

# Final Report: Scenario 2 - MPX in the EU

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2022-12-11

## Problem Statement

As the world begins to recover from the effects of COVID, the threat of the so-called monkeypox virus (MPX) has public health officials preparing for the worst. Throughout Europe (EU), cases of MPX have begun to rise, and it is imperative to understand the groups at the highest risk for infection. This report aims to prepare data to analyze and assess the impact of MPX within each country of the EU, understand how case rates may differ by region, and find potential links to various demographic factors. These findings will aid local health departments' implementation and appropriate response to the epidemic. Our team hypothesizes that MPX will be prevalent among young (under 30 years old) and older populations (over 64 years old), as is typical for many infectious diseases. We believe that countries with larger proportions of young and old populations will have more cases of MPX than those regions that have countries with higher middle aged population proportions.

## Methods

To prepare this report our team uses data sets for the EU, explicitly including information on confirmed cases of MPX per country (euro\_mpx\_cases.csv) and census data (euro\_census\_stats.csv). The trajectory of this investigation incorporated four sets of data manipulation:

- (1) Grouping countries into regions;
- (2) Assessing necessary census information;
- (3) Compiling data sets with confirmed case demographics;
- (4) Creating tables and figures for visual analysis.

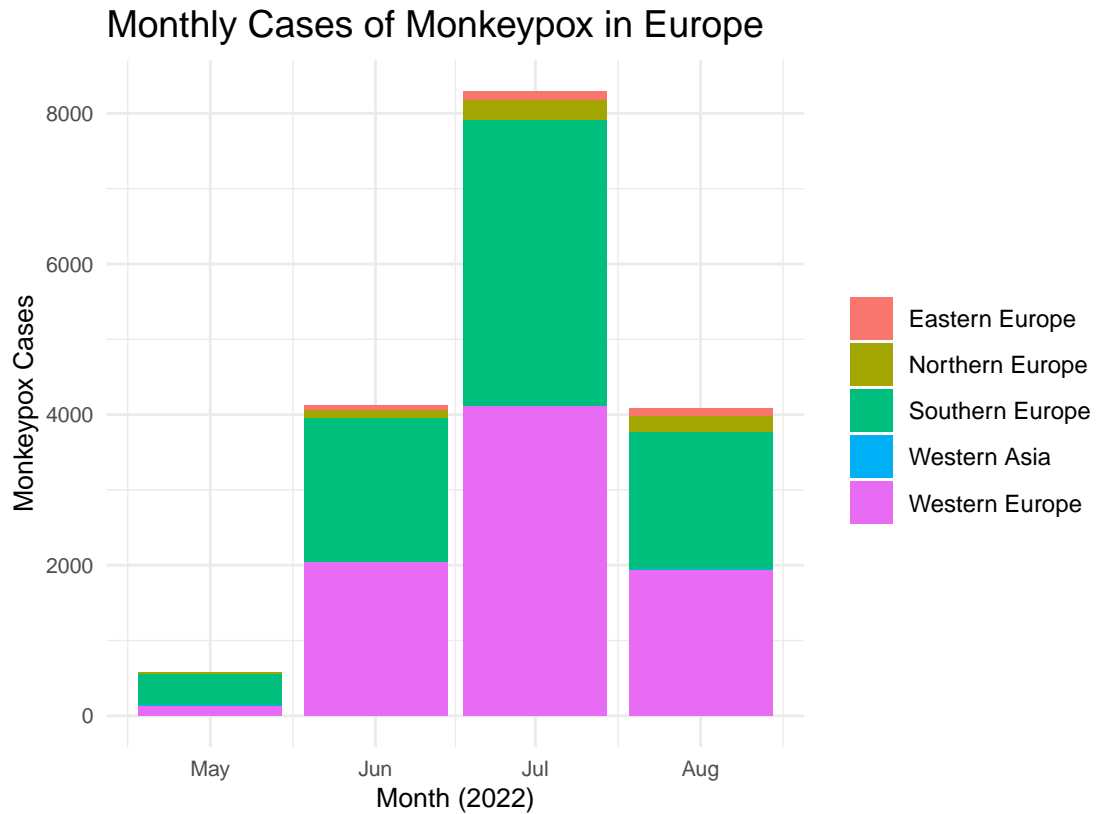
Countries were grouped by region based on a region's data set (world\_country\_regions.csv) to enhance the representation of positive cases per region. Within the euro\_mpx\_cases data set, relevant fields include country, country code, and confirmed cases. A curated demographic data set included information on age, sex, and the number of people per strata. As an aside with the census data, we chose to initially assess any "missing" data as "NA" when paired with a country. However then decided to print information with omit-NA's to allow aggregate fields to be added together for review of population demographic (Population Density) per Region.

