

PHS Health Protection Alert

| Title | Description |
|---------------------------------------|---|
| Event | Clade 1b Mpox Update |
| Alert reference number | 2024/37 |
| Recipients of this alert | <p>Health Protection Teams - please cascade to Emergency Departments, Emergency Planning Teams, GPs, Out of Hours SMVN – please cascade to network</p> <p>PHS (On-call, Public Health Microbiology Team, Comms Team, EPRR; Senior Leads)</p> <p>PHS BBVI/STI Team (to cascade to SRH and GUM)</p> <p>Scottish National Viral Haemorrhagic Fever Test Service</p> <p>SHPN to cascade to HCID Subgroup members</p> <p>Infectious Disease Physicians</p> <p>Scottish Ambulance Service, NHS24 and GP Out of Hours</p> <p>ARHAI Scotland – please cascade to IPCTs and CNOD</p> <p>Scottish Government (Health Protection Division, Border Health, EPRR, Vaccination, Communications, CMO/ DCMOs/ SMOs, Primary Care)</p> |
| Alert status | For action – monitoring and wider dissemination |
| Action required of initial recipients | <ul style="list-style-type: none"> Cascade to others for information |
| Date of issue | 20.12.2024 |
| Source of event information | <p>UKHSA Technical Briefing 10</p> <p>UKHSA Mpox Briefing Note of 19.12.2024</p> |
| Contact | PHS.incident007@phs.scot |
| Authorised by | Nick Phin |
| HPZone context | Clade I mpox |

Situation

The WHO [Public Health Emergency of International Concern](#) (PHEIC) relating to a surge in clade Ib mpox cases in the Democratic Republic of Congo (DRC) remains in place. There are now 15 cases reported outwith DRC (and surrounding countries) in Thailand, Canada, India, Germany, Sweden, the UK and the US, with evidence of close household transmission. Five of these cases were 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). Most exported cases are associated with DRC, but the most recent cases in Germany was associated with travel to Kenya. Evidence suggests that sexual and close contact remain key drivers of transmission.

Travel between affected countries and the UK is expected to increase during the December to January holiday period.

Background

MPXV clade I is endemic in the DRC and a surge in cases in August 2024 led to the WHO PHEIC declaration: spread has continued in DRC and in neighbouring countries. Clade Ib is an HCID as assessed by the [Advisory Committee on Dangerous Pathogens](#) (ACDP).

Assessment

Mpox clade Ib continues to circulate in affected countries in Africa with evidence of spread across neighbouring countries, and limited international spread. Recent cases in England and Germany, highlight the ongoing risk of importation to Scotland and the importance of early case detection and mitigation to reduce onward transmission.

A UKHSA assessment, based on travel data, indicates an increased risk to the UK population during the festive period, particularly in relation to high travel volumes and diaspora connections with Uganda and the UK. Other countries identified are Kenya, Zimbabwe and Tanzania.

Given the continued expansion of the outbreak into countries with closer links to the UK, the ongoing risk of importation of mpox clade Ib is now considered medium. Household transmission has occurred in the UK and although the risk of acquisition in the UK is low for the general population, it may be medium for those individuals and groups more closely linked to travellers from affected countries.

The MPXV Response Plan (**available on SHPIR**) outlines public health actions for managing suspected clade Ib cases in Scotland and summarises surveillance activities, including the First Few X (FFX) protocol.

Public Health and Health Care services in Scotland must be prepared to identify, assess and manage suspected or confirmed cases of MPXV cases (HCID and non-HCID clades).

Recommendations

Clinicians should consider mpox clade I in returned travellers from **Clade I mpox: affected countries** where there is a compatible clinical syndrome and alert any suspect cases to HPTs.

Suspect and confirmed clade Ib MPXV cases should be managed according to local HCID plans, with consideration of recommendations in the Mpox Response Plan (**available on SHPIR**).

Suspected MPXV clade I cases should be reported to PHS as soon as possible.

- In hours, an email to the incident mailbox: **PHS.incident007@phs.scot**
- Out of hours call: 0141 211 3600 and ask for Public Health Scotland on call.

MPXV clade II cases should only be reported to PHS when confirmed. PHS should be notified of confirmed clade II MPXV cases by an email to: **phs.bbvsti@phs.scot**

For confirmed cases of either Clade Ib or Clade II the **first case form** should be completed and submitted as soon as possible.

Public Health and Health Care services in Scotland should be able to identify, assess and manage suspected or confirmed cases of MPXV cases (both HCID and non-HCID clades). This must include preparedness in paediatric and obstetric pathways.

Advice for travellers to **affected countries** is available on **Fit for Travel**.

Public facing information on mpox is available from [NHS Inform](#).

Health protection guidance is available on the [Public Health Scotland](#) website.

Detailed information for HPTs can be found on **SHPIR**.

Infection Prevention and Control guidance for Mpox can be found in the [NIPCM](#) within the [A-Z of pathogens](#) .

Translations and other formats are available on request at:

phs.otherformats@phs.scot or 0131 314 5300.

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