

PHS Health Protection Alert

Title	Description
Event	Community transmission of Clade Ib mpox in Europe, the USA and Malaysia including detections in gay, bisexual and other men who have sex with men
Alert reference number	2025/24
Recipients of this Alert and Action required	• Health Protection Teams - please cascade to Emergency Departments, Emergency Planning Teams, GPs, Out of Hours • SMVN – please cascade to network • PHS (On-call, Public Health Microbiology Team, Comms Team, EPRR; Senior Leads) • SHPN Sexual and Reproductive Health Lead Clinicians • SHPN HIV Clinical Leads, • SHPN Scottish Sexual Health Promotion Specialists • Infectious Disease Physicians • Scottish Ambulance Service, NHS24 and GP Out of Hours • ARHAI Scotland – please cascade to IPCTs and CNOD • Scottish Government (Health Protection Division, Border Health, EPRR, Vaccination, Communications, CMO/ DCMOs/ SMOs, Primary Care)
Alert status	For action - monitoring and wider dissemination
Date of issue	07/11/2025
Source of event information	UKHSA, ECDC and CDC
Contact	PHS BBV/STI team pbs.bbvti@pbs.scot PHS ZEBR team PHS.ZEBR@pbs.scot
Authorised by	Professor Jim McMenamin
HPZone context	Clade Ib mpox/Scotland

Situation

Community transmission of clade Ib mpox has been reported for the first time in four European countries (Italy, Portugal, Spain and the Netherlands), the USA and Malaysia. Three cases have been reported in the USA, two in Italy and one each in Spain, Portugal and the Netherlands and have no reported travel links to countries with known ongoing transmission of clade Ib mpox.

Some of these cases in the implicated European countries (Spain and Netherlands) and the USA have been among gay, bisexual and other men who have sex with men (GBMSM) which is a shift in the epidemiology similar to what was observed in the outbreak of clade IIb mpox in 2022 and indicates transmission of Clade Ib mpox in GBMSM sexual networks.

Background

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 close human-to-human 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.

From a UK perspective there have been 18 clade Ib mpox cases detected up to 31st October 2025 ([UKHSA mpox dashboard](#)). This includes the first clade Ib mpox case reported in Scotland (ex Tanzania). The strategic goal is to achieve mpox elimination in the UK which is detailed in [Mpox control: UK strategy 2025 to 2026](#).

Assessment

Following reports of non-travel associated cases in previously unaffected countries for the first time, and detections of clade Ib mpox in GBMSM sexual networks, WHO updated its clade Ib mpox risk assessment. The risk of clade Ib mpox to the general population is assessed as low, and for GBMSM is moderate

Given the continued expansion of the outbreak into other countries with closer ties to the UK, UKHSA have assessed the risk of importation of clade Ib mpox into the country as high.

Transmission of clade Ib mpox in GBMSM sexual networks is concerning and may lead to an increase in transmission but, in part due to the mpox vaccination programme, and our capability to detect and manage imported cases, the risk of onwards transmission in the UK remains low to medium. The risk of an incursion may also be elevated in the coming month with Winter Pride celebrations being held in Gran Canaria between 10th and 16th November.

The routine mpox vaccination programme to protect GBMSM at higher risk was rolled out on 4th July 2022 and is offered through sexual health services in Scotland. Since then, the UK Joint Committee on Vaccination and Immunisation has expanded vaccination recommendations to include individuals travelling to areas with ongoing community transmission of Clade Ib mpox, who also meet criteria for being at high risk of exposure to mpox. The high-risk criteria include travellers (regardless of gender identify, sex or sexual orientation) who: have a sexual partner who is at high risk of mpox; involved in selling or exchanging sex; volunteer at sex-on-premises and have contact with contaminated materials without using personal protective equipment; engage in sex tourism; or anticipate experiencing any of the above scenarios.

Recommendations

Based on the framework detailed in [Mpox control: UK strategy 2025 to 2026](#) the UK is currently at level 1 which is incursions of mpox from the rest of the world with small numbers of imported or imported related cases or clusters. Case identification, contact

tracing and vaccination remain important to mitigate against moving to level 2 in which transmission occurs within defined population groups.

Suspected case assessment

Clinicians should be alert to the possibility of MPXV infection in patients presenting with compatible symptoms. Clinicians assessing or managing patients with suspected mpox may wish to discuss the case with local infection specialists (e.g. if paediatric, pregnant, breastfeeding, immunocompromised).

Clinical pathways should ensure the isolation and clinical management of suspect cases within their appropriate settings. These pathways should include liaison between HPT, IPC teams, Infectious Disease consultants, microbiology and virology consultants to ensure clinical management, testing and IPC measures are implemented.

Testing

All suspected cases of MPXV should continue to be tested, including tests to differentiate clades where MPXV results are positive.

In Scotland, the Edinburgh Specialist Virology Centre (SVC) and the West of Scotland Specialist Virology Centre (WoSSVC) Glasgow, are the designated diagnostic laboratories for mpox testing. Mpox testing is offered by WoSSVC/SVC seven days a week with one run performed daily. Mpox testing is not available as an on-call/out of hours service/assay. Please see the [laboratory information note](#) for detailed testing information.

Guidance

Clade 1b mpox was derogated as a high consequence infectious disease on 19th March 2025 and guidance on the public health management for cases and contacts for both clade 1 and clade 2 has been revised into a single approach for all mpox.

All guidance materials are available on [SHPIR](#).

Vaccination

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

Individuals travelling to areas with ongoing community transmission of Clade Ib mpox, who also meet criteria for being at high risk of exposure to mpox, should be vaccinated.

Any queries on vaccination should be directed to phs.vaccination@phs.scot.

Reporting and notification

Mpox remains an urgent notifiable disease. Registered medical practitioners have a duty to notify their local health board, as soon as is reasonably practicable (preferably within 24 hours), of any case where they have reasonable grounds to suspect mpox.

All confirmed mpox cases should be reported to PHS as soon as possible by local health protection teams.

- In hours, an email to the Zoonoses, Emerging Infections and Borders team and Blood Borne Virus and Sexually Transmitted Infections team mailboxes: phs.zebr@phs.scot and phs.bbvsti@phs.scot or by calling 0141 300 1100.
- Out of hours call: 0141 211 3600 and ask for Public Health Scotland on call.

For confirmed cases of either clade I or clade II mpox cases the enhanced surveillance form available on [SHPIR](#) should be completed and submitted as soon as possible.

Additional Resources

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

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

Detailed information for HPTs can be found on [SHPIR](#).

The latest epidemiological overview on mpox in the UK can be found on the [UKHSA website](#).