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Event: Increase in mpox (clades 1b and 11b) in England

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Incident Routine incident

Response Plan

(IRP) Level

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Distribution: Please see **page 5** for information with regards to the distribution instructions for this Briefing Note.

Summary:

Mpox cases in England are increasing, particularly in London and the North West. Infections are predominantly occurring in known risk groups, notably gay, bisexual and other men who have sex with men (GBMSM). Most cases are clade 11b, however in the last 6 weeks there has also been an increase of clade 1b cases in London. Currently there do not appear to be differences between the clades in terms of severity.

UKHSA plans to reissue advice to communities most at risk, remind clinicians to remain vigilant, and improve coverage of two doses of vaccination for those eligible, who are predominantly GBMSM at higher risk of exposure (see below).

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

- To consider mpox where there is a compatible clinical syndrome [Mpox: guidance on when to suspect a case of mpox - GOV.UK](#) noting that clinical features may be less florid in those who have been vaccinated or had previous infection

- Infection specialists may wish to discuss complex mpox cases with the UKHSA Imported Fever Services (IFS) on 0844 778 8990 for clinical advice, for example suspected clade Ia, patients who are severely immunocompromised, paediatric, pregnant or from a high risk setting such as shared accommodation.
- To be aware of the [routine mpox vaccination programme – GOV.UK](#) for GBMSM at higher risk delivered in sexual health services. Risk criteria include a recent history of multiple partners, participating in group sex, attending sex-on-premises venues or based on proxy markers such as recent bacterial sexually transmitted infection (in the past year). Vaccine can be given to eligible individuals with immunosuppression (including people living with HIV and with a CD4 count of less than 200 cells/mm³) as they are at risk of complications of mpox. Two doses of vaccine are needed for durable protection as per [Green Book](#) guidance.

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, with cases very occasionally imported to the UK. 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 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 exported cases since 2024.
- Since October 2025, community transmission of clade Ib mpox has increased in countries with strong travel links to the UK including a number of European countries (Spain, Germany, Netherlands, Italy and Portugal) and the USA (California). Some of these new cases have been in GBMSM, with links to mass gatherings. Most cases are reported to be mild.
- In England, there were 56 clade II cases in January 2026 compared to a monthly average of 20 across 2025. There have already been 47 in the first 2 weeks of February. The increase has been seen in London and in the North West. Infections are predominantly occurring in GBMSM, with some linked to sex-on-premises venues. Most cases are clade IIb, however in the last 6 weeks there has also been an increase of clade Ib cases in London with 6 reported in GBMSM including some who have not travelled. Cases among women and heterosexual men remain associated with travel from countries with longstanding endemic mpox, mainly in the African continent.
- 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.
- The overall combined risk level to the UK population for mpox clades I and II is currently assessed at **low to medium**. This is unchanged since the previous [clade 1b risk assessment](#) carried out in October 2025.

Implications and Recommendations for UKHSA Regions:

Health Protection Teams may see increased notifications of suspected cases and are asked to complete the key fields of [the questionnaire](#) as far as possible to help us better understand the changing epidemiology, in particular hospitalisation status, vaccination status, dates of vaccination, and links to venues.

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. This includes a single updated contact tracing matrix and recommendations for post exposure prophylaxis and ring vaccination.

Implications and Recommendations for UKHSA sites and services:

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

Implications and Recommendations for NHS:

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). Clinical features may be less florid in those who have been vaccinated or had previous infection. 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. Services are asked to encourage uptake of mpox vaccine along with other vaccines that individuals are eligible for such as 4CMenB for gonorrhoea, hepatitis A, hepatitis B and HPV. Multiple vaccines can be given at the same appointment. Service users should be advised that mpox vaccine and/or prior mpox infection may reduce severe symptoms but does not confer complete immunity, and other precautions are still advised to help reduce risk.

NHS providers should be aware of UKHSA's [mpox resource collection](#) which holds updated information on affected countries, along with guidance on diagnosis and management of mpox cases and contacts, guidance on vaccination, epidemiological overview and resources to support vaccination e.g. leaflets and vaccine record cards.

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

Microbiologists and Laboratories:

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 UKSHA 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:

Local Authorities should be aware of UKHSA's [mpox resource collection](#) which holds updated information on affected countries, along with guidance on diagnosis and management of mpox cases and contacts, guidance on vaccination, epidemiological overview and resources to support vaccination e.g. leaflets and vaccine record cards.

References or 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](#)

Instructions for Cascade:

- UKHSA Private Office Groups who cascade onwards within Groups
- UKHSA Health Protection in Regions:
 - UKHSA Field Services
 - UKHSA Health Protection Teams including UKHSA Regional Deputy Directors
 - Deputy Directors in Regions Directorate
- UKHSA Lab Management Teams
- UKHSA Regional Communications
- OHID Regional Directors of Public Health
- National NHSE Emergency Preparedness, Resilience and Response (EPRR)
- **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 laboratories (NHS and private laboratories)
- **NHS laboratories/NHS infection leads/NHS microbiologist/NHS infectious disease specialists** to cascade to Emergency Departments, Infectious Diseases
- **NHSE National Operations Centre** to cascade to Primary Care, Infectious Diseases, and Microbiology
- **UKHSA external affairs** to cascade to
 - o The Independent Healthcare Providers Network
- **NRC** to cascade to
 - o British HIV Association
 - o Faculty of Sexual and Reproductive Healthcare
 - o Royal College of General Practitioners
 - o Royal College of Emergency Medicine
 - o Royal College of Paediatrics and Child Health
 - o Royal College of Obstetricians and Gynaecologists
 - o Royal College of Nursing
 - o **British Association of Sexual Health and HIV** to cascade to Sexual Health Services