

## Retrospective audit of inpatient MPOX cases at Alfred Health

### Management and public health advice of people diagnosed with MPOX requiring hospitalisation.

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**Background:** Management of MPOX has become more common since 2022 with most cases managed as outpatients. People with severe disease can require inpatient care, different interventions, and may get different public health advice. Hospital-based MPOX care has not been previously described in Australia. We sought to describe clinical outcomes, smallpox vaccination, antiviral use, and public health advice for people with symptomatic MPOX presenting to The Alfred hospital in Melbourne, Australia.

**Methods:** People with presentations to The Alfred due to MPOX between January 2022 and December 2024 had the following data extracted: demographics (age, gender, MSM [men who have sex with men], HIV), indication for presentation/admission, clinical features of MPOX, use of tecovirimat and indication for use, smallpox vaccine use, and public health advice.

**Results:** We identified 46 people with a median age of 37 years. 45 (98%) were cisgender men, 40 of whom identified as MSM. 22 (48%) were living with HIV. 31 (67%) were treated as inpatients, with a median length of stay of 4 days (range 1-14). 15 (33%) were discharged from the emergency department. There were no inpatient deaths. For prior smallpox vaccinations, 4 (9%) had received 2 doses and 4 (9%) 1 prior dose. 19 patients (41%) received tecovirimat, with indications including proctitis (68%), bacterial superinfection (16%), and generalised pain (11%). Public health advice provided by treating clinicians was heterogeneous in nature – most commonly recommending patients isolate at home until lesions had cleared.

**Conclusion:** Among patients with MPOX managed at the Alfred the majority were MSM, nearly half living with HIV. Patients had good outcomes and over 40% received tecovirimat, not necessarily in line with national guidance. Hospital care is an important component of MPOX management, and accurate guidance for hospital-based clinicians on management, particularly antiviral use, and public health advice is necessary to optimise outcomes.