

- To:
- Integrated care boards:
    - primary care leads [for onward cascade to all GPs, dental practices, optometry practices and community pharmacies]
    - EPRR leads
    - IPC leads
  - Trusts:
    - medical directors
    - directors of nursing
    - EPRR leads
    - infectious disease and IPC leads

NHS England  
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SE1 8UG

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- cc.
- Regions:
    - regional directors
    - regional medical directors
    - regional directors of nursing
    - regional deputy directors of EPRR
    - regional primary care medical directors
    - regional chief pharmacists
    - regional primary care teams
    - regional specialised commissioning leads
    - regional communications teams
    - regional IPC leads
  - Integrated care boards:
    - chief executive officers
    - IPC leads
    - EPRR leads
    - directors of nursing

Dear colleagues,

## **NHS response to outbreak of Clade I Mpox in Eastern and Central Africa**

This letter updates organisations on the current NHS response to the outbreak of Clade I mpox in Eastern and Central Africa. The situation continues to evolve, and all organisations need to be prepared to manage someone who has travelled in this area presenting with clinical signs and symptoms of being a possible or probable case.

### **Mpox**

World Health Organization Director-General Dr Tedros Adhanom Ghebreyesus has declared that the upsurge of Mpox in the Democratic Republic of the Congo (DRC) and a growing number of other countries in Africa constitutes a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations (2005) (IHR).

Clade I Mpox has been widely circulating in the DRC in recent months and there have been cases reported in Burundi, Rwanda, Uganda and Kenya. As of 30 August 2024, only 2 cases have been detected outside East and Central Africa: those were travel-associated cases in Sweden and Thailand.

### **Response**

Unlike Clade II Mpox that caused the previous wave of infection in 2022, Clade 1 Mpox remains classified as a high consequence infectious disease (HCID) in the UK. There is significant uncertainty about the severity of disease caused by Clade I Mpox and very few cases have been seen outside of the East and Central African region.

The UK Health Security Agency (UKHSA) has issued [an alert](#) in relation to the spread of Mpox Clade I in Eastern and Central Africa. This sets out actions for NHS organisations. This [UKHSA guidance on Mpox](#) is regularly updated (email alerts can be set up to flag changes to this guidance).

The operational Mpox HCID case definition is available [on the gov.uk website](#) and all potential cases should be referred for further assessment and testing – including for conditions such as malaria, which could also cause illness in the returning traveller.

Suggested action cards are attached to support this letter, covering community, primary care settings, and secondary care via emergency departments. These include how to source appropriate advice on patient assessment and testing.

Direct flights from Eastern and Central Africa land at Heathrow and passengers with symptoms are being advised to contact airport health control on arrival or to call 111 if they develop symptoms later after leaving the airport. If symptoms and travel history are

consistent with the current case definition, then attendance at an emergency department will be recommended and 111 will contact the department to notify them directly. Heathrow and several other airports in England have digital displays with information on Mpox.

### **Infection prevention and control (IPC)**

UKHSA leads on establishing IPC principles for new, emerging and rare infections (including HCIDs). NHS England is currently updating the operational IPC measures, which will include updated advice for primary care, and these will be available shortly on the Mpox webpages.

All healthcare workers must be familiar with the principles of standard infection control precautions (SICPs) and transmission-based precautions (TBPs) for preventing the spread of infection in healthcare settings as set out in the [National infection prevention and control manual \(NIPCM\) for England](#) on the NHS England website.

Organisations are responsible for ensuring safe systems of work, including the completion of a risk assessment for all settings where it is reasonable to expect that undiagnosed HCID cases may present, approved through local governance procedures.

Healthcare providers need to ensure there is a clinical pathway for isolation and management of suspected Clade I MPXV cases within their setting. This should include:

- isolation of the patient
- arrangements for discussion of the case with local infectious disease, microbiology or virology consultants if a diagnosis of Clade I MPXV is being considered, so that appropriate clinical management, including testing and infection control measures, can be implemented.
- liaison with local IPC teams

Personal protective equipment (PPE) is required for clinical staff caring for individuals with contact or airborne HCIDs, both suspected and if subsequently confirmed.

The provision of PPE is the responsibility of providers, though we recognise the practical difficulties of fit testing of respiratory protective equipment such as FFP3 masks. Providers should escalate any concerns through established routes and where applicable contact their integrated care board if they require clarity or have concerns.

Providers should only purchase PPE items for ensembles that their staff are trained to use, i.e. do not purchase items such as hoods for the unified HCID ensemble if this has not yet been implemented in your organisation. In this scenario continue with airborne PPE in line with staff training.

Further information regarding fitting and fit checking of respirators can be found on the [Health and Safety Executive website](#).

## **Vaccination**

Vaccination plays an important part in the control of mpox (all Clades). The NHS mpox outbreak vaccination programme ended in July 2023, though remains available to certain eligible groups in parts of the country where patients continue to present with Mpox Clade II (London and Greater Manchester).

The role of vaccination in the current Clade I outbreak is still being assessed and decisions will be communicated through the normal routes.

Public information on the latest eligibility for vaccine and advice on how to access will continue to be available on the [NHS.uk website](#).

Yours sincerely,

A handwritten signature in black ink that reads "Mike Prentice". The signature is written in a cursive, slightly slanted style.

**Dr Mike Prentice (he/him)**

National Director for NHS Resilience

NHS England