

## ENHANCED EPIDEMIOLOGICAL SUMMARY

# Mpox in Ontario: January 1 to September 7, 2024

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## Introduction

This biweekly report provides an epidemiologic summary of confirmed mpox cases in Ontario and includes information available from Ontario's integrated Public Health Information System (iPHIS) as of **September 11, 2024**.

The current provincial case definition for mpox can be found in Appendix 1 of the Infectious Disease Protocol for [mpox](#). For further information regarding mpox, visit Public Health Ontario's (PHO) [Mpox webpage](#).

Due to a system upgrade, vaccination data (including doses administered and vaccination among confirmed cases) have not been updated for this issue of the report. Where presented, these data are current as of August 30, 2024.

## Key Messages

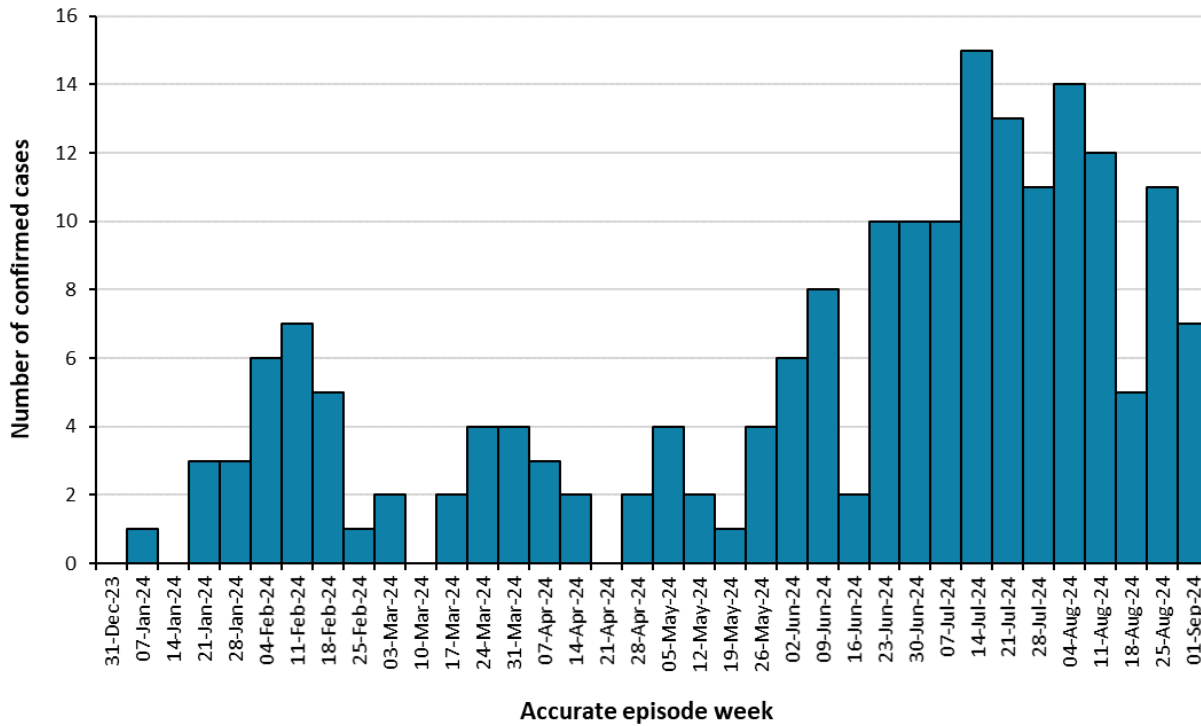
- An increase in mpox activity has been observed in Ontario since mid-January 2024 with a total of 190 confirmed cases occurring from January 1 to September 7, 2024. In comparison, only 33 confirmed cases were reported in 2023. Trends pertaining to age, gender and risk factors were similar between cases reported in 2023 and 2024. For more information on cases reported in 2023, see the [mpox epidemiological summary](#) published on June 25, 2024.
- Public health units (PHUs) that have reported cases, particularly those in the Greater Toronto Area and Ottawa, should encourage health care providers to test individuals with compatible clinical evidence for mpox.
- As of August 30, only 36.3% of individuals who received one dose of the Imvamune® vaccine in Ontario have received their second dose. PHUs in Ontario should continue to promote a two-dose Imvamune® vaccination series to those [eligible](#). Individuals with a previous history of laboratory-confirmed mpox infection or history of completing a two dose Imvamune® vaccine series do not require a booster vaccine.
- On August 14, 2024, the World Health Organization declared mpox a Public Health Emergency of International Concern due to the spread of the more severe clade Ib strain of the virus in countries in West and Central Africa. To date, no cases of mpox clade Ib have been reported in Ontario.

