UK Health Security Agency

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Event:	Clade Ib mpox in UK update
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IRP Level:	**Enhanced**

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Instructions for Cascade

- **Devolved Administrations** to cascade to Medical Directors and other DA teams as appropriate to their local arrangements
- **Crown Dependencies** to cascade to teams as appropriate to local arrangements
- **Regional Deputy Directors** to cascade to Directors of Public Health
- **UKHSA microbiologists** to cascade to NHS Trust infection leads and non-UKHSA labs (NHS and private laboratories)
- **NHS labs/NHS infection leads/NHS microbiologist/NHS infectious disease specialists** to cascade to Emergency Departments, Infectious Diseases
- **NHSE National Operations Centre** to cascade to Emergency Departments, Primary Care, Infectious Diseases, and Microbiology
- **UKHSA external affairs** to cascade to
    - The Independent Healthcare Providers Network
- **CMA office** to cascade to
    - Royal College of General Practitioners
    - Royal College of Emergency Medicine
    - Royal College of Paediatrics and Child Health
    - Royal College of Nursing

Summary:

This is an update to Briefing note 2024/049 issued on 30 October 2024.

UKHSA has updated its mpox clade I risk assessment as well as its assessment of global scenarios following further review of the international evidence, and the updated technical briefing was issued on 19th December 2024 (Mpox technical briefing 10).

There have now been 5 cases of mpox clade Ib detected in the UK, one imported case with onwards transmission to three household contacts, and one imported case without any

onwards transmission to date (some contacts remain under follow up). Clade I mpox is classified as a high consequence infectious disease in the UK.

Given the continued expansion of the outbreak into countries with closer links to the UK, the ongoing risk of importation of mpox clade I is now considered medium. Transmission has been demonstrated within the UK and the risk of acquisition in the UK is low for the general population but may be medium for those individuals and groups more closely linked to travellers from affected countries.

All clinicians should note the increased risk of importation and risk of acquisition to some groups in the UK, and are reminded:

- To be aware of the guidance Mpox: guidance on when to suspect a case of mpox - GOV.UK and ensure that a **travel history is taken from patients presenting with fever/rash**.
- To consider mpox clade I in returned travellers from Clade I mpox: affected countries - GOV.UK where there is a compatible clinical syndrome.
- That input from infection services should be sought for febrile illness and rash without an identified cause in returning travellers returning from affected countries.
- Of the requirement to **discuss suspected clade I mpox cases with the Imported Fever Service** (0844 7788990) and, if advised by the IFS to progress to testing, to notify the local Health Protection Team.

Background and interpretation:

Clade I mpox is classified as a high consequence infectious disease. There have now been 5 cases of mpox clade Ib detected in the UK, one imported case with onwards transmission to three household contacts, and one imported case without any onwards transmission to date (some contacts remain under follow up). A large number of contacts were followed up by UKHSA and partner organisations and vaccination was offered to those eligible.

The mpox outbreak in central and eastern African countries remains a Public Health Emergency of International Concern (PHEIC). Most new cases continue to be reported from the DRC, Burundi and Uganda, with small numbers of new confirmed cases also reported in Kenya, Rwanda and Central African Republic. Evidence suggests that sexual and close contact remain key drivers of transmission. Recently we have seen more exported cases from the African region to countries in Europe and around the world. An updated list of clade I mpox affected countries is available at Clade I mpox: affected countries - GOV.UK.

Guidance on when to suspect mpox can be found Mpox: guidance on when to suspect a case of mpox - GOV.UK

UKHSA issued an updated technical briefing on 19th December 2024, and there are two areas where the risk to the UK has been assessed to have increased.

1. Risk of importation into the UK has increased from ‘low to medium’ to ‘medium’, based on the eastwards spread of the outbreak into countries with stronger travel and diaspora connections to the UK, with substantially more travel to the UK from Uganda than from other more seriously affected countries, and increasing numbers of exported cases from the African region to Europe and North America.

2. The risk of acquisition in the UK is low for the general population but may be medium for those individuals and groups more closely linked to travellers from affected countries.

All other categories of risk remain at the same level.

UKHSA published three illustrative scenarios (A, B and C) in September for how an mpox clade Ib outbreak could develop in the UK varying by transmissibility, and a series of indicators to assess which scenario is most likely. At that time UKHSA advised that the indicators most closely corresponded to scenario A (low transmissibility), with some indicators of scenario B (moderate transmissibility). The international evidence shows sustained person to person transmission of clade Ib in a number of affected countries in Africa, with a high proportion of cases acquired through sexual and very close, predominantly household, contact. UKHSA now considers that the global mpox outbreak is most compatible with scenario B (moderate transmissibility). This is unlikely to change the epidemiological profile in the UK in the next three months, and UKHSA will continue to carefully assess emerging information.

Implications & Recommendations for UKHSA Regions

Manage suspected cases according to guidance at Mpox (monkeypox): guidance - GOV.UK (www.gov.uk) and operational guidance on Regions' SharePoint.

Implications & Recommendations for UKHSA sites and services

Manage suspected cases according to guidance at Mpox (monkeypox): guidance - GOV.UK (www.gov.uk)

Implications & Recommendations for NHS and private healthcare providers

All clinicians should note the increased risk of importation and risk of acquisition to some groups in the UK, and are reminded to take a travel history from patients with infection syndromes and follow NHSE guidance. https://www.england.nhs.uk/publication/nhs-response-to-outbreak-of-clade-i-mpox-in-eastern-and-central-africa/

Input should be sought for returning travellers from affected countries. The managing clinician should contact their relevant local infection team (infectious diseases, microbiology, or virology). The local infection team should then discuss with the UKHSA Imported Fever Service IFS on 0844 778 8990 (available 24/7) who will review risk assessment and advise on the next steps for investigation and management including the need for admission.

Mpox: guidance on when to suspect a case of mpox - GOV.UK describes the symptoms of mpox and the epidemiological criteria to help inform testing and reporting of suspected cases.

Cases meeting the definition for suspected HCID mpox should be discussed with the Imported Fever Service (IFS) prior to testing.

Recommendations for PPE for healthcare workers are detailed in the NHS guidance on infection prevention and control measures for clinically suspected and confirmed cases of mpox in healthcare settings.

Mpox: diagnostic testing - GOV.UK provides information on taking, submitting, and processing samples which potentially contain MPXV.

Primary care and travel medicine providers should advise patients pre-travel in line with country-specific guidance available at NaTHNaC - Country Information (https://travelhealthpro.org.uk/countries).

Clinical diagnostic laboratories should

1. Note that following the global increase in incidence of HCID clade I mpox in 2024, including by sexual transmission, there is an increased risk of mpox HCID infection circulating unrecognised on the background of clade II infections. Additionally, the emerging clade Ib strain may be misidentified as clade II with commercial clade assays.

2. Forward all mpox positive samples to RIPL for clade testing as part of ongoing surveillance, even where HCID mpox is not suspected on clinical or epidemiological grounds. This can be done through routine sample referral systems such as DX.

3. Laboratories providing clade testing locally should contact the Rare and Imported Pathogens Laboratory (Ripl@ukhsa.gov.uk) for assurance that their assay is able to identify the circulating clades.

Implications and recommendations for Local Authorities

For awareness.

References/ Sources of information

Mpox (monkeypox): guidance - GOV.UK (www.gov.uk)

https://www.england.nhs.uk/long-read/infection-prevention-and-control-measures-for-clinically-suspected-and-confirmed-cases-of-mpox-in-healthcare-settings/

Mpox outbreak: technical briefings - GOV.UK

Latest update on cases of Clade Ib mpox - GOV.UK