UK Health Security Agency

Mpox

Toolkit for UKHSA stakeholders

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Introduction

The World Health Organization (WHO) declared a public health emergency of international concern because of the rapid spread of a new mpox virus strain, clade I after its emergence in the Democratic Republic of the Congo (DRC) last year, and the potential for the virus to spread further across countries in Africa and outside the continent.

The UK Health Security Agency (UKHSA), other government departments and the NHS are now coordinating widespread planning in order to deal with any potential cases in the UK and help prevent transmission.

This toolkit aims to explain to UKHSA stakeholders what mpox is, the key symptoms and how UKHSA is working with partners to respond to the outbreak.

This document version was prepared and shared with stakeholders on 12 September 2024. The original version was published on 23 August 2024. Further updates will be shared as we learn more about mpox and the outbreak in Africa.

Further information

Sign up to UKHSA's Stakeholder Cascade to receive a weekly newsletter with the latest news, updates and guidance from UKHSA

Follow UKHSA on X (Twitter): @UKHSA

Any queries about this toolkit please contact: externalaffairs@ukhsa.gov.uk

What is mpox?

Mpox is a viral infection that spreads through close, person-to-person contact. Like many diseases caused by a virus, mpox has different types or ‘clades’. There are two major clades of mpox, known as clade I and clade II.

Clade II mpox has been present in the UK since 2022. Clade I mpox has previously only been reported in five countries in Central Africa but there is now increasing transmission of Clade I mpox in several countries in the Africa Region.

Mpox does not spread easily between people unless there is close contact. Spread between people may occur through:

- direct contact with rash, skin lesions or scabs (including during sexual contact, kissing, cuddling or other skin-to-skin contact)
- contact with bodily fluids such as saliva, snot or mucous
- contact with clothing or linens (such as bedding or towels) or other objects and surfaces used by someone with mpox

It is possible that clade I mpox may spread between people through close and prolonged face-to-face contact such as talking, breathing, coughing, or sneezing close to one another. However, there is currently limited evidence so this will be updated as new information is available. This information will be updated as new evidence is available.

Spread of mpox may also occur when a person comes into close contact with an infected animal (rodents are believed to be the primary animal reservoir for transmission to humans), or materials contaminated with the virus. Mpox has not been detected in animals in the UK.

Overview of mpox response

The risk to the general UK population from mpox Clade I is currently considered low.

However, planning is underway to prepare for any cases that we might see in the UK.

This includes operating well established monitoring and surveillance processes, ensuring rapid testing is available, equipping healthcare professionals with latest guidance and advice on how to respond to potential cases, developing robust protocols to reduce risk of transmission, and close working with international partners to ensure our plans and risk assessments are informed by the latest global picture.

The UK Government is working with partners to ensure a supply of vaccines that help prevent people from catching mpox and reduce the severity of the disease. We are keeping the global situation and our domestic preparations under close review, and ministers across government are working together to coordinate this response.

Communications and guidance

Here is an overview of the information UKHSA has issued to date:

- Initial information and guidance on the diagnosis and management of mpox cases has been cascaded throughout the health and care system to ensure that healthcare professionals are aware and ready to respond if they receive a suspected case.
- UKHSA and DHSC have briefed the care sector and are working with community stakeholders and local government, including directors of public health, to cascade information.
- Initial cases of confirmed mpox clade I infection will be managed through the NHS specialist network of infectious disease centres equipped to treat these sorts of infectious diseases.
- UKHSA guidance has been updated on GOV.UK to provide guidance to health professionals and members of the public.
- A news story has been published on the UKHSA web pages which sets out the current risk to the population and what is being done to prepare for possible cases.
- A Q&A style blog has been published on UKHSA's blog channel. Initial information has been released on gov.uk and through social media channels and will be updated regularly.
- We have produced content (including posters and social media assets) that can be shared on stakeholder channels – *see page 8*.
- Messages flagging the symptoms of mpox and where to call for healthcare advice in the UK are being provided to travellers arriving on direct flights from affected areas, and are also being displayed at ports of entry in England to capture flights most likely to transport individuals who have travelled indirectly from affected areas.
- We are exploring other useful communications channels for stakeholders, including webinars to share further information.