## Highlights

- Since January 1, 2024, a total of 190 laboratory-confirmed mpox cases have been reported in Ontario. ([Figure 1](#))
- 185/190 (97.4%) cases are male, 4/190 (2.1%) cases are female and gender is unknown for 1/190 (0.5%) cases ([Table 1](#)). Three of the female cases had known sexual contact with male partners, one of which is a known case. Exposure information is unknown for the fourth female case.
- 163/190 (85.8%) cases are between the ages of 20 – 49 years. The overall median age is 35.5 years (interquartile range: 29.3 – 43.2 years). ([Table 1](#))
- Two cases required hospitalization; no deaths have been reported. ([Table 1](#))
- Of 166 cases reported as of August 30<sup>th</sup>, 15.7% received 2 doses of Imvamune<sup>®</sup> and 24.7% received 1 dose. The majority of cases were unvaccinated (59.6%). ([Table 1](#))
- 159/190 (83.7%) cases were reported by Toronto Public Health; the remaining 31/190 (16.3%) cases were reported by ten other public health units. ([Table 2](#))
- 162/190 (85.3%) cases reported at least one risk factor. Engaging in sexual or intimate contact with a partner of the same sex (142/162; 87.7%), with new and/or more than one partner (130/162; 80.2%), or anonymous partners (98/162; 60.5%) were the most frequently reported risk factors among these cases.
- 24/162 (14.8%) cases reported travel outside of Ontario during the 21 days prior to symptom onset, suggesting that the majority of cases acquired their infection within Ontario (i.e., ongoing local transmission).
- 1,028 new individuals have been tested for mpox since January 1, 2024. Weekly percent positivity peaked at 48.4% the week of June 30, 2024 and has remained above 30.0% throughout the first three weeks of July but has declined in recent weeks. ([Figure 2](#))
- Between January 1, 2024 and August 30, 2024, a total of 2,783 doses of Imvamune<sup>®</sup> vaccine have been administered in Ontario among 1,472 people. As of August 30, 2024, 438 first doses and 386 second doses were administered. ([Figure 3](#))

