

Similarly, higher LGBT-RI values were significantly associated with higher Mpox incidence rates (cases/100,000 pop) ($r_2=0.5062$; $p < 0.0001$). The number of deaths notified and the Mpox mortality rate were also associated with the LGBT-RI ($r_2=0.0636$; $p=0.0328$ and $r_2=0.1390$; $p=0.0005$, respectively). Notably, the %CFR was not associated with LGBT-RI ($r_2=0.0216$; $p=0.3287$), as expected. Discussion: These findings underscore the significant influence of stigma and discrimination that may be associated with Mpox. In particular, LGBT+ rights allow trust in the health system, diagnosis and management. At the same, the proper notification of a Mpox case and its associated outcomes. Even in 2024, 88 countries or territories, especially in Africa, the Middle East, and Asia, have not yet reported even a single case of Mpox. Even in Latin America and the Caribbean, ten countries are included in that list. Despite the epidemics of 2022-2024, Mpox remains a neglected condition worldwide, with a resurgence in countries like the Democratic Republic of Congo in 2023-2024.

Keywords: Mpox, Epidemics, LGBTI, Global, Surveillance.

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LYME'S DISEASE, AN IMPORTED ZOOZONOSIS. CRITICAL ANALYSIS OF PRESENCE IN ARGENTINA

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Introduction: Lyme disease (LD) is caused by bacteria of the *Borrelia burgdorferi* sensu lato complex and transmitted by the bite of ticks of the Ixodes ricinus complex. To date, no autochthonous cases have been reported in Argentina. Its diagnosis involves serological tests included in a two-step algorithm. The study proposes to report the results of laboratory tests, describe the clinical-epidemiological characteristics of consultations received due to suspected LD, and critically evaluate the scientific evidence on alleged autochthonous cases of Lyme in Argentina.

Materials and methods: From 09/2014-05/2022, a study was carried out that included 53 individuals who consulted due to suspected LD at a reference laboratory. Serum samples were obtained and referred to the Centers for Disease Control and Prevention (CDC) for determination of IgM and IgG antibodies. The samples met one or both inclusion criteria: -Travel to an area where the transmitting vector circulates; -Positive diagnostic tests reported by national and international laboratories.

Results: According to the data collected from the epidemiological form, it was evident: 36% of the patients presented non-specific neurological symptoms and 64% reported rheumatological symptoms; 57% of the patients did not report traveling to the area of circulation of the transmitting vector; 46% reported having suffered multiple bites. According to the aforementioned selection criteria, 43% ($n=23$) of the patients met both criteria, which would suggest 23 possible imported cases of LD. The remaining 57% only showed positive results in at least one diagnostic technique for EL, which represented 30 "autochthonous" cases. Only 5 cases (9%), with positive results issued by national and international laboratories, were confirmed as positive by the CDC. These individuals had an epidemiological history of traveling to the tick vector circulation area. The remainder of the cases were reported as negative by the CDC and were ruled out as possible indigenous Lyme cases. The comparison of the results sent by private laboratories and those obtained by the CDC showed 91% ($n=48$) false positives.

Conclusions: The diagnosis of LD should only be considered based on the presence of typical symptoms of infection in patients with a history of exposure to the vector. Always use FDA-approved assays and recommended interpretation criteria.

Keywords: Argentina, Lyme, Diagnostico.

Conflicts of interest: There was no conflicts of interest.

Ethics and financing: Declarations of interest: None.

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MODELAGEM DA CARGA DE SAÚDE PÚBLICA DO VÍRUS SINCICIAL RESPIRATÓRIO E O IMPACTO DA VACINA VSR ADJUVANTADA (RSVPREF3) EM ADULTOS COM 60 ANOS OU MAIS NO BRASIL

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Introdução/objetivos: Dados brasileiros sobre a carga do vírus sincicial respiratório (VSR) em adultos são limitados. As vacinas contra o VSR recentemente aprovadas visam reduzir a carga do VSR em adultos mais velhos. Este estudo tem como objetivo usar uma abordagem de modelagem para estimar a carga do VSR e projetar o potencial impacto na saúde pública da introdução da Vacina VSR Adjuvantada (RSVPreF3) para imunização de adultos com 60 anos ou mais no Brasil.

Materiais e métodos: Um modelo de Markov estático de ciclo mensal foi desenvolvido para avaliar o número de casos sintomáticos de VSR com e sem vacinação. O modelo captura casos de VSR em pacientes com doença respiratória aguda (DRA-VSR), doença do trato respiratório inferior (DTRI-VSR), doença do trato respiratório superior (DTRS-VSR),