HEALTH EQUITY MATTERS
HIV. LGBTIQA+. COMMUNITIES.

CONTACT TRACING FOR MPOX

31 July 2025

Context

Contact tracing is an important component of a public health response to infectious diseases (Hossain et al., 2022; El-Sadr, Platt, Bernitz, & Reyes, 2022). While it has been a longstanding component of responses to many infectious health conditions in Australia, its role and importance became far more prominent in public consciousness during the COVID-19 pandemic (Commonwealth of Australia, 2020). In the context of Health Equity Matters' member organisations and communities, contact tracing has been primarily associated with HIV and other sexually transmissible infections (ASHM, 2022; ASHM 2024; Healthdirect, 2024).

Contact tracing has been an essential component of responding to the mpox outbreaks in Australia, but challenges lie ahead if mpox becomes endemic for gay, bisexual and other men who have sex with men (GBMSM).

What is contact tracing?

In the context of sexual health, contact tracing has two primary components:

- Identifying the people ('contacts') who need to be alerted to an exposure
- Contacting these contacts to provide them with information about the exposure and to encourage testing and other behaviours that can reduce onwards transmission.

The process of identifying contacts is also an opportunity to identify the source of the infection, which, if previously not identified, can assist with finding additional contacts.

The identification of the contacts can occur in a number of ways, and it should be noted that for GBMSM who have high levels of sexual health literacy, they may do this as part of a culture of care for their sexual partners without the need for prompting by clinicians.

A common approach is for the community member and the treating clinician to discuss the potential contacts, accompanied by a request to the community member to reach out to any recent sexual partners. It could also be a more detailed discussion about their recent partners and assessment of the risk of transmission with those partners. Alternatively, this process may be undertaken with a contact tracer from a public health unit (PHU). PHU contact tracers are highly trained and can conduct a detailed

interview with the community member to gather a complete list of contacts, their contact information, and the type of risk that occurred.

Reaching out to the identified contacts can involve one or a combination of the following approaches:

- If it is the preference of the person recently diagnosed, they can reach out to the contacts directly to provide them with information or alert the contacts via an anonymous service (e.g., DramaDownUnder)
- If the person is not comfortable doing this themself, and if the condition that is being contact traced is highly infections, the clinician or PHU member PHU will follow up with the contacts directly. When the clinician or PHU reaches out to the contacts, they will ensure the privacy of the person that has been diagnosed.

Contact tracing for mpox during the recent global outbreak

Contact tracing has been an essential component of the response to mpox since the global outbreak began in 2022 (WHO, 2022). There are limited published data on contact tracing in the Australian context, but looking at similar jurisdictions is illustrative.

Contact tracing for the first mpox case identified in the US in the 2022 outbreak led to 37 community and 129 health care contacts being identified, although none of these contacts was subsequently diagnosed (Shenoy et al., 2022). During the early stages of the 2022 outbreak there was concern about transmission in public places. The US Centre for Disease Control undertook contact tracing with 113 people who travelled on a total of 221 flights while they were infectious with mpox (Delea et al., 2024). They were able to receive outcome information for 68% of the contacts who were fellow travellers, and none was found to have acquired mpox from the flight exposure.

In a survey of 139 professionals undertaking contact tracing measures across 27 European countries during the initial 2022 global outbreak (Prins et al., 2024), 96% conducted case investigations, 88% conducted backward contact tracing, 90% conducted forward contact tracing, and 78% performed follow-up on contact outcomes. The highest facilitators for contact tracing were sufficiently clear guidelines, quick access to lab results, and having sufficient expertise. The main barriers to contact tracing were the inability to contact the contacts of cases, inability to contact cases themselves, lack of staff, and lack of time.

A review of contact tracing during COVID and mpox from the perspective of 10 public health agencies in the United States highlighted the importance of having a sufficiently trained and staffed workforce who can build trust among diverse populations (Woodward & Rivers, 2023). There were differing opinions

about the importance of achieving a high volume of work versus providing tailored social support to cases and contacts, but respondents strongly endorsed the need for staff to be culturally and linguistically appropriate for the communities they were working with. The term *contact tracing* was noted to be a barrier when engaging directly with individuals and communities, whereas terms like *community outreach specialist* could be used. Another US study noted that there was a decrease in the efficiency of contact tracing as the number of cases increased and vaccination became available (Cope et al., 2022).

Current recommendations for contact tracing for mpox in the Australian response

In the Australian context, mpox has been predominantly transmitted in sexual settings among GBMSM. This means that both the affected community and the people who undertook contact tracing had the skills and understanding to respond rapidly to the 2022 and 2024 outbreaks. However, it should be noted that the experience of trans and gender diverse people is not being reported, and responses to mpox should be inclusive of these communities.

The Interim Australian Centre for Disease Control (ACDC) currently recommends that PHU staff should directly follow up all high-risk contacts, and all contacts of probable or confirmed cases for which there is a reasonable suspicion of clade I infection (ACDC, 2024). This includes following up on a case within 24 hours to begin contact tracing. At time of writing, there is a focus on identifying whether the person has mpox clade I as a matter of priority.

More information about the advice provided to community members through contact tracing can be accessed through the Mpox – CDNA National Guidelines for Public Health Units.

Recommendations

Regardless of whether mpox becomes endemic among GBMSM in Australia or if there are periodic outbreaks due to travellers, contact tracing will continue to play a role in reducing the number of cases and supporting the health and wellbeing of the community.

Australia has developed strong contact tracing capabilities as a part of public health responses to infectious diseases. Key to this has been close consultation with the affected communities, who can complement the contact tracing program with culturally-appropriate community-level messaging. It is important to recognise that this connection is not static; and that to enhance community confidence, design and implementation of contact tracing services must occur in partnership with the affected communities: it is not enough to bring them in at the end of the process.

As baseline activities, ongoing support and information must be provided to GBMSM to enable individual partner notification in response to any mpox diagnosis. Contact tracing support must remain available to people who are unable or unwilling to undertake partner contact themselves. Messaging to support contact tracing is best led by community organisations, in consultation with public health authorities, and these community organisations should be appropriately resourced to undertake this work.

Governments and clinicians should support the rapid scale-up of contact tracing in the following circumstances:

- There is a significant increase in diagnoses;
- There is evidence of transmission occurring in communities that are unvaccinated; or
- In response to clade 1 transmission.

Finally, people undertaking contact tracing should be aware of gaps in the collection and reporting of data related to diagnoses among trans and gender diverse people, and ensure that their processes appropriately assess and respond to the needs of patients and contacts from these communities.

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