HEALTH EQUITY MATTERS
HIV. LGBTIQA+. COMMUNITIES.

COMMUNITY RESEARCH PRIORITIES FOR MPOX

20 January 2026

Overview

Ongoing mpox transmission is shaped as much by social, behavioural, and structural factors as by clinical interventions. Evidence gaps remain in relation to stigma, risk perception, behavioural responses, vaccination uptake, and longer-term impacts on health and wellbeing. Community-focused research that examines these experiences across diverse LGBTIQA+ communities is essential to ensure interventions are effective and reach those most affected.

Community Research Priorities

To address existing gaps in the mpox response, community-focused research is needed across four priority areas:

1. Stigma and Discrimination

Available evidence suggests that stigma and discrimination have continued to affect some people diagnosed with mpox. Reports indicate that some individuals have experienced stigma and discrimination while engaging with health services, including discriminatory attitudes and a lack of culturally affirming care (1). Stigma has been shown to operate not only at an interpersonal level, through provider bias and discriminatory behaviour, but also at a structural level, through policies and institutional practices (2).

Fear of stigma has also been associated with adverse mental health outcomes, including anxiety, depressive symptoms, and sleep disturbance, and may deter testing, disclosure, and engagement with care (2).

However, most existing research on mpox-related stigma is drawn from international contexts and the 2022 outbreak when mpox was new to Australia and healthcare settings were not adequately prepared. Consequently, there remains a clear need for contemporary, Australia-specific research to examine how stigma is currently experienced, how it varies across health settings, and how it intersects with race, gender diversity, and HIV status. Longitudinal research is also needed to examine how stigma evolves over time and to assess its longer-term psychosocial impacts.

2. Risk Perception and Behavioural Responses

During the early stages of the 2022 mpox outbreak, many gay, bisexual, and other men who have sex with men (GBMSM) reported modifying social and sexual practices to reduce transmission risk (3). Behavioural responses such as these contributed to early outbreak control, however, such changes may not be sustainable over the long term and may have unintended impacts on wellbeing if maintained beyond periods of heightened transmission risk (3).

Risk perception is dynamic and shaped by multiple factors, including outbreak fatigue, increased familiarity with mpox, evolving media narratives, and perceptions of disease severity. There is limited contemporary research examining how LGBTIQA+ communities currently perceive mpox after the 2022 and 2024 outbreaks, or how these perceptions influence testing, vaccination, and isolation.

Understanding how individuals assess both risk and feasibility (such as isolation and sexual behaviour change) is critical to ensuring that public health expectations are realistic and that adequate support exists. Community-focused research is needed to examine how risk perceptions and behavioural responses have evolved over time, how they differ across LGBTIQA+ subgroups, and how prevention messaging can be appropriately timed and framed to remain effective, proportionate, and supportive of community wellbeing.

3. Access to Vaccination, Information, and Care

While mpox vaccination is now widely available in Australia, coverage remains below levels modelled to prevent large-scale outbreaks, with estimates suggesting that 50–80% coverage may be required to substantially limit transmission (4). Recent Australian research indicates that vaccination uptake has been uneven, with socially and clinically engaged gay men more likely to be vaccinated, and lower uptake observed among younger people, bisexual men, those born in Asia and Latin America, and people living outside inner metropolitan areas (4).

The disparities in vaccination appear to reflect social and structural factors, including differential engagement with sexual health services, stigma or perceived stigma, reluctance to disclose sexual practices, and uneven access across geographic and culturally diverse communities. While community organisations and health departments have implemented targeted outreach and tailored messaging since the 2022 outbreak, vaccination coverage overall remains suboptimal. Persistent disparities between subgroups suggest that existing strategies may not be reaching all priority populations effectively.

Further community-focused research is needed to understand why some groups remain more likely to have received only one dose or no doses at all, and to assess whether current health promotion messaging and outreach approaches are working as intended. Where gaps remain, this research should support the identification of additional or alternative strategies.

4. Longer-term Impacts of Mpox

Beyond acute infection, some individuals experience longer-term impacts following mpox, including scarring, rectal complications, and psychological distress related to illness and care experiences (1). These outcomes may affect quality of life and ongoing engagement with health services, yet there has been limited longitudinal follow-up to understand their prevalence or persistence.

Community-focused research is needed to examine longer-term physical and psychosocial impacts of mpox, assess the adequacy of existing care pathways, and identify whether additional supports are required.

References

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