## Results

Table 1: MPX Cases Per Region

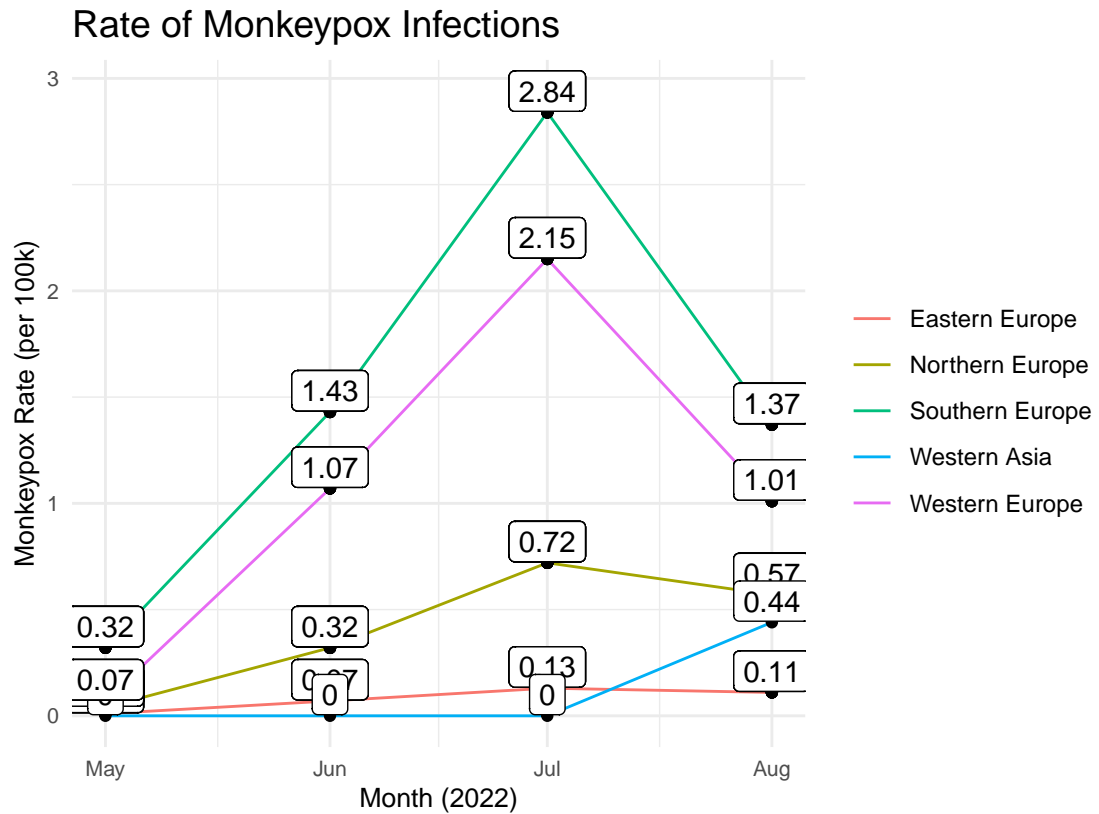
EU Region	Total Cases Per Region	Total Region Population	Countries Per Region	Case Rate per 100k
Eastern Europe	277	89171711	6	0.31
Northern Europe	619	37518701	9	1.65
Southern Europe	7958	133879004	7	5.94
Western Asia	4	904705	1	0.44
Western Europe	8214	191156200	6	4.29

In Table 1, we see that the regions in EU include various numbers of countries, thus having unequal populations. A useful metric to create a graph will be the calculation of cases per 100,000. This will allow us to use one categorical variable (EU Region) to a quantitative variable (number of confirmed cases). We compiled the relevant confirmed case information per region in the EU with the cumulative case rate per 100k represented in the 3rd column.



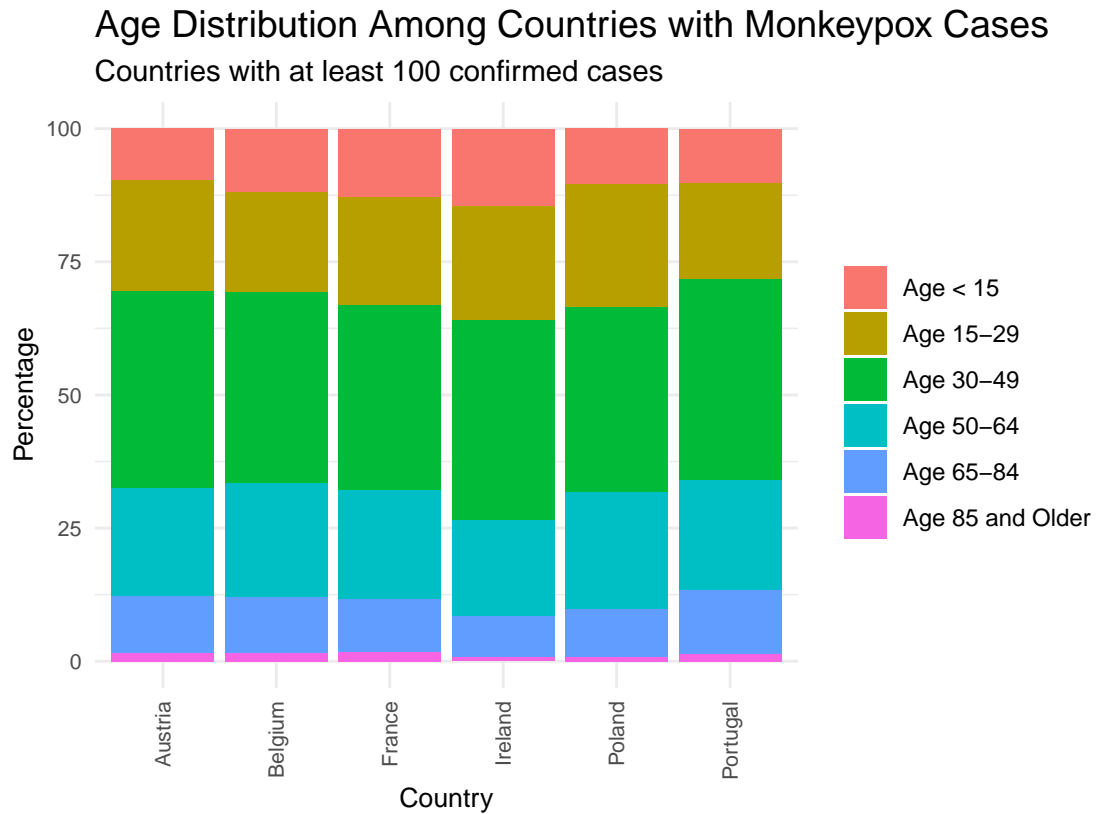
**Figure 1**

In the bar graph (Fig. 1) above we see the breakdown of monthly MPX infections in Europe between May and August of this year. The majority of cases occurred in Western Europe and Southern Europe as evidenced by the respectively colored purple and green regions in the bar graph. Over the course of 4 months, the total number of MPX cases by region were Western Asia = 4, Eastern Europe = 277, Northern Europe = 619, Southern Europe = 7958, and Western Europe = 8214



**Figure 2**

As a follow up to the bar graph (Fig. 1) above, we wanted to look at the rate of MPX infections per region. In the bar graph above, Western Europe had the greatest number of MPX infections however when we look at the rate of infections (Fig. 2), we see that over the course of the four months, Southern Europe had the greatest rate of infection with a peak of 2.84 MPX cases per 100,000 people in the month of July.



**Figure 3**

Figure 3 includes countries that experience at least 100 cases of MPX. The figure parameters include stacked bar graphs that visually represent the age brackets from which a positive case is observed. The 30-49 age range is observed to have more positive cases across each country than any of the other age brackets. Given the consistency within this observation, the investigators may find that countries with populations with thriving numbers of 30-49-year-olds are affected more by MPX than regions that do not. Moreover, the countries listed in this figure are predominantly within the Western Region of Europe; Western Europe includes six countries.

## Discussion

Our analysis of Table 1 and Figure 1 reveal the impacted regions for MPX though the study period (May through August 2022) occurred in the Southern and Western Regions of Europe. Within the EU, these two regions comprise 13 of its 29 total countries, roughly 71.8% of the total EU population (extrapolated using Table 1).

Through analysis of Figure 3, we are not confident of the initial hypothesis regarding younger (under 30 years old) and older (over 64 years old) populations proportions of country demographics causing a higher risk of infection. Review of the demographics associated to Figure 3 provide some incite as to the population age bracket proportions for those countries listed (produced over 100 confirmed cases). We observe that the age group for 30-64-year-olds (broken into two categories of 30-49 and 50-64 years) attributes to over 50 % of the population proportion for all six countries. When we reviewed the demographic characteristics associated to sex of the populations within each region, we felt that the use of age within our figure provided a better story into potential factors that are causing the occurrence of cases of MPX in Europe.

Given the analysis of this information, health department leadership should begin educational programs and outreach focusing on those 30-64 aged individuals.