



Serial number: 2025/041

Date: 27/10/2025

Event: Clade Ib mpox – Community transmission in European countries and the USA, including detections in gay, bisexual and other men who have sex with men (GBMSM)

Notified by: Michael Reynolds, Emerging Infections and Zoonoses, TARZET
Katy Sinka, Sexually Transmitted Infections, BSHSH

Authorised by:

Richard Pebody, Epidemic & Emerging Infections Director, UKHSA
Renu Bindra, Strategic Response Director, UKHSA
David C. Pearce, Regional Deputy Director, UKHSA
Luke Guinness, Communications, UKHSA

Contact: EIZ.mpox@ukhsa.gov.uk

IRP Level: N/A

Incident Lead: EIZ.mpox@ukhsa.gov.uk

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
 - **National Response Centre** to cascade to
 - British Association of Sexual Health and HIV ceo@bashh.net
 - British HIV Association bhiva@bhiva.org; y.gilleece@nhs.net
 - Faculty of Sexual and Reproductive Healthcare president@fsrh.org
 - Royal College of General Practitioners RCGP@rcgp.org.uk
 - Royal College of Emergency Medicine president@rcem.ac.uk
 - Royal College of Paediatrics and Child Health s.w.turner@abdn.ac.uk
 - Royal College of Obstetricians and Gynaecologists president@rcog.org.uk
 - Royal College of Nursing
-

Summary:

UKHSA has updated its clade I mpox [risk assessment](#) following reports of **community transmission of clade Ib mpox in European countries (Spain, Portugal, the Netherlands, Italy) and the USA** for the first time. This development differs from previously reported travel-associated clade Ib mpox cases between

August 2024 and October 2025, linked to endemic areas within the African Region. Some of the new cases in the implicated European countries and the USA **have been among gay, bisexual and other men who have sex with men (GBMSM)**, indicating transmission of clade Ib mpox in GBMSM sexual networks for the first time.

As of 27 October 2025, [16 clade Ib mpox cases](#) have been reported in the UK since October 2024, all in England. All but one case has been travel-associated, and none have been among GBMSM. Limited household transmission has been demonstrated within the UK.

Given the continued expansion of the outbreak into countries with closer links to the UK, the **risk of importation of clade Ib mpox is now considered high**. The **risk of onwards transmission in the UK remains low to medium**, owing in part to the high uptake of mpox vaccine among GBMSM.

UKHSA plans to provide reassurance and advice to communities most at risk, remind clinicians to remain vigilant and improve vaccine uptake among those with no or a single vaccination and in particular individuals living with HIV. 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](#)
- To consider clade I mpox in returned travellers from [Clade I mpox: affected countries - GOV.UK](#) where there is a compatible clinical syndrome.
- Infection specialists may wish to discuss possible mpox cases with the UKHSA Imported Fever Services (IFS) on 0844 778 8990 for clinical advice, for example in a patient who is severely immunocompromised, paediatric, pregnant or from a high risk setting such as shared accommodation.
- [Introduction of new routine mpox vaccination programme – GOV.UK](#) for GBMSM at higher risk.

Background and Interpretation:

- Mpox is a viral zoonotic disease that is caused by the monkeypox virus (MPXV). Until May 2022, mpox was primarily identified in Central and West Africa. Since then, mpox has spread globally, through human-to-human close contact, including sexual contact.
- There are two distinct clades of MPXV, clade I and clade II. There have been at least three emergences from animal reservoirs leading to sustained human-to-human transmission: (1) Global outbreak of clade IIb predominantly in gay, bisexual and other men who have sex with men (GBMSM) in 2022/2023, with cases continuing to be reported at a low level in many countries including the UK, (2) Outbreak of clade Ia in Democratic Republic of Congo (DRC) in 2024, and (3) Regional outbreak of clade Ib in affected African countries, with some exported cases since 2024
- In October 2025, clade Ib mpox cases were reported in the USA (3 cases), Italy (2 cases), Spain, the Netherlands and Portugal (one case each), without travel links to countries with known clade Ib mpox transmission, suggesting community transmission in those countries. This may increase the risk of domestic importation to the UK and increase public concern.
- Some of these new cases have been in GBMSM, indicating a shift in the epidemiology to resemble that seen in the global 2022 outbreak of Clade IIb.
- Whilst it is expected that the UK's high coverage of pre-exposure vaccination among eligible GBMSM will protect against another large outbreak of mpox, it is still possible that an increase in transmission will be observed.
- The routine mpox vaccination programme to protect GBMSM at higher risk was fully rolled out as of 1 August 2025, and most sexual health services can offer the vaccine.

