

# TraX mpox data report: Report period 10 October 2022 to 22 October 2023

This report summarises data collected as part of the TraX study from its launch on 10 October 2022 to 22 October 2023. Survey data were collected weekly on rates of mpox vaccine uptake, mpox infection, and sexual behaviours among people considered at high risk of mpox infection in Australia. Unless otherwise stated, data included in this report are from participants who provided at least one follow-up survey.

# Global mpox update <sup>1</sup>

- As of 30 September 2023, there have been 91,123 laboratory-confirmed mpox cases to the World Health Organisation (WHO).
- The outbreak continues to primarily affect men who have sex with men, with no significant transmission beyond these networks observed.
- The number of new cases reported monthly has decreased by 16.2% as of September 2023 compared to the previous month.
- The Western Pacific Region, with 45% of cases, and the European Region, with 26.4%, reported the majority of new cases last month.
- There has been a substantial decline in monthly reported cases from the global peak observed in August 2022.
- From April to September 2023, the average number of new cases reported globally each month was 712.

### TraX summary

- During this reporting period, 2,883 people across Australia participated in the TraX study and provided at least one follow-up response.
- Throughout the study, monthly rates of testing for mpox remained consistent at approximately 1.0%.
- At study entry, 22.2% of participants reported being unvaccinated against mpox, 50.2% had received one vaccination, and 27.6% had received two mpox vaccinations.
- As of 22 October 2023, the proportion of people who reported being unvaccinated against mpox had reduced by more than half to 9.2%, leaving 266 participants unvaccinated. The proportion who reported having received only one mpox vaccination also fell to 11.0% and the proportion who had received both mpox vaccinations increased to 79.7%.
- At study entry, 12 participants reported prior mpox infection. No new mpox infections were reported throughout the study period.

<sup>&</sup>lt;sup>1</sup> Mpox Outbreak 2022-23: Global Trends. Geneva: World Health Organization, 2023. Available online: https://worldhealthorg.shinyapps.io/mpx\_global/ (last cited: 24 October 2023).



#### Recruitment source

The largest proportion of participants was recruited through the NSW Ministry of Health expression of interest (NSW MoH EOI) list (34.5%). This list was compiled by the NSW MoH while awaiting the readiness of vaccines and subsequent vaccine rollout. 31.0% of participants were recruited through NSW mpox clinics. Crown Street Vaccination Clinic was the first clinic to commence recruitment and recruited most of the clinic-based sample. Victorian clinics began clinic-based recruitment in mid-November 2022. Just under one-quarter (23.3%) of participants were recruited through consent given to participate in future research as part of previous Kirby Institute/Centre for Social Research in Health studies.

Table 1. Recruitment source.

	N	%
NSW MoH EOI	995	34.5
Social media	29	1.0
Hook-up apps	56	1.9
NSW mpox clinics	893	31.0
Victoria mpox clinic	80	2.8
a[TEST]	12	0.4
Consent from other studies	673	23.3
Unpaid advertising	145	5.0

#### Sample characteristics at study entry

The median age of participants was 41 years, and ages ranged from ranged from 19 years to 81 years. Approximately two-thirds (63.5%) of participants were born in Australia. The majority of participants identified as cis male (94.3%) or trans male (0.6%), and most (85.7%) identified as gay.

Most participants (82.6%) reported an HIV negative status and 8.5% were living with HIV. A recent STI diagnosis in the last 6 months was reported by 23.3% of participants at study entry. Most participants (83.9%) resided in New South Wales, which was expected given most participants were recruited through the NSW MoH EOI list, NSW mpox clinics, or through consent from studies conducted by the Sydney-based Kirby Institute and Centre for Social Research in Health.



# TraX mpox data report: Report period 10 October 2022 to 22 October 2023

Table 2. Sample characteristics at study entry (N=2883).