## Case Characteristics

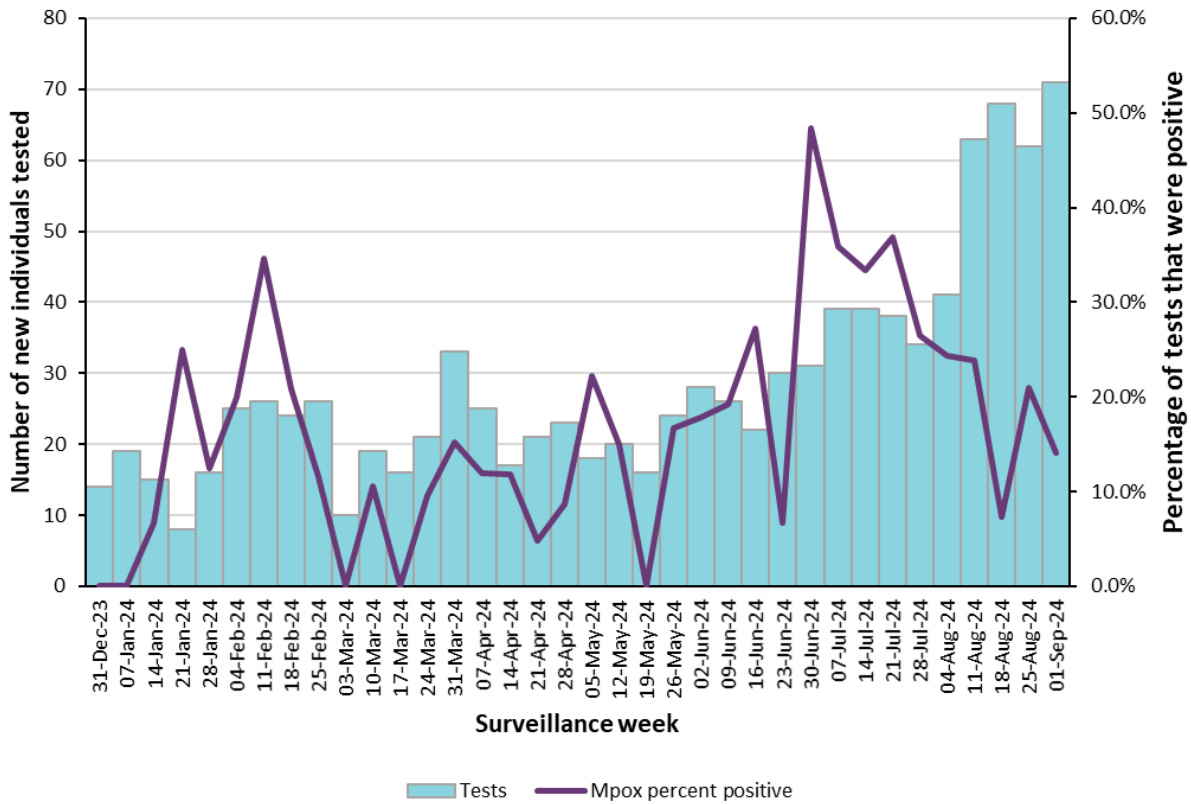
**Figure 1. Confirmed mpox cases by week of accurate episode date: Ontario, January 1 to September 7, 2024**



**Data source:** Ontario’s integrated Public Health Information System (iPHIS)

**Note:** Accurate Episode Date is defined in the [Data Caveats](#). Due to potential delays between symptom onset, reporting of laboratory test results, and data entry into iPHIS, case counts for the last week may be incomplete and should be interpreted with caution.

**Figure 2. Number of new individuals tested for mpox and percent positivity by week: Public Health Ontario, January 1 to September 7, 2024**



**Data Source:** Public Health Ontario Laboratory Information Management System.

**Note:** Week was assigned using sample collection date, if provided, and login date otherwise. Testing may not be complete for the most recent week. Data are presented at the unique patient level. As Public Health Ontario is not the sole provider of mpox testing in Ontario, data may not be a complete representation of individuals tested in the province. For further details, see [Technical Notes](#).

**Table 1. Case characteristics of confirmed mpox cases: Ontario, January 1 to September 7, 2024**

Case Characteristics	January 1 to September 7, 2024 n (%)
Male	185 (97.4%)
Female	4 (2.1%)
Unknown	1 (0.5%)
< 20 years	1 (0.5%)
20 – 29 years	51 (26.8%)
30 – 39 years	76 (40%)
40 – 49 years	36 (18.9%)
≥ 50 years	26 (13.7%)
Unvaccinated*	99/166 (59.6%)
1 dose of Imvamune®*	41/166 (24.7%)
2 doses of Imvamune®*	26/166 (15.7%)
Hospitalized	2 (1.1%)
Death	0 (0%)
<b>Total reported cases</b>	<b>190 (100%)</b>

**Data sources:** iPHIS and Digital Health Immunization Repository (DHIR).

**Note:** The categories “Male” and “Female” reflects an individual’s internal and individual experience of gender and not necessarily their sex assignment at birth. Case counts may fluctuate based on data updates by public health units.