Implications & Recommendations for UKHSA Regions:

Increased publicity regarding clade Ib mpox may increase notification of suspected cases to Health Protection Teams.

Following derogation of clade I mpox as a HCID in February 2025, guidance on the public health management for cases and contacts of both clades I and II was revised into a single approach for all mpox. This includes a single updated contact tracing matrix and recommendations for post exposure prophylaxis and ring vaccination. Cases and contacts for both clades of mpox should be managed in line with [Mpox \(monkeypox\): guidance - GOV.UK](#) and operational guidance/SOP on Regions' SharePoint.

Implications & Recommendations for UKHSA sites and services:

Manage suspected cases according to guidance at [Mpox \(monkeypox\): guidance - GOV.UK](#)

Implications & Recommendations for NHS and Private Healthcare Providers:

Clinicians should continue to be alert to the possibility of MPXV infection in patients presenting with compatible symptoms, particularly in groups at higher risk (e.g., GBMSM) or those that are more clinically vulnerable (e.g., individuals living with HIV, children and pregnant women). Clinicians treating patients with suspected mpox should discuss the case with local infection specialists.

Sexual health services should be aware of a potential for increased demand for mpox vaccination among eligible individuals.

Infection specialists may wish to discuss possible mpox cases with the UKHSA Imported Fever Services (IFS) on 0844 778 8990 for clinical advice, for example in a patient who is severely immunocompromised, paediatric, pregnant or from a high risk setting such as shared accommodation.

UKHSA's [mpox resource collection](#) will be kept up to date with information on affected areas for mpox along with clinical features to assist clinicians in diagnosis.

Registered medical practitioners are reminded that mpox is an urgent notifiable disease, and by law they must report suspected cases within 24h: [Notifiable diseases and how to report them - GOV.UK](#).

Microbiologists and Labs

All samples from individuals testing positive for MPXV must be sent for clade differentiation as part of ongoing surveillance and management of risk to the UK from mpox. In England, this is available from the UKHSA Rare and Imported Pathogens Laboratory (RIPL). In the Devolved Administrations, clade testing is available at the National Laboratories. If clade testing is available locally, laboratories should ensure that the assays are up to date and able to differentiate clades Ia, Ib and II, and that reporting pathways are updated so that clade information is captured through SGSS.

MPXV remains a Hazard Group 3 organism ([ACDP/HSE](#)). Other organisms in this category include Salmonella typhi, HIV, hepatitis B and C viruses, and Mycobacterium tuberculosis. These organisms can be handled safely by most clinical microbiology laboratories with appropriate biosafety facilities. Samples containing MPXV (other than viral cultures) may be carried under UN3373 via category B transport: [Mpox: diagnostic testing - GOV.UK](#)

Implications and recommendations for Local Authorities:

For awareness.

References/ Sources of information:

- Updates on mpox case numbers in the UK are published monthly on the [UKHSA data dashboard – GOV.UK](#) and in the [UKHSA mpox epidemiological overview – GOV.UK](#)
 - [Mpox \(monkeypox\): guidance - GOV.UK](#)
 - [Mpox outbreak: technical briefings - GOV.UK](#)
 - [Outbreaks under monitoring – GOV.UK](#)
-