



UK Health Security Agency

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Event: Derogation of clade I mpox

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Instructions for Cascade

- UKHSA Private Office Groups who cascade onwards within Groups
- UKHSA Regions Directorate:
 - UKHSA Field Services
 - UKHSA Health Protection Teams including UKHSA Regional Deputy Directors
 - Deputy Directors in Regions Directorate
- UKHSA Lab Management Teams
- UKHSA Regional Communications
- Generic inbox for each of the Devolved Administrations
- Inboxes for each of the Crown Dependencies
- DHSC CMO
- OHID Regional Directors of Public Health
- National NHSE EPRR
- NHSE National Operations Centre

This briefing note should be cascaded to beyond the UKHSA distribution list:

- **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 non-UKHSA labs (NHS labs and private)

- **UKHSA microbiologists** to cascade to NHS Trust infection leads
- **NHS labs/NHS infection leads/NHS microbiologists/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 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
 - Faculty of Sexual and Reproductive Healthcare - president@fshr.org
 - Royal College of Nursing

Summary:

This is an update to Briefing note 2024/059 issued on 19 December 2024.

The Advisory Committee on Dangerous Pathogens (ACDP) recently assessed evidence gathered by UKHSA for clade I mpox and advised that it no longer met the criteria of a high consequence infectious disease (HCID). Therefore, the Chief Medical Officers (CMOs) of the four nations have agreed that mpox will no longer be managed as an HCID within healthcare settings. It remains a serious infection for some individuals.

Mpox remains a WHO Public Health Emergency of International Concern (PHEIC).

The UK's strategic goal continues to be to eliminate person-to-person transmission of mpox in the UK. Therefore, there will be ongoing public health management of cases and contacts, including vaccination where appropriate.

UKHSA has published an [Urgent Public Health Message](#) which has been distributed via the MHRA cascade system that sets out the actions for the NHS for both providers and front-line clinicians. Private healthcare providers and clinicians should also follow this 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. Since then, mpox has spread globally, with cases reported in multiple countries that have not previously had mpox transmission, including the UK. 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 in gay, bisexual or other men-who-have-sex-with-men (GBMSM) in 2022/2023, (2) Regional outbreak of clade Ib in affected African countries, with some exported cases from 2024, and (3) Outbreak of clade Ia in Democratic Republic of Congo (DRC) in 2024.

MPXV disease was classified as a high consequence infectious disease (HCID) in 2018 meaning that all cases were managed via HCID pathways in healthcare

settings. Evidence supporting low case fatality rate, and a mild to moderate severity illness accumulated for clade IIb, and in January 2023, and ACDP advised that clade II mpox no longer met the criteria for a HCID.

During 2024, an outbreak of clade Ib was reported, initially in the DRC and subsequently in neighbouring African countries. Cases have been observed to have a low case fatality rate, and mild to moderate illness in most cases, similar to mpox clade II. No community transmission (beyond close household contacts) has been reported for any cases of clade I outside the African region. Clade Ia mpox continues to circulate in the DRC.

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 Democratic Republic of Congo, Burundi and Uganda, with small numbers of new confirmed cases also reported in Kenya, Rwanda, Republic of Congo, Zambia 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](#).

In February 2025 ACDP recommended that clade I MPXV should no longer be classified as a HCID. ACDP recommended the change in status based on:

- a low case fatality rate (clade Ib is similar to clade IIb – the strain circulating in certain groups of gay, bisexual and men who have sex with men (GBMSM) in the UK since 2022).
- clinical severity for clade I mpox is similar to cases of clade II mpox disease (i.e. mild to moderate illness in most cases, and no fatal outcomes to date outside the African region).
- no community transmission (beyond close household contacts) or transmission to healthcare workers reported for any imported cases outside the African region.
- an effective vaccine is available which will be administered to higher risk contacts and continue to be recommended to certain populations of GBMSM.

Following that recommendation, the Chief Medical Officers (CMOs) of the 4 nations have agreed that mpox will no longer be managed as an HCID within healthcare settings.

UKHSA has published an Urgent Public Health Message which has been distributed via the MHRA cascade system [Urgent Public Health Message](#) which sets out the actions the NHS and other healthcare providers should follow.

UKHSA will publish the biological principles for control of mpox in the UK: 4 nations consensus statement which details the current assumptions about transmission and biology of mpox later this week in [Mpox \(monkeypox\): guidance - GOV.UK](#).

The UK's strategic goal is to eliminate person-to-person transmission of MPXV in the UK, and an updated MPXV control and elimination strategy is in preparation.

UKHSA will continue to monitor emerging evidence, conduct surveillance, adapt guidance as needed, encourage vaccine uptake in those eligible, and identify contacts of cases and provide them with appropriate advice to minimise onward transmission.

Implications & Recommendations for UKHSA Regions:

Guidance on the public health management for cases and contacts for both clade I and clade II has been 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 should be managed in line with [Mpox \(monkeypox\): guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/mpox-monkeypox) 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 \(www.gov.uk\)](https://www.gov.uk/guidance/mpox-monkeypox)

Implications & Recommendations for NHS and Private Healthcare Providers:

UKHSA has published an [Urgent Public Health Message](#) which has been distributed via the MHRA cascade system that sets out the actions for the NHS for both providers and front-line clinicians. Private healthcare providers and clinicians should also follow this guidance.

Clinicians should be alert to the possibility of MPXV infection in patients presenting with compatible symptoms. Clinicians treating patients with suspected mpox should discuss the case with local infection specialists.

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 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:

For awareness.

References/ Sources of information:

Updates on clade Ib mpox case numbers in the UK are published on the [UKHSA data dashboard](#)

[Mpox \(monkeypox\): guidance - GOV.UK \(www.gov.uk\)](#)

[Mpox outbreak: technical briefings - GOV.UK](#)
