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HSS(MD)17/2023

For Action:
Chief Executives, Public Health Agency /HSC Trusts/NIAS
GP Medical Advisers, SSPG
All General Practitioners and GP Locums (*for onward distribution to practice staff)*

Please see attached full addressee list

Your Ref:
Our Ref: HSS (MD)17/2023
Date: 21 March 2023

Dear Colleague

UK STRATEGY FOR MPOX (FORMERLY KNOWN AS MONKEYPOX) CONTROL

Action required

Chief Executives must ensure that this information is drawn to the attention of all staff to enable them to respond accordingly.

PHA should provide overall leadership and monitoring of the Northern Ireland response in achieving the aims of the UK Strategy for Mpox Control.

The interventions outlined in the strategy should be delivered by HSC Trusts, SPPG and the PHA.

I am writing to inform you that a UK Strategy for Mpox Control has been agreed between the UK's four public health agencies. This sets out the overarching public health strategy for controlling Mpox across the UK over the next 6-to-12-month period.

Each public health agency has delivered their own national response to the Mpox outbreak. A United Kingdom Health Security Agency (UKHSA) led Strategic Response Group was formed, with representation from the four agencies, to provide UK level co-ordination. UKHSA also led by mutual agreement on procurement of vaccines and therapeutics on behalf of all four nations.

Despite a rapid increase in cases from May 2022, the effectiveness of the UK response has meant that cases have been in decline across all four nations of the UK since July. The emergency phase of outbreak management has passed, and the UK Strategy for Mpox Control reflects a move into the next phase of outbreak management.

Levels of Mpox transmission

The UK's public health agencies have agreed a framework for measuring the level of transmission of Mpox.

Level 1	Incursions from rest of the world – small numbers of imported cases with limited onward transmission.
Level 2	Transmission within a defined population group.
Level 3	Transmission within multiple populations or larger population groups
Level 4	Wider significant community transmission – with potential for endemic and local epi-zoonotic disease.

The number of Mpox cases in Northern Ireland has been very low relative to rest of UK. As of 16 November 2022, there have been 34 cases in Northern Ireland, all within networks of gay, bisexual, and other men who have sex with men (GBMSM); no further cases have been reported since mid-September.

Locally we do not have evidence of ongoing community transmission, therefore Northern Ireland is at **Level 1** transmission – as of 23 September 2022 the UK is at **Level 2**.

Strategic Aims of the UK Response

The long-term goal is to limit person-to-person Mpox transmission within the community in the UK. However, until the global outbreak is under better control, there will still be the potential to see imported cases.

Over the next 6-to-12 months, the strategic aims of all four UK public health agencies are to:

- reduce harm (hospitalisation, complications, severe illness, and stigma) from Mpox,
- suppress current UK transmission,
- minimise transmission of Mpox within UK from imported cases,
- contribute to reduction in global burden (via collaboration through sharing knowledge, data, and information).

Public Health Interventions

The national strategy sets out 8 broad categories of interventions:

1. Community engagement and risk communication
2. Vaccination

3. Rapid and accurate case finding
4. Clinical management of cases and therapeutics
5. Public health case and contact management
6. Surveillance
7. Research and evaluation
8. Decreasing the global burden and minimising imported cases

Details regarding the interventions are outlined in the Strategy, copy attached and which can be found at:
UK strategy for mpox control, 2022 to 2023 - GOV.UK (www.gov.uk)

All these interventions have been introduced locally as part of the emergency phase of Mpox outbreak management. During the next phase, they will continue; led and monitored by the PHA Health Protection Team and delivered by PHA, SPPG and Trusts. If the number of new cases remains low locally, it is envisaged that the interventions already in place could continue to be delivered for the longer term goals of the UK Strategy.

The pre-exposure vaccination programme for eligible GBMSM and Health and Social Care Workers (HSCWs), implemented as part of the emergency outbreak response, should be completed by the end of January 2023.

During the next phase of disease control, pre- and post-exposure vaccination will continue to be offered to those most at risk of Mpox, in line with the Joint Committee of Vaccinations and Immunisation (JCVI) considerations.

Actions

PHA Health Protection and Health Improvement Divisions should continue to provide:

- Leadership of the local strategic response and monitoring of achievement of the aims and interventions outlined in the Strategy;
- Coordination of pre- and post-exposure vaccination programmes for those most at risk;
- Surveillance of Mpox case and vaccine coverage to rapidly identify cases, clusters and any changes in epidemiology;
- Health protection response to cases, including contact tracing, guidance and support to reduce transmission;
- Communication and engagement with those at highest risk of exposure to Mpox, in partnership with health improvement sexual health networks.

PHA msurveillance systems for Mpox should be sensitive enough to rapidly alert the Health Protection Team to increasing numbers of cases and/or clusters of cases. The Health Protection response to manage increasing case numbers should be assessed in accordance with standard procedure, as outlined in the PHA Incident Response Plan, including the need for additional resources.

SPPG should continue to:

- Monitor and assess the extent to which sexual health services can meet demand and escalate if/as necessary;
- Integrate testing and management within existing services where possible;
- Ensure continued delivery of pre-exposure vaccination to eligible GBMSM in GUM clinics, considering the impact on wider service delivery.

At present, most testing for Mpox occurs in GUM clinics, in the context of the current epidemiology. Should the epidemiology change and new population groups become affected it is recognized this would have implications beyond sexual health services. SPPG should be ready and able to adapt services in response to such changes.

Trusts should continue to:

- Identify and manage cases of Mpox in line with clinical pathways in both outpatient and in-patient settings;
- Ensure access to tecovirimat for severe cases of Mpox admitted to hospital;
- Continue to offer pre- exposure vaccine to those newly at risk presenting to GUM services:
- Continue to offer and administer post-exposure vaccine to HSCWs and the public if identified through contact tracing by Public Health and/or Occupational Health Teams;
- Implement robust infection prevention and control (IPC) arrangements to prevent transmission in healthcare settings.

I am most grateful to all services and teams who have worked on the emergency phase of our response to this Mpox outbreak, thank you all for your focused work in delivering this response. I know you and your teams will continue to respond as we now move into the next phase of our outbreak management.

Yours sincerely

Professor Sir Michael McBride
Chief Medical Officer

Circulation List

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)
Assistant Director Public Health (Health Protection), Public Health Agency
Director of Nursing, Public Health Agency
Assistant Director of Pharmacy and Medicines Management, SPPG *(for onward distribution to Community Pharmacies)*
Directors of Pharmacy HSC Trusts
Director of Social Care and Children, SPPG
Family Practitioner Service Leads, SPPG *(for cascade to GP Out of Hours services)*
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Joe Brogan, Assistant Director, Head of Pharmacy and Medicines Management, Strategic Planning and Performance Group (SPPG) (*for onward distribution to SPPG Pharmacy and Medicines Management Team and community pharmacists*)
Regional Medicines Information Service, Belfast HSC Trust
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Clinical Advisory Team
Louise McMahon, Director of Integrated Care, SPPG

This letter is available on the Department of Health website at https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications