# **Mpox Surveillance Report**

British Columbia | As of August 14, 2024



### Introduction

This summary is prepared at the BCCDC in collaboration with regional health authorities in BC. Epidemiological data are summarized to provide an understanding of the public health risk of Mpox. Data in this summary are based on confirmed cases reported to BCCDC by Health Authorities as of the date indicated above. The information in this report may be incomplete for the more recent cases.

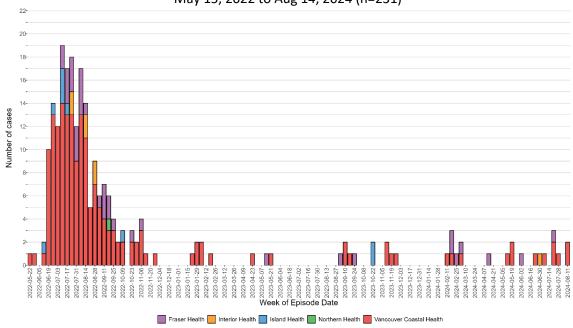
The current case definitions are available on the **BCCDC** website.

#### **Overview**

- Since May 2022 there have been 231 confirmed Mpox cases in BC: 190 cases in 2022, 20 in 2023 and 21 in 2024 to August 14. Cases have mainly been sporadic since the initial outbreak and there has been a slight increase in 2024, mirroring trends observed in other jurisdictions.
- All reported cases are over 18 years old.
- For the vast majority of cases, the most likely mode of transmission was person-to-person transmission through close, intimate contact during sexual activity.
- In 2023 and 2024, more than 50% of cases with vaccine information (n = 22/38) were either unvaccinated or under-vaccinated at the time of infection.
- Overall, for cases with information on recent travel 30% reported travel outside of BC in the 21 days prior to their illness onset. This percentage was 50% of cases in 2024.
- As of August 14, 2024, over 31,000 doses of Imvamune® vaccine have been administered in BC and 40% of first dose recipients had received a second dose to complete the series.
- Samples from most cases have been sequenced and among those all have been confirmed as Clade IIb.

# **Epidemiological Curve**

**Figure 1.** Confirmed Mpox cases by week of episode date<sup>1</sup> and health authority, BC, May 15, 2022 to Aug 14, 2024 (n=231)



<sup>&</sup>lt;sup>1</sup> Episode date is the date of the earliest symptom if known, else lab specimen collection date.

## **Exposure Information**

During the public health investigation of Mpox cases, potential exposures are assessed to better understand sources of infection.

- The most likely mode of transmission for the vast majority of cases included person-to-person transmission through close, intimate contact during sex (n = 197). Some cases reported person-to-person transmission, excluding mother-to-child, healthcare-associated, or sexual transmission (n = 4), or through contaminated materials (n = 2) and the exposure was not assessed or assessed as unknown for the remaining cases.
- A quarter of all cases had a known contact either with a Mpox case, a person with symptoms compatible with Mpox symptoms, or with materials contaminated with Mpox virus.
- Most cases didn't travel out of BC during the 21 days preceding their illness onset, suggesting
  acquisition in BC. However, the proportion of potentially travel-acquired cases was 50% in 2024,
  compared with 30% overall.

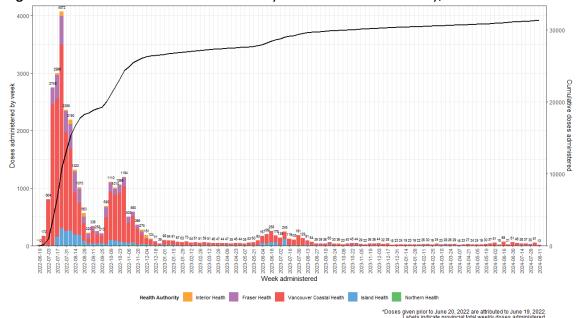
### **Vaccination Campaign**

Table 1. Total IMVAMUNE® doses administered by dose number and health authority

Health Authority	Dose 1	Dose 2	Total Doses Administered
Interior Health	520	221	741
Fraser Health	3,277	959	4,236
Vancouver Coastal	16,633	6,863	23,496
Island Health	1,798	831	2,629
Northern Health	77	53	130
Total	22,305	8,927	31,232

Source: Provincial Immunization Registry (PIR), data extracted August 14, 2024.<sup>2</sup>

Figure 2. IMVAMUNE® doses administered by week and health authority, with cumulative doses



<sup>&</sup>lt;sup>2</sup> Delays exist between vaccine administration and documentation into the PIR, therefore these data likely underrepresent total doses provided.