	N	%
Age		
19-29	355	12.3
30-39	960	33.3
40-49	708	24.6
50-59	518	18.0
60+	334	11.6
Did not answer	8	0.3
Country of birth		
Australia	1832	63.5
Elsewhere	1051	36.5
State of residence		
New South Wales	2418	83.9
Victoria	250	8.7
Queensland	93	3.2
Northern Territory	12	0.4
Western Australia	23	0.8
South Australia	26	0.9
Australian Capital Territory	49	1.7
Tasmania	12	0.4
Aboriginal or Torres Strait Island	er	
Yes	72	2.5
No	2811	97.5

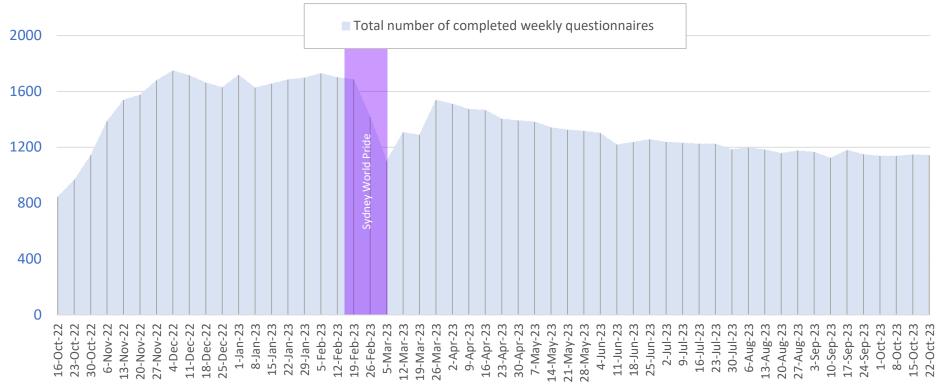
Gender         Cis men       2720       94.3         Trans men       16       0.6         Cis women       41       1.4         Trans women       19       0.7         Non-binary people       67       2.3         Other       20       0.7         Sexuality         Gay       2472       85.7         Lesbian       9       0.3         Bisexual/pansexual       226       7.8         Heterosexual       37       1.3         Queer/other term       139       4.8         HIV status         Positive       245       8.5         Negative       2380       82.6         Untested/unknown       258       8.9         STI diagnosis in past six months         Gonorrhoea       370       12.8         Chlamydia       442       15.3         Syphilis       147       5.1         Unsure       13       0.5         Other       43       1.5		N	%
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Unsure 13 0.5	Chlamydia	442	15.3
	Syphilis	147	5.1
Other 43 1.5	Unsure	13	0.5
	Other	43	1.5



#### Follow-up and participation over time

Study participation fluctuated, with the most engagement occurring prior to Sydney World Pride. The reduction in completed surveys in February 2023 corresponded with Sydney World Pride events. An average of 1300 participants have completed the questionnaires each week since the closing of Sydney World Pride. Although a consistent number of participants have continued to respond to the weekly questionnaire in the past three months.

Figure 1. Follow-up and participation over time.



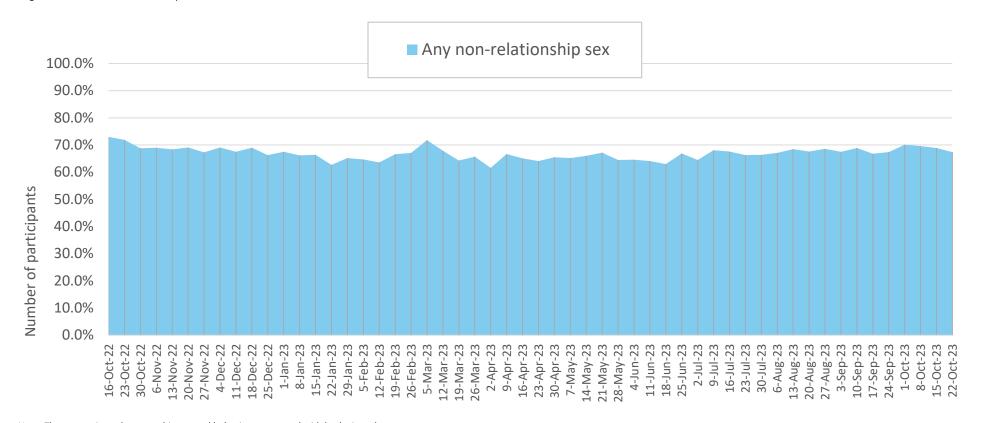
Note: Study launched on 10 October 2022. Sydney World Pride commenced on 16 February 2023 and ended 5 March 2023.



