



Grupo de Virología Clínica e ITS

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# MPOX VIRUS INFECTION IS MORE SEVERE IN PATIENTS WITH UNCONTROLLED HIV INFECTION

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## BACKGROUND

- Since the start of the Mpox outbreak on May 14, 2022 more than 82,000 cases of infection have been reported in 110 countries.
- HIV co-infection is a prevalent condition among individuals with Mpox.
- To date, information about the risk of severe monkeypox virus (Mpox) disease in PLWH is not well established

## METHODS

- Design:** National case-series study (18 hospitals, Spain).
- Patients:** Patients with PCR-confirmed MPXV infection since April 27th to September 30<sup>th</sup>.
- Definitions: duration of the clinical course:** from the onset of symptoms until mucocutaneous lesions complete clearance or MPXV infection-related complications resolution. **Disseminated disease:** presence of mucocutaneous lesions involving 6 or more areas of the body surface. **Severe complications:** extensive superinfection of skin lesions without response to treatment, pain refractory to non-opioid analgesia, sepsis, odynophagia with obstructive sensation, myopericarditis, gastrointestinal bleeding, encephalitis, or ophthalmologic complications.
- Main outcome: Severe MPXV disease:** i) duration of the clinical course ≥21 days, or; ii) disseminated disease, or; iii) emergence of severe complications, or iv) requirement of hospital admission.

## RESULTS

Table 1. Characteristics of the patients (N=1,028)

Parameter	HIV and viral load ≥ 1000 cp/mL (n=19)	HIV viral load < 1000 cp/mL (n=429)	Individuals without HIV infection (n=580)	p-value
Sex at birth, Male, n (%)	19 (100)	426 (99)	572 (98)	0.231
Age (years)*	32 (26-39)	40 (43-46)	36 (31-44)	< 0.001
Sexual orientation, MSM, n (%)	18 (95)	416 (98)	494 (90)	< 0.001
Sexual transmission, n (%)	19 (100)	419 (99)	509 (93)	< 0.001
Nadir CD4 cell count (cells/mm <sup>3</sup> ) *	393 (259-519)	429 (280-606)	---	0.451
HIV CDC clinical category, A, n (%)	11 (100)	210 (83)	---	0.131
CD4 cell count, n (%)	414 (253-660)	783 (597-980)	---	< 0.001
PrEP, n (%)	---	---	148 (25)	---

\* Median (Q1-Q3)

Patients with **uncontrolled HIV infection**, due to lack of effective ART, are at higher risk of **severe Mpox**

Table 2. Clinical outcomes

Parameter	HIV and viral load ≥ 1000 cp/mL (n=19)	HIV viral load < 1000 cp/mL (n=429)	Individuals without HIV infection (n=580)	p-value
Systemic symptoms, n (%)	17 (89)	304 (71)	392 (69)	0,129
Duration*	28 (26-40)	21 (16-26)	21 (15-26)	0,004
Anogenital lesions, n (%)	11 (65)	297 (71)	419 (75)	0,107
Disseminated disease, n (%)	5 (29)	16 (4)	15 (3)	0,002
Complications, n (%)	3 (16)	50 (12)	59 (10)	0,337
Hospital admission, n (%)	4 (22)	20 (5)	13 (2)	< 0,001
Death, n (%)	0	0	1 (0.2)	---

\* Median (Q1-Q3)

Table 3. Complications of Mpox virus infections (n=112)

Type of complication	n (%)
Superinfection of skin lesions	77 (69)
Pain refractory to nonopioid analgesia	10 (10)
Odynophagia with obstructive sensation	8 (7)
Gastrointestinal bleeding	4 (4)
Paraphimosis	2 (2)
Ophthalmologic complications	1 (1)
Sepsis	1 (1)
Myopericarditis	1 (1)
Encephalitis	1 (1)
Others	7 (6)

Table 4. Risk factors of severe Mpox severe disease<sup>a</sup>

	Categories	Severe disease n (%)	ORa (95% CI)	p-value
Sex at birth	Male Female	407 (40) 4 (36)	1.11 (0.32-3.82) Ref.	0.872
Age (years)	< 38 ≥ 38	182 (39) 222 (41)	1.01 (0.99-1.02)	0.331
CD4 cell count (cells/mm <sup>3</sup> )	HIV negative ≥ 350 < 350	208 (40) 164 (41) 16 (61)	Ref. 1.77 (0.76-4.14)	0.185
HIV viral status (c/mL)	HIV negative < 1,000 ≥ 1,000	222 (38) 174 (41) 14 (74)	Ref. 5.65 (1.55-20.56)	0.009

<sup>a</sup>Ajusted by sex, age, CD4 cell counts and plasma HIV viral load at the time of Mpox

## CONCLUSIONS

- PLWH, considered as a whole, are not at a greater risk of MPXV severe disease.
- However, those with uncontrolled HIV infection, due to lack of effective ART, develop more severe outcomes.
- Efforts should be done to increase HIV testing and to ensure linkage to HIV care services. In this setting, ART must be immediately started.

## ADDITIONAL KEY INFORMATION

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