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Mpox (Monkeypox): clusters - an update

An update on mpox clusters and advice for travellers

This updates the news item of 12 June 2023

On 23 July 2022, World Health Organization (WHO) declared the multi-country mpox outbreak a Public Health Emergency of International Concern (PHEIC). Since 2022, mpox has been reported across all six WHO regions. WHO, 2022-23 Mpox (Monkeypox) Outbreak: Global Trends provides the latest weekly data on total cases and deaths of mpox globally. On 11 May 2023, the WHO declared that mpox is no longer a PHEIC [2].

The WHO advise that individuals with confirmed, probable or suspected mpox or signs and symptoms of infection, and all contacts of mpox cases, should avoid undertaking any international travel, until they no longer constitute a public health risk [1]. <u>UK advice on international travel for contacts of mpox cases</u> can be found on GOV.UK.

Travellers developing symptoms overseas, or who are considered a close contact of someone with mpox, may be required to self-isolate, be hospitalised or put into government quarantine (see advice for travellers below).

A summary of UK mpox cases is available from the <u>UK Health Security Agency</u> (UKHSA) [3].

Mpox is an infectious disease caused by the mpox virus. Other diseases in the same family include variola virus (causing smallpox, the only human disease to have been eradicated globally), vaccinia virus and cowpox virus. Mpox can be transmitted when a person comes into close contact with an infected animal, human or contaminated material. The virus does not usually spread easily between people, but it can be passed on through:

- Direct contact with mpox skin lesions or scabs.
- The respiratory tract or mucous membranes (eyes, nose or mouth) from coughing/sneezing of an individual with an mpox rash.
- Contact with items used by a person who has mpox, such as clothes and bedding [4].

The vast majority (>75%) of cases in this international outbreak have been detected in gay, bisexual and other men who have sex with men (GBMSM), though not exclusively [5]. Mpox cases continue to rise, with the virus being passed on predominantly in dense, interconnected sexual networks of GBMSM.

Advice for travellers

Before you travel

If you are concerned about mpox or if you notice a rash, blisters or lesions, or <u>other symptoms</u>, particularly if you have recently had a new sexual partner:

- Limit your contact with other people.
- Check with a health professional that you are fit to travel.



- Check your travel health insurance before you go.
- If you are diagnosed with mpox you should not have sex while symptomatic and while lesions are present. Use condoms for 12 weeks after infection. This is a precaution to reduce the risk of spreading the virus to a partner.

The NHS previously offered a countrywide <u>vaccination</u> schedule to people most likely to be exposed to mpox. This included some healthcare workers, some men who are gay, bisexual or have sex with other men and people who had close contact with someone with mpox. This nationwide vaccine programme ended in July 2023. Vaccination is still currently available in London: <u>find an mpox vaccination site</u>.

While you are away

Although the risk of mpox is very low for most travellers, you can reduce your risk while travelling by taking the following steps:

- Avoid contact (including sexual contact) with anyone who is unwell or has an unusual rash and <u>practise good hygiene before and after sex.</u> Talk to sexual partners about their sexual health and any symptoms they may have.
- Before you have sex, check yourself for mpox symptoms, including rashes and blisters.
- If you have mpox symptoms, take a break from having sex or attending parties/festivals until you've spoken to a clinician.
- It can take up to 3 weeks for symptoms to appear after being in contact with someone with mpox, so stay alert for symptoms after you have close skin to skin or sexual contact with someone new.
- Avoid touching potentially contaminated items such as bedding/clothing or sharing eating utensils/cups, food or drink with a person who has, or may have, mpox.
- Wash hands often with soap and water or an alcohol-based hand sanitiser containing at least 60% alcohol. Keep your hands away from your eyes, nose, and mouth. If you need to touch your face, make sure your hands are clean.
- Avoid animals when travelling.
- For advice for people living with HIV, see the <u>British HIV Association (BHIVA) statement on mpox (monkeypox) virus</u>.

When you return

If you develop symptoms on return to the UK, seek medical advice by telephone, see <u>current NHS</u> <u>guidance</u>.

Advice for health professionals

Health professionals who suspect a case of mpox should contact the local infection clinician (infectious diseases, microbiology, virology or genitourinary medicine as appropriate). <u>Guidance</u> is available on diagnosis, testing and infection control measures.

Resources

- NHS: Mpox (Monkeypox)
- UKHSA: Mpox: guidance
- US CDC: 2022 Mpox Outbreak Global Map
- World Health Organization: Mpox outbreak 2022



References

- 1. World Health Organization. Fourth meeting of the International Health Regulations (2005) (IHR) Emergency Committee on the multi-country outbreak of mpox. 15 February 2023. [Accessed 12 June 2023]
- 2. World Health Organization. Fifth meeting of the International Health Regulations (2005) (IHR) Emergency Committee on the multi-country outbreak of mpox. 11 May 2023. [Accessed 12 June 2023]
- **3.** UK Health Security Agency. Mpox (monkeypox) outbreak: epidemiological overview. Last updated 1 June 2023. [Accessed 12 June 2023]
- 4. UK Health Security Agency. Mpox (monkeypox): background information. 9 August 2022. [Accessed 12 June 2023]
- 5. ReliefWeb. Multi-country outbreak of mpox (monkeypox) External Situation Report 20, published 13 April 2023. [Accessed 12 June 2023]