

AFAO BRIEFING: COLLECTION AND DISSEMINATION OF MPX SURVEILLANCE DATA

10 October 2022

Executive summary

To ensure responses to monkeypox are evidence informed and relevant, states and territories should issue monkeypox surveillance data relating to locally acquired cases as soon as possible. Data relating to cases among returned travellers should be issued routinely.

The advice below is contingent on Australia maintaining its current low levels of monkeypox infections. Any shift in monkeypox infections will impact the data to be disseminated.

State and territory governments should send a notification after any new monkeypox transmission is detected.

While there is currently little transmission occurring in Australia, one case can rapidly lead to several community transmissions in the absence of rapid and targeted responses. As outlined in Table 1, states and territories should also flag the mode of transmission – whether it was acquired overseas or locally. These data inform whether local measures are being effective in preventing transmission in the community.

Table 1 | Notification of new diagnoses

Objective	Indicator	Disaggregation	How regularly is this data reported?
Evaluate current and inform future health policy	Number of new diagnoses of monkeypox	<ul style="list-style-type: none"> • Mode of transmission <ul style="list-style-type: none"> – Overseas acquired – Locally acquired 	As close to real time as possible. At a minimum, within 24 hours.

Further monkeypox surveillance data should be captured to inform future prevention measures and research.

As outlined in Table 2, additional surveillance data would assist efforts to identify emerging trends and to develop long-term policy responses. This list captures a selection of indicators that are being disseminated in other jurisdictions such as the United States.¹ These data can be released quarterly to reflect the detail required. Only high priority data points have been included. Whilst other indicators may be relevant, the investment required in setting up ongoing surveillance data can be intensive.

Table 2 | Detailed monkeypox surveillance data

Objective	Indicator	Disaggregation	How regularly is this data reported?
Track incidence and characteristics of cases to inform health policy and risk mitigation strategies	Number of new diagnoses of monkeypox	<ul style="list-style-type: none"> • Personal status <ul style="list-style-type: none"> – Age range – Sex • HIV status • Mode of transmission <ul style="list-style-type: none"> – MSM – Other 	Quarterly
Monitor vaccination coverage	Number of people who have received a vaccination against monkeypox	<ul style="list-style-type: none"> • Dose number <ul style="list-style-type: none"> – First dose – Second dose 	Quarterly
Track incidence and characteristics of cases to inform future health policy and research	Number of new diagnoses of monkeypox	<ul style="list-style-type: none"> • Personal data <ul style="list-style-type: none"> – State and territory – Remoteness • Population group <ul style="list-style-type: none"> – Aboriginal and/or Torres Strait Islander peoples – Sex worker – Ethnicity (further work is required to define criteria for this indicator) 	Quarterly
Monitor the severity of illness and effectiveness of treatment	Number of hospitalisations because of monkeypox or monkeypox related illness	<ul style="list-style-type: none"> • Personal status <ul style="list-style-type: none"> – Age range – Sex • HIV status • Vaccination status <ul style="list-style-type: none"> – Type of vaccine – Dose number – Method of administration 	Quarterly

The reason why stakeholders require this information is that a successful national response to monkeypox requires regularly disseminated surveillance data.

Surveillance is an integral component of any public health response. Data and evidence inform policy and funding decisions and are essential to any evaluation that occurs after the fact. In the context of monkeypox, surveillance data will:

- **Inform policy development and programming.** The monkeypox surveillance data:
 - facilitates the identification of new targets for research, education and intervention;
 - supports agility around emerging issues;
 - builds capacity to take action across the health and community sectors; and
 - creates opportunities for additional analysis at more granular levels.
- **Support collaboration.** The monkeypox surveillance data:

- acts as a catalyst for in-agency and interagency discussions; and
- supports work to dispel misinformation in the community and among people working in the public health response.
- **Improve the quality of response.** The monkeypox surveillance data:
 - ensures the response to monkeypox is evidence-based and facilitates planning of new interventions and the realignment of existing programs;
 - allows the evaluation of the monkeypox response and ensures those involved in health service delivery are accountable; and
 - builds public trust by increasing transparency.

¹ <https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html>