

MONKEYPOX AND SEX-ON-PREMISES VENUES

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This policy paper focuses on sex-on-premises venues (SOPVs) that specialise on gay and bisexual men as well as other men having sex with men (GBMSM) patrons. This policy paper will not discuss sex service premises and other commercial locations where sex or sex work may occur. GBMSM use the terms saunas, bathhouses, or steam baths when referring to SOPVs.

Key points

- SOPVs may be the site of transmission for the monkeypox virus between GBMSM.
- To mitigate the risk of transmission, SOPVs should clean their venue and facilities effectively and regularly. SOPVs should also ensure they collect relevant information from patrons to facilitate contact tracing if a transmission occurs on-site.
- SOPVs also have the option to engage more broadly with the public health response to monkeypox if they choose.

There is heightened risk of transmission of monkeypox at SOPVs.

In Australia, monkeypox is a viral infection that is typically transmitted through sexual conduct between men, however, transmission is also possible through other forms of prolonged contact or through sharing items such as towels and clothing.

Monkeypox transmission can occur at SOPVs. SOPVs are commercial venues expressly for engaging in sex between consenting adults. At a SOPV, GBMSM can come into contact with the bodily fluids of sexual partners. This increases the likelihood of rapid monkeypox transmission between patrons, which risks a broader outbreak within the community.

SOPVs should reduce the likelihood of transmission through effective cleaning.

Effective and regular cleaning of the SOPV venues can mitigate the risk of monkeypox and other STIs transmission.

No specialist services or equipment is required. To reduce the likelihood of monkeypox transmission, AFAO and ASHM recommend the use of:

- detergent solution (for example, soap and water) to remove materials from surfaces; and
- disinfectant (for example, bleach solution) to kill viral particles on surfaces. This can be done after detergent solution is used or even if detergent is not used.

Alternatively, SOPVs can utilise products that, simultaneously, remove materials and disinfect (for example, combined cleaning and disinfection wipes).

In addition to the products they use, SOPVs should ensure their cleaning methodology is effective. AFAO and ASHM recommend SOPVs:

- frequently clean areas where bodily fluids such as semen, faeces, blood, urine or spit may be present as well as areas where patrons typically congregate such as eating areas, saunas, swimming pools, showers, massage rooms and smoking areas;
- spot clean at least hourly (or more frequently during busy periods), by targeting high touch surfaces, that come in contact with people's skin such as lockers, keys, mattresses, swings, benches, chairs, walls, beds and sofas;
- wash linen and textiles (for example, towels and sheets) with standard laundry detergent in a warm or hot wash. Linen and textiles should not be shaken before washing;
- double bag and correctly dispose waste materials such as tissues, condoms and paper towels;
- employ wet cleaning methods (mop) over dry (sweeping) for general maintenance;
- ensure that hand washing facilities and hand sanitiser are readily available for staff and patrons. Staff should always use washing facilities and hand sanitiser after cleaning; and
- ensure staff wear specific PPE whilst cleaning including:
 - disposable gloves;
 - surgical masks; and
 - eye protection (such as goggles).

If necessary, SOPVs should support contact tracing efforts.

When an individual is diagnosed with monkeypox, Public Health Units (PHUs) within the relevant state and territory health department will typically contact people who were in close contact with the individual whilst they were infectious. This includes high-risk contacts, such as sexual partners and medium-risk contacts, such as social contacts. PHUs can facilitate close contacts receiving information about monkeypox, in particular, information about testing, prevention, counselling and medical support.

Where a PHU identifies a person attended a SOPV while infectious or likely acquired their infection at a SOPV, the PHU will require assistance from the SOPV to identify possible contacts to provide information to patrons who may have been exposed. Even if patrons did not have sexual relations with the infected person, they may have come into contact with the individual's bodily fluids.

To assist PHUs, SOPVs should collect a first name and contact number of all patrons that enter their venue as well as the time and date they entered. SOPVs can assure patrons that this personal data will only be shared in the event of monkeypox case occurring during their visit at the venue and be disposed of after it is no longer necessary for contract tracing purposes. The collection of data and distribution to PHUs in the event of a monkeypox transmission reduces the need for government to make any direct appeals to the public, which can lead to stigmatising media commentary on the behaviour of SOPV patrons. SOPVs can also encourage patrons to pass their contact details to anyone they have sexual contact with at the venue in case they show symptoms of monkeypox or another STI.

Where appropriate, SOPVs can engage more broadly with the public health response to monkeypox.

SOPVs have the option to further engage stakeholders to protect their patrons and staff against monkeypox. Patrons may trust their local SOPV more than other venues to provide reasonable and inclusive material about monkeypox.

SOPVs can collaborate with government, public health experts and community organisations to support public health responses to health crises. For example, SOPVs can:

- host a vaccination site, testing services and other health services during peak periods at the SOPV;
- support initiatives other stakeholders are leading through promoting those initiatives on the SOPV's social media and making promotional material available on-site; and
- have information available to patrons on-site in the form of physical resources (such as posters and brochures) and non-physical resources (links to online resources).