

# THE IMPORTANCE OF PEER CONTACT TRACERS IN PREVENTING THE MPOX EPIDEMIC

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## *Executive Summary*

- In Australia mpox is being transmitted through sexual contact between gay, bisexual, and other men who have sex with men (GBMSM).
- Preventing an epidemic relies on effective contact tracing of affected individuals together with high vaccination coverage.
- Effective contact tracing of GBMSM requires a specialised peer workforce.

## *Recommendation*

Effective contact tracing for mpox requires a specialised peer workforce that understands the nuances of the diverse lifestyles and sexual practices of the community and can build trust and overcome stigma. To prevent further mpox outbreaks, it is recommended that contact tracing is used in conjunction with a broader mpox vaccine program.

## *Context*

Preventing of mpox necessitates a coordinated response consisting of effective vaccination strategies, early detection, and containment measures. Contact tracing serves as a vital component within the latter two, enabling prompt identification and isolation of individuals at risk.

Contact tracing is a process of identifying and contacting people who might be at risk of exposure, providing them with an opportunity to get tested and receive a timely diagnosis. During the COVID-19 pandemic, contact tracing was a critical part of the suite of measures deployed to contain this threat. The effectiveness of contact tracing in controlling COVID-19 outbreaks highlights its importance in managing other infectious diseases, such as mpox. Identification and isolation of people at risk of infection have proven to be particularly effective in the early stages of an outbreak when the number of cases is still low.<sup>1</sup>

Traditionally, contact tracing is performed either by the index patient, the clinician, or a public health officer. There are limitations to each of these approaches: patient notification of partners has a barrier of shame and fear of repercussions as well as being challenging to undertake at a time of personal crisis; clinicians do not always feel equipped and some may not see it as their role; and public health officers can be viewed with suspicion, with some in the community being reluctant to disclose private information on their sexual contacts<sup>2,3</sup>.

Contact tracing for mpox presents several unique challenges compared with COVID-19. Given that the virus is predominantly spread among GBMSM, contact-tracing efforts must be tailored to reach and engage these communities effectively. GBMSM may be hesitant to disclose their sexual behaviour to contact tracers who are not from the community due to a fear of stigma and discrimination. This fear can be compounded by historical experiences of discrimination in healthcare settings and broader societal attitudes toward GBMSM. Contact tracers would need to consider the diverse sexual practices and the presence of non-traditional social and sexual dynamics among the community to accurately assess potential exposure risks.

Therefore, contact tracing needs to be sensitive to the unique experiences, identities, and social networks of GBMSM. This can be achieved by engaging a peer workforce that understands the terminology, social dynamics, and specific health needs of GBMSM to effectively engage with and support them during the contact tracing process. Contact tracers need to be flexible and inclusive in their approach of identifying and reaching out to contacts, recognising that relationships and social connections among GBMSM may extend beyond conventional boundaries. They must prioritise building trust and ensuring confidentiality to encourage honest and open communication. By understanding and respecting these lifestyle differences, contact tracers can build trust, overcome stigma, and ultimately mitigate the transmission of health threats like mpox.

### **References**

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2. Health Equity Matters. Agenda 2025: Develop models for peer-led contact tracing and wrap-around clinical and peer support at diagnosis. [https://healthequitymatters.org.au/wp-content/uploads/2021/08/Agenda-2025\\_Brief\\_Peer-led-Contact-Tracing.pdf](https://healthequitymatters.org.au/wp-content/uploads/2021/08/Agenda-2025_Brief_Peer-led-Contact-Tracing.pdf)
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