

Understanding the epidemiology, clinical characteristics and infection severity of mpox cases in 2024 outbreaks in Victoria, Australia

Authors:

Aung ET^{*1,2}, Low SJ^{*3,4}, Towns J^{1,2}, Fairley CK^{1,2}, Lim CK^{1,3,4}, Chow EPF^{1,2,5}

¹ Melbourne Sexual Health Centre, Alfred Health, Carlton, VIC, Australia

² School of Translational Medicine, Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne, VIC, Australia

³ Victorian Infectious Diseases Reference Laboratory, Royal Melbourne Hospital, Doherty Institute for Infection and Immunity, Melbourne, Victoria, Australia

⁴ Department of Infectious Diseases, Doherty Institute of Infection and Immunity, The University of Melbourne, Melbourne, Victoria, Australia

⁵ Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, VIC, Australia

*co-first authors

contributed equally

Background:

Following the global mpox outbreak in 2022, clusters of clade II mpox cases have continued to emerge in 2024 in Australia. This study describes the epidemiology, characteristics, and severity of mpox cases presented to a public sexual health clinic in Victoria during the 2024 outbreaks.

Methods:

We conducted a retrospective cross-sectional study of mpox-confirmed cases at the Melbourne Sexual Health Centre, Australia between January and September 2024. We collected data on demographic characteristics, sexual behavioural data, and vaccination history, clinical characteristics, and infection severity. We examined the factors associated with mpox clinical severity (mild, moderate, severe) using multinomial logistic regression.

Results:

We included 156 mpox confirmed cases (155 men and 1 woman) with the median age of 35 (IQR: 31-40), and most were MSM (98%, n=153). More than half (59%, n=89) had at least one mpox vaccine. Mpx vaccination was highest in PrEP users (73%, n=65), followed by persons living with HIV (PLHIV) (19%, n=17), and HIV-negative non-PrEP users (8%, n=7). One person had a previous mpox infection in 2022.

Most (92%, n=143) had mild or moderate symptoms, and 8% (n=12) had severe symptoms with 8 men requiring hospitalisations. One was lost to follow-up.

Unvaccinated cases had higher mean number of lesions (n=8) compared to vaccinated cases (n=5, p=0.013). Vaccinated cases (n=89) had lower odds of severe disease than unvaccinated cases (n=64) (odds ratio[OR]: 0.22, 95%confidence interval [CI]:0.06-0.79, p=0.02). An increase in the number of lesions was associated with more severe disease (OR: 1.13, 95%CI: 1.05-1.23, p=0.002). PrEP use, HIV status, and age were not associated with clinical severity.

Conclusion:

Our findings suggest mpox vaccination reduces disease severity. However, the notable number of unvaccinated PLHIV and non-PrEP users highlighted the need for increased awareness and public health campaigns to boost vaccine uptake among MSM to protect the community.

Disclosure of Interest Statement:

All authors have no conflict of interest to declare.

EPFC was supported by Australian National Health and Medical Research Council (NHMRC) Investigator Grant (GNT1172873). ETA is supported by EPFC's NHMRC Investigator Grant (GNT1172873).