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Prevalence and associated factors of post-traumatic stress disorder, depression and anxiety disorders among mpox survivors, Uganda, 2024

Inhalt

Background: Mpox was declared an epidemic in Uganda on July 24, 2024. By December 30, 2024, approximately 800 mpox cases were reported across 53 districts, with Kampala Metropolitan Area (KMA) bearing two-thirds of the burden. Mpox response in Uganda is still deficient in aspects of mental health support to case-patients or survivors. We assessed the prevalence and associated factors of anxiety, depression, and post-traumatic stress disorder (PTSD) among mpox survivors in the most affected districts in Uganda.

Methods: This was a cross-sectional community-based study conducted from February 1–28, 2025. We selected respondents using simple random sampling of survivors from Kampala, Mukono, and Wakiso districts. The sampling frame were the lists of survivors from each of the 3 districts. Random numbers generated from excel were used to select participants for the study. Sample size was determined using Kish Leslie formula assuming a 50% prevalence of mental health disorder among survivors. Anxiety and depression were assessed using the Hospital Anxiety and Depression Scale, while PTSD was evaluated with the PTSD Checklist DSM-5. Associated factors for each condition were determined using modified Poisson regression. The threshold for probable presence based on reported symptoms (caseness) for anxiety and depression was 8 and that of PTSD was 38.

Results: We enrolled 385 participants with a median age of 29 years (IQR: 25–35). A total of 230 (60%) were female, and 136 (59%) of these were female sex workers. The caseness prevalence of anxiety was 11% (95%CI 8%–14%), depression was 14% (95%CI 11%–18%) and PTSD was 9% (95%CI 6%–12%). The general caseness prevalence of mental health disorders among mpox survivors was 22% (n=84; 95% CI 18%–26%). Factors associated with increased prevalence of mental health disorders were longer stay (>14 days) at the treatment unit (aPR=2, 95%CI 1.3–3.1), reports of poor management at the treatment unit (aPR=2.7, 95%CI 1.3–3.1), having suffered moderate (aPR=2.2, 95%CI 1.2–4.3) or severe (aPR=5.6, 95%CI 3.1–10.2) symptoms of mpox and having suffered stigmatization from society (aPR=2.2, 95%CI 1.4–3.6).

Conclusions: Approximately 2 in 10 mpox survivors surveyed experienced significant symptoms of a mental health disorder during the illness or recovery. These findings underscore the need for integrated mental health and psychosocial support in mpox outbreak responses to address the psychological impacts of affected persons.

Keywords

Uganda, mpox, anxiety, depression, Post traumatic stress disorder

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