

PREPARING MESSAGING FOR MPOX CASES IN THE BROADER COMMUNITY

22 December 2025

Overview

Almost all mpox cases in Australia to date have occurred within gay, bisexual and other men who have sex with men (GBMSM) communities. The emergence of the clade Ib variant of mpox internationally, where outbreaks have affected a broader demographic profile and involved multiple transmission contexts, has reinforced the importance of preparedness for potential transmission beyond GBMSM networks. Drawing on lessons from successful mpox communication within and by GBMSM communities, this policy brief outlines principles for clear, non-stigmatising and culturally safe messaging delivered through trusted, sector-specific channels for the broader community.

Context

Australia experienced mpox outbreaks in 2022 and 2024. Almost all infections were caused by MPXV clade IIb and occurred primarily among GBMSM, or people who have sex with GBMSM (1).

In 2024, a significant outbreak in South Kivu, Democratic Republic of Congo, involved a clade Ib variant with different epidemiological characteristics compared to the clade II strain seen in Australia. Initial spread occurred through sexual contact within heterosexual sex work networks, followed by substantial non-sexual transmission to children (2). In this context, clade Ib outbreaks have been associated with a broader demographic profile, including women and children. This variant has since spread internationally, with travel-associated cases and limited community transmission reported in the United States, Malaysia and several European countries (3).

There is particular concern about this spread because, while clade II infections typically cause mild illness, clade I has been associated with more severe disease and higher mortality rates (4). As of 24 November 2025, four cases of clade Ib mpox have been detected in Australia (3).

While widespread community transmission remains improbable, it is possible. Should transmission occur outside GBMSM networks, clear, non-stigmatising and sector-specific public health messaging will be essential to support an effective response.

Preparing communication strategies for broader community groups, including families, heterosexual adults, culturally and linguistically diverse communities, workplaces, schools and primary care, is therefore a critical component of mpox preparedness.

Drawing on Community Expertise

Australia's LGBTIQ+ and HIV sectors have decades of experience delivering effective, culturally safe and non-stigmatising health communication. Their leadership in co-designed, non-stigmatising messaging grounded in lived experience provides an invaluable foundation for broader community mpox messaging. While broader community transmission sits outside their direct remit, LGBTIQ+ and HIV community organisations should still play a leading role in shaping public health messaging approaches for the broader community.

For communication aimed at the wider community, sector-specific community organisations such as Families Australia, Sexual and Reproductive Health Australia, Early Childhood Australia and the Federation of Ethnic Communities' Councils of Australia should also be engaged to lead design and delivery for their respective populations. Partnering with organisations such as these ensures that messaging is relevant, culturally safe and trusted by the communities most likely to encounter mpox information or cases. Government, research and clinical stakeholders can support this work by providing coordination, technical expertise and appropriate resourcing.

Features of Effective Mpox Messaging for the Broader Community

Lessons from successful mpox communication within and by GBMSM communities reinforce the core principles that are critical to effective public health messaging. The following principles are equally applicable when preparing mpox messaging for broader community settings:

1. Clear, accessible and actionable

Information should be clear and focused on simple, actionable steps so that it is inclusive of people with lower health literacy (5).

2. Non-stigmatising and culturally relevant

Messaging should emphasise that mpox can affect anyone and avoid language that links mpox to specific identities or generates misinformation. For multicultural and migrant communities, translated and culturally adapted content is essential.

3. Delivered through trusted sector-specific channels

Broader community messaging should be delivered through sector-specific settings and voices that people know and trust, including:

- Schools and early childhood settings
- Family and parenting networks
- Multicultural and community health organisations
- Workplaces and employer networks

Advice should be tailored to each setting to ensure relevance and clarity.

4. Non-blaming and supportive

Messaging should avoid implication of fault or moral judgement. A supportive tone promotes cooperation and fosters a constructive public health environment.

5. Factual with a calm tone

Sensationalism and fear-based messaging undermine effective public health responses by amplifying fear and stigma and discouraging people from seeking care. This is particularly harmful for communities that already experience mistrust or marginalisation within the health care system (6).

Ensuring Rapid Response Capacity

Preparing communication frameworks in advance positions Australia to respond quickly and effectively should mpox cases appear outside GBMSM networks. Having clear, planned messaging enables rapid dissemination through trusted channels, supports equitable access to accurate information across diverse communities, and reduces the risk of confusion or stigma. Importantly, this preparation also helps maintain community confidence in the public health response by ensuring communication is timely, accessible and culturally safe.

References

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