Key messages for the public

- The risk to the general UK population from mpox (clade I) is currently considered low. No cases have been detected in this country to date.
- It is important we prepare for any cases that we might see in the UK and planning is underway. This includes extensive monitoring and surveillance of international cases, ensuring rapid testing for all mpox strains is available, equipping healthcare professionals with the latest guidance and advice on how to respond to potential cases, reducing the risk of transmission and close working with international partners to make sure our plans and risk assessments are informed by the latest global picture.
- Anyone can catch mpox, so if you have recently travelled to an affected country, be aware of the symptoms of mpox. If you think you might have the infection, self-isolate at home and call 111 for further advice.

Blogs

- Q&A style blog: 'Mpox clade I: what you need to know' (first published 23 August 2024)

Press releases

- UKHSA news story: 'UKHSA responds to the World Health Organization declaring an mpox outbreak a public health emergency of international concern' (15 August 2024)
- World Health Organization news release: 'WHO Director-General declares mpox outbreak a public health emergency of international concern' (14 August 2024)

Useful resources

If would like to find out more about this mpox outbreak, the following links contain lots of helpful information and updates:

- UKHSA: mpox guidance collection
- World Health Organization: mpox Q&A
- NHS: mpox
- Travel Health pro: Mpox outbreak in Africa: Clade I mpox virus information

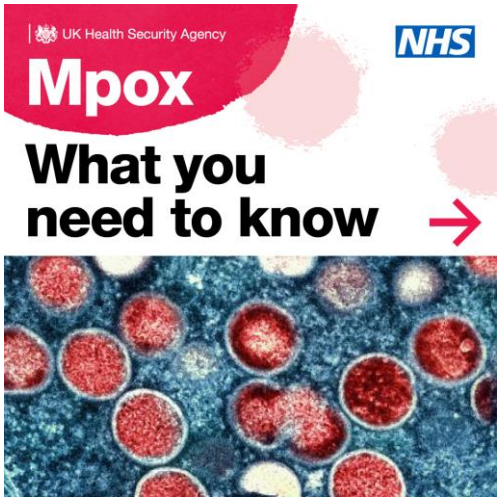
Social media assets

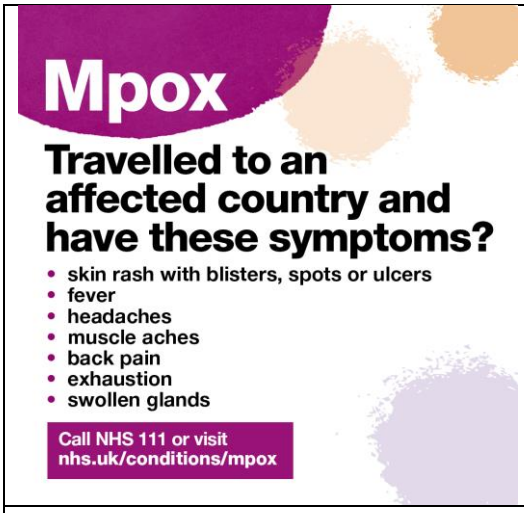
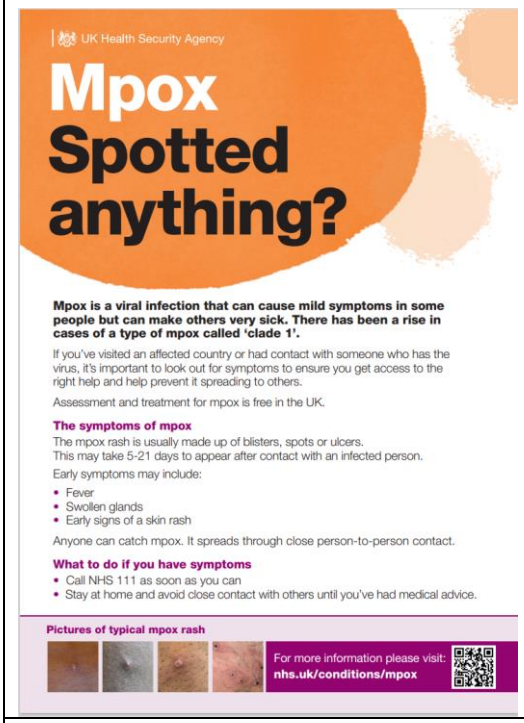
Our social media assets are available for download from Google Drive.

These can be used by stakeholders on your own channels, to raise awareness of the health protection advice on mpox including the signs and symptoms.

We also have videos available to download featuring Dr Katie Russell, Consultant Medical Epidemiologist at UKHSA, explaining mpox, the risk to the UK public, signs and symptoms and the travel advice.

Examples of assets along with post copy and alt text can be found below:

Asset	Post copy
Mpox clade I: what you need to know graphic (1x1 static asset) 	What is #Mpox clade I? Find out about the viral strain including its symptoms, where it's spreading globally and what we're doing to prepare for for any cases we may see in the UK. https://bit.ly/3XgmUae
Mpox symptoms and travel graphic (1x1 static asset)	Cases of #mpox clade I have been reported in the DRC & several neighbouring countries. There are no reported cases of clade I in the UK, but if you've travelled recently to an affected country, be aware of the symptoms of mpox. More info https://travelhealthpro.org.uk/news/792/mpox-outbreak-in-africa-clade-1-mpox-virus-infection

	
Poster – available as A3 and A4 format, internal print and external print versions available for download 	N/A
Video featuring Dr Katie Russell, Consultant Medical Epidemiologist at UKHSA, explaining mpox, the risk to the UK public, signs and symptoms and the travel advice (video available as 1x1, 9x16 and 16x9)	Got questions about #Mpox? Dr Katie Russell, Consultant Medical Epidemiologist at @ukhsa provides advice to those travelling to affected countries. Find out more: https://bit.ly/3XgmUae Before travelling, check Travel Health Pro: https://bit.ly/3XffW5e

 UK Health Security Agency Mpox tends to be mild, but in some cases can cause severe illness	

FAQs

The answers to the frequently asked questions we are receiving are correct as of 12 September 2024.

What is mpox?

Mpox is a viral infection that spreads through close, person-to-person contact. Like many diseases caused by a virus, mpox has different types or ‘clades’. There are two major clades of mpox, known as clade I and clade II.

Clade II mpox has been present in the UK since 2022. Clade I mpox has previously only been reported in five countries in Central Africa but there is now increasing transmission of Clade I mpox in several countries in the Africa Region.

How does mpox spread?

Mpox does not spread easily between people unless there is close contact.

Spread between people may occur through:

- direct contact with rash, skin lesions or scabs (including during sexual contact, kissing, cuddling or other skin-to-skin contact)
- contact with bodily fluids such as saliva, snot or mucous
- contact with clothing or linens (such as bedding or towels) or other objects and surfaces used by someone with mpox

It is possible that clade I mpox may spread between people through close and prolonged face-to-face contact such as talking, breathing, coughing, or sneezing close to one another. However, there is currently limited evidence so this will be updated as new information is available. This information will be updated as new evidence is available.

Spread of mpox may also occur when a person comes into close contact with an infected animal (rodents are believed to be the primary animal reservoir for transmission to humans), or materials contaminated with the virus. Mpox has not been detected in animals in the UK.

What are the symptoms?

The first symptoms of mpox include:

• A skin rash with blisters, spots or ulcers that can appear

anywhere on your body (including your genitals)

• Fever

• Headaches, backache and muscle aches

• Joint pains

• Swollen glands

• Shivering (chills) and exhaustion

A rash or pus-filled lesions usually appear 1 to 5 days after the first symptoms. The rash (spots, blisters or ulcers) often begins on the face, then spreads to other parts of the body. This can include the mouth, genitals and anus. The number of sores can range from one to several thousand. The rash or lesions can last two to four weeks.

Is it in the UK?

With no cases of clade I mpox currently confirmed in the UK, the overall risk to the general UK population remains low.

However, it is important we prepare for any cases that we might see in the UK and planning is underway.

This includes extensive monitoring and surveillance of international cases, ensuring rapid testing for all mpox strains is available, equipping healthcare professionals with the latest guidance and advice on how to respond to potential cases, reducing the risk of transmission and close working with international partners to make sure our plans and risk assessments are informed by the latest global picture.

There was an outbreak of clade II mpox, a less severe strain, globally, including in the UK, in 2022-23, primarily driven through sexual contact. Clade II mpox cases are still present in the UK.

How is this different from the previous mpox outbreak in 2022?

There are two different types (known as clades) of mpox – clade I and clade II.

This outbreak is clade I, currently designated as a High Consequence Infectious Disease (HCID), as this form of the virus tends to cause more severe disease. This means that all confirmed or suspected cases should be managed with transmission-based precautions and enhanced personal protective equipment. There has been no clade I cases reported in the UK to date.

The clade II outbreak is not a high consequence infectious disease.

The current understanding is that clade I leads to more severe disease and death than clade II in the populations where it is endemic.

How dangerous is clade I mpox?

For most people, the symptoms of mpox go away on their own within a few weeks with supportive care however it can be more severe. New-born babies, children, people who are

pregnant and people with underlying immune deficiencies may be at higher risk of more serious mpox disease and death.

Clade I HCID mpox is also known to cause more severe disease than clade II non-HCID mpox.

What should I do if I have symptoms?

If you, or anyone you've been in close contact with, see an unexpected rash with blisters, spots or ulcers anywhere on your body and have travelled to one of the affected countries in the last 21 days:

• Call 111 or go to nhs.uk/mpox as soon as you can, letting them know if your travel history

• Please isolate at home and avoid close physical contact with others until you've had medical advice

What is the risk to the public?

The risk to the general public in the UK is currently considered low, however we are reminding people who have recently travelled to the affected areas to be aware of signs and symptoms and contact a healthcare professional by calling 111 if they are concerned.

Do I need a vaccine?

Currently, the risk to most travellers is small. People who are travelling abroad can seek health advice from their GP or from a travel health clinic, as well as referring to the country information on the Travel Health Pro website.

We have a supply of vaccines to provide to contacts of those who are diagnosed with mpox and initiate a vaccination programme where transmission in local networks may occur.

The UK government will make further decisions on vaccine procurement as the situation evolves.

Is the vaccine effective?

UK and global evidence from the mpox clade II outbreak in 2022-23 suggests that the currently available vaccine is effective if given to individuals before they are exposed to the infection (approximately 70% to 85%, with the majority of the protection provided by the first dose) with much more limited protection if given after exposure (~20% effective). The vaccine is expected to work as well for clade I mpox as for clade II.

How can we protect ourselves and others?

Anyone can catch mpox, so if you have recently travelled to an affected country, be aware of the symptoms of mpox. If you think you might have the infection, self-isolate at home and speak to a healthcare professional by calling 111 as soon as possible.

How can you tell the difference between chickenpox and mpox?

Unless your child has been to an affected region, or had contact with someone with mpox, it's highly unlikely that they have mpox. NHS 111 can tell you what to do if you have a rash but it is unlikely that you have mpox if:

- you have not been in close contact with someone who has or might have mpox
- you have not been to west, central or eastern Africa recently

What is your advice to parents who are nervous about children going back to school?

The overall risk to the UK population of mpox remains low, and parents and guardians should continue to send their children to school as normal.

What is the current travel advice?

The Foreign, Commonwealth and Development Office (FCDO) keeps its travel advice for each country or territory under review to ensure it includes up-to-date information and advice on the most relevant issues for British people visiting or living there.

If you have recently travelled to any of the affected countries, and have any new spots, blisters or ulcers that have developed within 21 days of returning, please isolate at home and call NHS 111 for advice, letting them know your travel history.

Travel advice is regularly updated and we recommend anyone planning to travel to review this beforehand, including links to local authorities and services for advice and procedures when on the ground.

More information for travellers on emerging risks is provided by National Travel Health Network and Centre (NaTHNaC) (travelhealthpro.org.uk).

What are you doing at borders?

UK Health Security Agency is working closely with other government departments including Department for Transport and Home Office/UK Border Force to implement measures that will help reduce the risk of imported clade I mpox cases and onward spread in the UK.

With no cases of clade I mpox confirmed in the UK, the overall risk to the UK population of mpox remains low.

Messages flagging the symptoms of mpox and where to call for healthcare advice in the UK are being provided to travellers arriving on direct flights from affected areas, and are also being displayed at ports of entry in England to capture flights most likely to transport individuals who have travelled indirectly from affected areas.

Planes arriving directly from the outbreak area are required to declare the absence of any unwell passengers before landing via a General Aircraft Declaration (GAD).

Symptom checks and diagnostic testing at airports is not recommended as mpox has a long incubation period of up to 21 days. This means that routine symptom checks at a single point of time are likely to miss people who are incubating the infection as they are most likely to be asymptomatic or presymptomatic at the time of travel.

The World Health Organization has advised not to implement travel restrictions as the evidence suggests that this is not an effective measure and can cause disproportionate travel and economic disruption. There may be many indirect routes to travel to the UK and we need to be alert to disease presentations outside the current affected areas.

As clade I mpox can sometimes cause severe disease, arrangements are already in place should we see a case. This includes contact tracing of those that have been in close contact with a confirmed case. Identified passengers considered to be close contacts will be individually advised.

What work is being undertaken on the international situation?

UKHSA is closely monitoring the situation through its contingency planning team, who are engaged with our international partners, including the World Health Organisation, European, US and Africa Centres for Disease Control and Prevention and national public health agencies ensuring we receive updates about international cases in a timely fashion. This information is then fed into the ongoing risk assessments that UKHSA are carrying out as the current outbreak evolves. Public guidance will be updated accordingly in response to developments.

The UK Government has announced new funding to work with the Democratic Republic of the Congo to bolster the regional African response to outbreak of mpox the country.

What is UKHSA's plans for contact tracing?

Initial information and guidance on the management of mpox cases, testing and contact tracing has been cascaded within the health and care system to ensure that healthcare professionals are aware and ready to respond if they receive a suspected case.

Should a case be confirmed in the UK, UKHSA would seek to trace all the known contacts of the case and request that they isolate for up to 21 days after exposure. Depending on the degree of contact, they may be offered vaccination and/or monitoring for 21 days following their contact. This is to ensure that if they develop symptoms, they can quickly receive treatment and isolate to reduce the risk of onward transmission.

Are there testing plans in place?

The UK Health Security Agency, the National Health Service and partners have well tested response capabilities to detect, contain and treat novel infectious diseases. This includes mpox. These systems led to the successful detection, containment and treatment of the first imported cases of mpox in the UK in 2018 and have been continually reviewed and improved since then and especially following the outbreak of mpox clade II in 2022-23.

The UK has sufficient testing capabilities in place to test for different types of mpox. UKHSA and some NHS laboratories can do the primary test for mpox and UKHSA request that all NHS confirmed mpox samples are sent to the UKHSA rare and imported pathogens laboratory who can provide specialist PCR and genomic sequencing to determine the clade type, within 1-2 days.

Are GPs and hospitals being given specific advice from UKHSA on symptoms recognition, rapid testing and infection control?

Our latest advice for healthcare professionals can be found here: Clade I mpox virus infection - GOV.UK (www.gov.uk)

About the UK Health Security Agency

UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. We provide intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation health secure.

UKHSA is an executive agency, sponsored by the Department of Health and Social Care.

www.gov.uk/government/organisations/uk-health-security-agency

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