HEALTH EQUITY MATTERS
HIV. LGBTIQA+. COMMUNITIES.

COMMUNITY AND CLINICAL RESOURCING FOR FUTURE MPOX OUTBREAKS

24 November 2025

Overview

Australia's ability to respond in both 2022 and 2024 relied heavily on long-standing HIV infrastructure, community organisations, and sexual health clinical systems. These systems were able to pivot quickly, but doing so placed significant strain on already stretched resources. To protect communities and prevent future outbreaks, dedicated investment in community readiness, clinical capacity, and national coordination is essential.

Context

Mpox re-emerged as a global public health threat in 2022, shifting from sporadic transmission in parts of Africa to sustained outbreaks across Europe, North America and other regions. Australia detected 144 cases during the 2022 global mpox outbreak (1). A rapid health response involving community engagement, vaccination and contact tracing was critical to containing transmission.

A second outbreak was detected in April 2024. From nine initial cases, notifications rose sharply, peaking at 409 cases reported nationally in September 2024. Cases declined in early 2025, although short periods of increased mpox activity have occurred since. Small cluster outbreaks remain likely, underscoring the need for ongoing vigilance and preparedness (2).

Outbreak response in Australia

Australia's mpox outbreak response in 2022 and 2024 was characterised by rapid coordination, community-led public health action and strong clinical engagement.

The Department of Health, Disability and Ageing has been highly active in monitoring and responding to these outbreaks. National guidelines were released by the Communicable Diseases Network Australia in July 2022 to support case definitions, diagnosis and management. The National Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS) established an mpox subcommittee with representatives from federal, state and territory health departments, and leading community-based organisations with expertise in responding to the health needs of those affected by, and/or at risk of

mpox. This included representation from state-based HIV and LGBTIQA+ health organisations and NACCHO. This group had a critical role in coordinating communication, health promotion initiatives and vaccine acquisition and delivery.

Vaccination hubs were established rapidly with many partnering with community-based organisations to ensure reach into priority populations including gay, bisexual and other men who have sex with men (GBMSM). Vaccines were also delivered through LGBTIQA+ health centres and sexual health clinics. Clinical assessment and testing were free and delivered primarily through public sexual health clinics. Public health units led case management, including isolation support and contact tracing.

The National Mpox Taskforce, co-chaired by Health Equity Matters and ASHM, and with representation from NACCHO, provided leadership and policy advice on community engagement, clinical management, education and prevention (3).

A key feature of Australia's response was the ability to leverage existing HIV infrastructure and the expertise and reach of Australia's community-led HIV and LGBTIQA+ organisations (4). During the larger 2024 outbreak, community-led organisations mobilised rapidly and partnered with clinical and government to: deliver targeted messaging, coordinate national digital campaigns through Emen8 (ACON and Thorne Harbour Health), conduct outreach where community members were gathering including sex-on-premises venues, and support intensified contact tracing efforts led by state and territory governments.

This coordinated response contributed to a marked decline in mpox case numbers, which have remained relatively low since.

Identified gaps

Australia's mpox response demonstrated that community leadership, sexual health clinical systems, and national coordination are powerful public health tools. Despite a largely strong and effective response in Australia, the following gaps exist:

1. Under-resourcing of community and clinical organisations – Mpox in Australia is predominantly transmitted in sexual settings among GBMSM, allowing existing HIV and LGBTIQA+ community infrastructure and sexual health services to be leveraged for the outbreak response. However, this success often came at the expense of HIV activity and budgets. Mpox-related activities were frequently funded by redirecting HIV resources, creating the dual risk of undermining HIV programs while leaving mpox response capacity vulnerable (5). Sustainable resourcing for both is essential.

2. Persistent stigma in parts of the health system – While community-led messaging prevented widespread stigmatising narratives, some individuals still reported discriminatory experiences when accessing care (6). Effective, sensitive and culturally safe communication between healthcare providers and patients is essential to mitigating mpox-related stigma. Limited reporting of the experiences of trans and gender-diverse people further highlights the need for better resourcing and more inclusive approaches in future outbreak responses.

3. Gaps in vaccine uptake – Most new mpox cases have occurred among the unvaccinated or partially vaccinated (7). Early 2025 GBQ+ periodic survey data from UNSW's Centre for Social Research in Health found that 9.9% and 10.1% of respondents had received one dose, and 48.8% and 52.0% had received both doses, in Sydney and Melbourne respectively (8, 9). Increased vaccination is required to ensure population coverage sits safely within the 50–80% range needed to prevent a large-scale mpox outbreak (10).

4. Need for sustained national coordination – Coordination mechanisms such as the National Mpox Taskforce were effective but time-limited. Sustained structures are needed to support surveillance, communication, and rapid mobilisation across jurisdictions.

Resourcing future outbreaks

Dedicated investment in community and clinical resourcing is essential to ensure a rapid, equitable and effective response to future mpox outbreaks. Target areas:

1. Increase vaccine uptake

Improving vaccine uptake will be key to containing future outbreaks, especially in Australia's large capital cities where most mpox cases have been recorded. Improving vaccination rates requires investment in:

- Targeted health campaigns tailored to priority populations including younger GBMSM and non-binary people, people born in Asia and South America, and for bisexual men, to increase uptake and consistency of coverage in these groups (10).
- Strengthened surveillance and data sharing to continually identify geographic or demographic gaps in uptake.
- Driving the uptake of booster shots, if and when these become recommended.
- Maintaining sufficient supply of the vaccine to facilitate a rapid response to an outbreak.

2. Increase funding for community organisations

Community organisations have underpinned the mpox response to date. Dedicated, sustained funding is required to:

- Continue mpox related activities including supporting peer-led outreach, facilitating contact tracing and delivering culturally competent, non-stigmatising public health messaging and education.
- Maintain the capacity of community organisations to rapidly mobilise during outbreaks.
- Ensure other sexual health programs remain suitably resourced.
- Provide national coordination and support in responding to future outbreaks.

3. Strengthen clinical capacity

Strengthened clinical capacity is required to effectively deal with any future mpox outbreaks. This requires:

- Continual education and professional development for GPs to ensure up-to-date knowledge to manage and prevent mpox cases in a proactive, non-stigmatising and culturally safe way.
- Ongoing funding to public health units so they can lead and coordinate clinical outbreak responses, drawing on their established expertise.
- Continued support and funding of sexual health clinics and LGBTIQA+ health centres.

International resourcing

To reduce Australia's risk of future mpox outbreaks, supporting international and regional efforts to reduce transmission is essential. This may include contributing to improved access to testing and vaccines, enhancing surveillance systems, and supporting measures that protect vulnerable populations and prevent stigmatisation (11).

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