\* Due to a system upgrade, vaccination data have not been updated for this issue of the report. Data last updated on August 30, 2024.

**Table 2. Diagnosing public health unit of confirmed mpox cases: Ontario, January 1 to September 7, 2024**

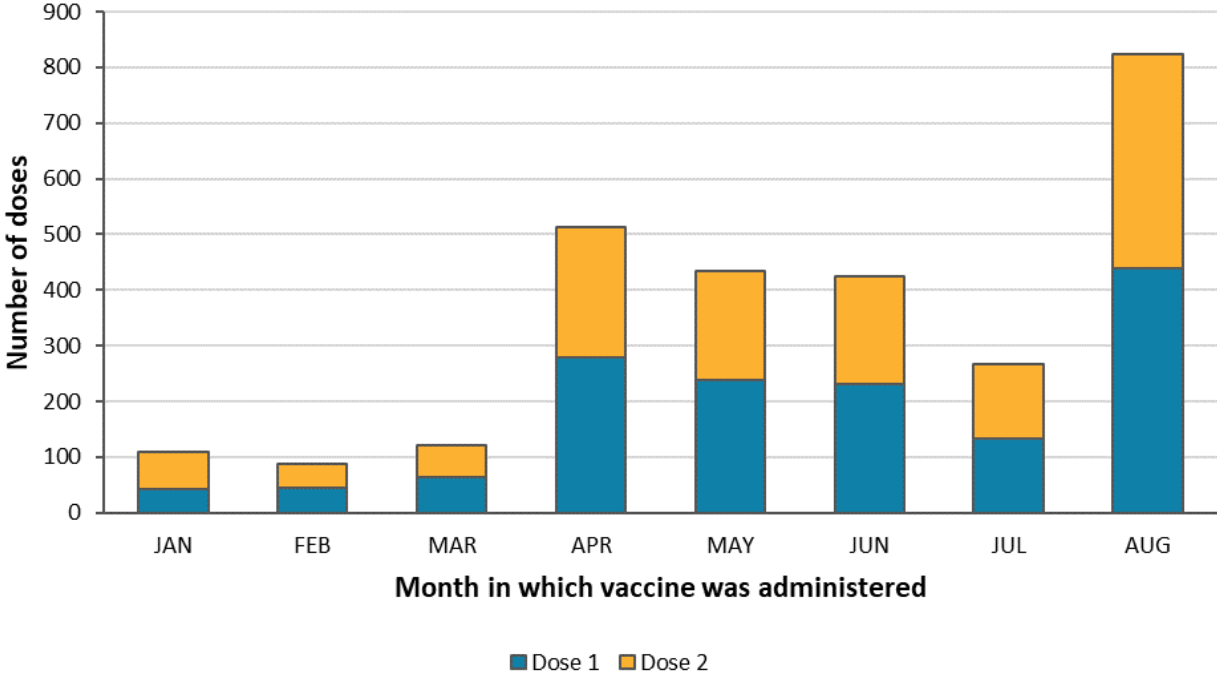
Public health unit*	January 1 to September 7, 2024 n (%)
Toronto Public Health	159 (83.7%)
Peel Public Health	7 (3.7%)
Ottawa Public Health	5 (2.6%)
Durham Region Health Department	4 (2.1%)
City of Hamilton Public Health Services	3 (1.6%)
Halton Region Public Health	2 (1.1%)
Middlesex-London Health Unit	2 (1.1%)
Region of Waterloo Public Health and Emergency Services	2 (1.1%)
Wellington-Dufferin-Guelph Public Health	2 (1.1%)
York Region Public Health	2 (1.1%)
Simcoe Muskoka District Health Unit	2 (1.1%)
<b>Total</b>	<b>190 (100%)</b>

**Data source:** iPHIS

\*23/34 public health units have not reported any confirmed mpox cases since January 1, 2024 and are not included in Table 2.