### Mpox sexual risk behaviours

Among all types of mpox transmission reported globally, sexual contact was the most frequently mentioned and accounted for 82.0% of all transmission instances. The reporting of sexual encounters with cis or trans male partners by individuals remained consistent during the reporting period.

Figure 2. Non-relationship sex with cis or trans men over time.



Note. The proportions above combine sexual behaviours reported with both cis and trans men.



# Mpox testing

The monthly rates of testing for mpox have remained consistent at around 1.0%. Throughout the study period, 140 (4.9%) participants reported having ever had an mpox test in the previous week.

Figure 3. Number of participants reporting an mpox test in the previous week (N=2883).

Note: Study launched on 10 October 2022. Sydney World Pride commenced on 16 February 2023 and ended 5 March 2023.



# Mpox vaccination

At study entry, 22.2% of participants reported being unvaccinated against mpox. Half (50.2%) reported having received one mpox vaccination and 27.6% had received both mpox vaccinations.

Table 3. Mpox vaccination at study entry (N = 2883).

Recruitment source	None	First dose	Second dose
NSW MoH EOI	216 (21.7)	576 (57.9)	203 (20.4)
Mpox clinics	30 (3.1)	550 (56.5)	393 (40.4)
Other	393 (43.0)	320 (35.0)	202 (22.1)
Total	639 (22.2)	1446 (50.2)	798 (27.6)

By 22 October 2023, the proportion of study participants who reported being unvaccinated against mpox had reduced by more than half to 9.2%, leaving 266 participants unvaccinated. The proportion who reported having received only one mpox vaccination also fell to 11.0% with the proportion of participants who had received both mpox vaccinations increasing to 79.7%.

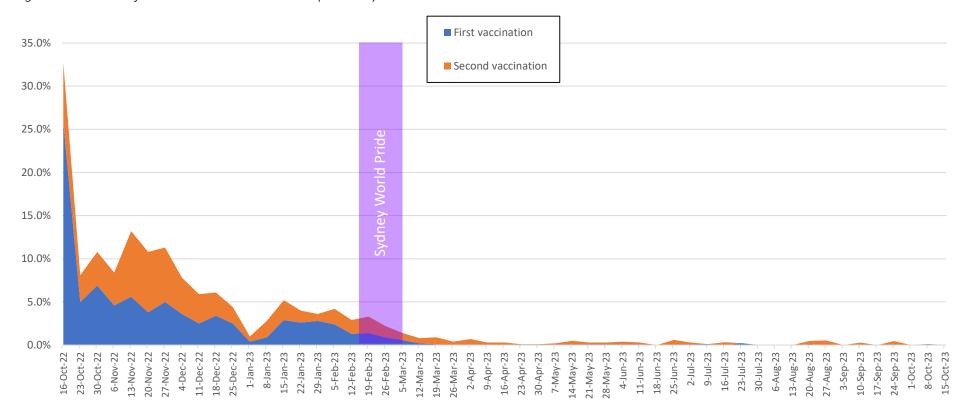
Table 4. Mpox vaccination at 22 October 2023 (N = 2883).

Recruitment source	None	First dose	Second dose
NSW MoH EOI	40 (4.0)	99 (9.9)	856 (86.0)
Mpox clinics	3 (0.3)	131 (13.5)	839 (86.2)
Other	223 (24.4)	88 (9.6)	604 (66.0)
Total	266 (9.2)	318 (11.0)	2299 (79.7)



Most participants had been vaccinated before Sydney World Pride, suggesting that the high vaccination rates prior to the event may have contributed to the low number of new mpox cases reported.

Figure 4. Trends in first and second vaccination (N=3595)



Note: Study launched on 10 October 2022. These trends also include participants who responded at study entry only. Sydney World Pride commenced on 16 February 2023 and ended 5 March 2023.



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# Vaccine effectiveness

All 12 cases of mpox reported among this cohort were diagnosed prior to study entry. No mpox cases were reported among participants during follow-up. As such, we cannot calculate vaccine effectiveness.