both opportunities for legitimate information and resource sharing and challenges due to the pervasive misinformation on social media. Public health officials recognize the negative impact of misinformation on social media, and acknowledge the need to combat misinformation with strategic and proactive messaging (Fischer et al., 2019). This is particularly critical for marginalized populations who may hesitate in accessing or disclosing sensitive health information to providers (Singer et al., 2022). Public health officials and clinicians should be cognizant of social media misinformation and make efforts, including creating profiles and maintaining a strong social media presence, to disseminate educational information tailored for populations most at risk for MPV, such as sex workers and ensure that sex workers are included in the process of developing and or testing messaging strategies. To be consistent with other health conditions and to prevent misinformation, googling MPV symptoms should prompt a pop-up box directing users to CDC resources and local testing.

Outreach Education

Education for sex workers about MPV is essential and should comprise prevention techniques, including recognizing MPV symptoms, treatment options, and how to access care. We recommend that sex worker specific prevention education occur both in the community (in-person) and via online platforms. Research has shown that peer led health interventions and education among SWs has been successful (Benoit et al., 2017). MPV education should not be limited to clinical settings as the information may feel most relevant and accessible when it is based on the lived experiences and needs of SWs.

Information to be shared with clinicians and outreach workers and posted to the most visited social media sites should include the following points:

1. Education: While the majority of cases have occurred among MSM, MPV is not limited to MSM. Harm reduction strategies are effective in reducing the transmission of MPV. Once exposed, there is treatment to prevent transmission. Once MPV is contracted, there are safe and effective treatments that reduce severity of symptoms. For more information, click the following link (https:// wwwcdc-gov.proxy.cc.uic.edu/poxvirus/monkeypox/prevention/sexual-health.html).
2. Practice: Include a screening process for MPV symptoms to involve screening for MPV when making bookings, or, depending on the communication platforms and laws, when advertising. Prior to starting a booking, visually scan for MPV symptoms. Avoid working with clients or sharing workspace with others who have visible sores or rashes. If a client has visible sores or rashes, try to keep those areas covered with bandages or clothing. Wear gloves and a face mask when possible. Clean high-touch surfaces such as linens and sex toys between use.
3. Public health: Disseminate information about the MPV vaccine, myths and facts, in lay language. Make vaccination sites accessible and publicize them in a way that will encourage sex workers to participate. Dissemination should link to local resources driven by sex workers, such as Sex Worker Outreach Project (SWOP) and St. James Infirmary (Koster, 2017; Lutnick, 2006).
4. Intervention: Once exposed, there is treatment to prevent transmission. This postexposure prophylaxis should be administered as soon as possible, within 4–14 days of exposure, to prevent disease transmission and/or reduce symptom severity.
5. Treatment: Descriptions of TPOXX (medication used for MPV treatment) eligibility criteria and procedures and community access points for treatment.

Healthcare System and Provider

Recommendations

As MPV continues to spread, healthcare providers must be prepared to recognize symptoms of infection, access treatment for patients at risk of developing severe disease, and prevent new infections via risk reduction and vaccination. Healthcare systems have the opportunity to partner with local sex worker organizations already engaged in grassroots interventions. Having information at the ready about such organizations offers additional support for the community. We recommend the following for healthcare providers:

1. To identify persons with greater odds of exposure, train healthcare providers in culturally safe ways to include questions regarding sex exchange when taking patient histories.
2. Require provider education about sample collection and procedures processes for MPV testing.
3. Provide training on TPOXX indications and prescribing instructions and identify local pharmacies with medication availability.
4. Use existing PrEP public health infrastructure for MPV prevention efforts. There are similar sexual risk factors in patients at risk for HIV and MPV. Therefore, using existing public health infrastructure and access to PrEP for HIV prevention and MPV prevention is recommended.

Next Steps

Specific guidelines outlined by the CDC acknowledge various ways to protect oneself from MPV (CDC, 2022). We recognize that some of these recommendations may be challenging for those engaged in transactional sex, who rely on the income generated from sexual activity. In addition to expanding access to vaccination, creative alternatives for self-protection from MPV are needed. For MPV prevention to be effective for sex workers, sex workers must be leaders in the public health response. For example, in preparing this call to action, we worked with current and former sex workers who offered insight as to how MPV resources could be more accessible to those engaged in transactional sex. One sex worker stated “Just like in COVID, there were many, many of us that had to keep working (often by necessity) and so those harm reduction spaces that offered sensitive and nonjudgmental resources were very valuable for keeping us safe.” Building partnership opportunities between sex worker organizations, community leaders, and clinician allies may pave the way for effective MPV prevention among sex workers.

Declarations

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