# Vaccine Uptake

**Figure 3. Number of Imvamune® vaccine doses administered in Ontario by dose number and month of administration, January 1 to August 30, 2024 (n= 2,783 doses)**



Data source: DHIR

\* Due to a system upgrade, vaccination data have not been updated for this issue of the report. Data last updated on August 30, 2024.

# Technical Notes

## Data Sources

- The data for this report were based on information entered in:
  - the Ontario Ministry of Health's (MOH) integrated Public Health Information System (iPHIS) database as of **September 7, 2024**
  - the Public Health Ontario Laboratory Information Management System as of **September 7, 2024**
  - the Digital Health Immunization Repository (DHIR) as of **August 30, 2024**
- iPHIS is a dynamic disease reporting system that allows ongoing updates to previously entered data. As a result, data extracted from iPHIS represent a snapshot at the time of extraction and may differ from previous or subsequent reports.

## Data Caveats

- These data only represent confirmed cases of mpox reported to public health and recorded in iPHIS. As a result, all case counts are subject to varying degrees of underreporting due to a variety of factors, such as disease awareness and medical care seeking behaviours that may depend on severity of illness, clinical practices, and changes in laboratory testing and reporting behaviours.
- Only mpox cases meeting the confirmed case classification as listed in the [Ontario MOH surveillance case definitions](#) are included in the reported case counts.
- Cases of mpox are reported based on the Episode Date, which is an estimate of the onset date of disease for a case. In order to determine this date, the following hierarchy exists in iPHIS: Onset Date > Specimen Collection Date > Lab Test Date > Reported Date.
  - For example: If an Onset Date exists, it will be used as the Episode Date. If Onset Date is not available, then the next available date in the hierarchy (i.e., Specimen Collection Date) will be used, and so on.
- Case counts by geography are based on the diagnosing health unit (DHU). DHU refers to the case's public health unit of residence at the time of illness onset or report to public health and not necessarily the location of exposure.
- The vaccination status of mpox cases was determined as follows:
  - Unvaccinated: Did not receive any doses of Imvamune<sup>®</sup> vaccine or their Episode Date occurred within 14 days of receiving their first dose.
  - 1 Dose of Imvamune<sup>®</sup>: Their Episode Date occurred more than 14 days after receiving their first dose or their Episode Date occurred within 14 days of receiving their second dose.
  - 2 Doses of Imvamune<sup>®</sup>: Their Episode Date occurred more than 14 days after receiving their second dose.
- Hospitalized cases include those with an Intervention Type Description of 'Hospitalization' or 'ICU' and an Intervention Start Date that occurs on or after the case's Episode Date.
- Fatal cases include those with an Outcome of 'Fatal' and Type of Death is not captured as 'Reportable Disease was Unrelated to Cause of Death'.



- Cases for which the Disposition Status was reported as ENTERED IN ERROR, DOES NOT MEET DEFINITION, DUPLICATE-DO NOT USE, or any variation on these values, were excluded from this analysis.
- The potential for duplicates exists because duplicate sets were not identified and excluded unless they were already resolved at either the local or provincial level prior to data extraction from iPHIS.
- Number of new individuals tested for mpox excludes individuals with invalid, indeterminate or pending test results. For individuals with multiple test results, the following hierarchy was used to assign a single result: Detected > Indeterminate > Not detected > Invalid > Pending. For multiple results at the same level in the hierarchy, the earliest result was used.
- Risk factor data, including data on travel, as well as data on hospitalizations and fatalities may be incomplete for cases reported in the most recent week(s) and should be interpreted with caution. This information may be updated in subsequent reports pending further data collection and entry by public health units.

## Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Enhanced epidemiological summary: Mpox in Ontario: January 1, 2024 to September 7, 2024. Toronto, ON: King's Printer for Ontario; 2024.

## Disclaimer

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