

Severe mpox (monkeypox) among people living with HIV in Peru: a clinical case series of hospitalized cases, 2022



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Background

- In 2022-23 mpox (monkeypox) outbreak, more than 3,700 cases have been identified in Peru, 55% of which were reported to be among people living with HIV (PLHIV).
- Although most cases experienced mild-to-moderate disease with relatively good clinical outcomes, PLHIV with advanced HIV disease (AHD) may be at increased risk of severe mpox-associated morbidity and mortality due to immunosuppression.

Methods

- We conducted a descriptive clinical case series of patients hospitalized for mpox care between July and December 2022 in a tertiary hospital in Lima, Peru.
- We included adults (>18 years) with reactive PCR to monkeypox virus. Epidemiological, clinical, and laboratory data were collected from medical chart reviews and described along the HIV care continuum.
- AHD (CD4 count <200 cells/mm³) and viral suppression (viral load <1,000 copies/mL) were only reported for cases with laboratory data.

Results

- Records from 36 hospitalized patients for complicated mpox were included. Patients were mostly gay, bisexual, or other men who have sex with men (33/36, 92%) and aged 31 (18-52) years.
- Reasons for hospitalization included secondary bacterial infection (81%, 29/36), proctitis (36%, 13/36), balanitis/orchiepididymitis (14%, 5/36), necrosis of skin lesion (8%, 3/36) (Figure 1), and generalized rash (6%, 2/36). The median length of stay was 9 (6 -14) and up to 74 days.
- Thirty-one patients (86%) were PLHIV, and seven (23%) were **newly diagnosed** during hospitalization. Of those who were aware of their HIV status, 88% (21/24) had received HIV care in the preceding year, and 83% (20/24) were on antiretroviral treatment (ART), 58% (14/24) were virally suppressed. (Figure 1)
- Fifteen PLHIV (48%) did not have CD4 counts since last year; the median value was 347 (111- 493) cells/mm³, and 38% (6/16) had AHD.

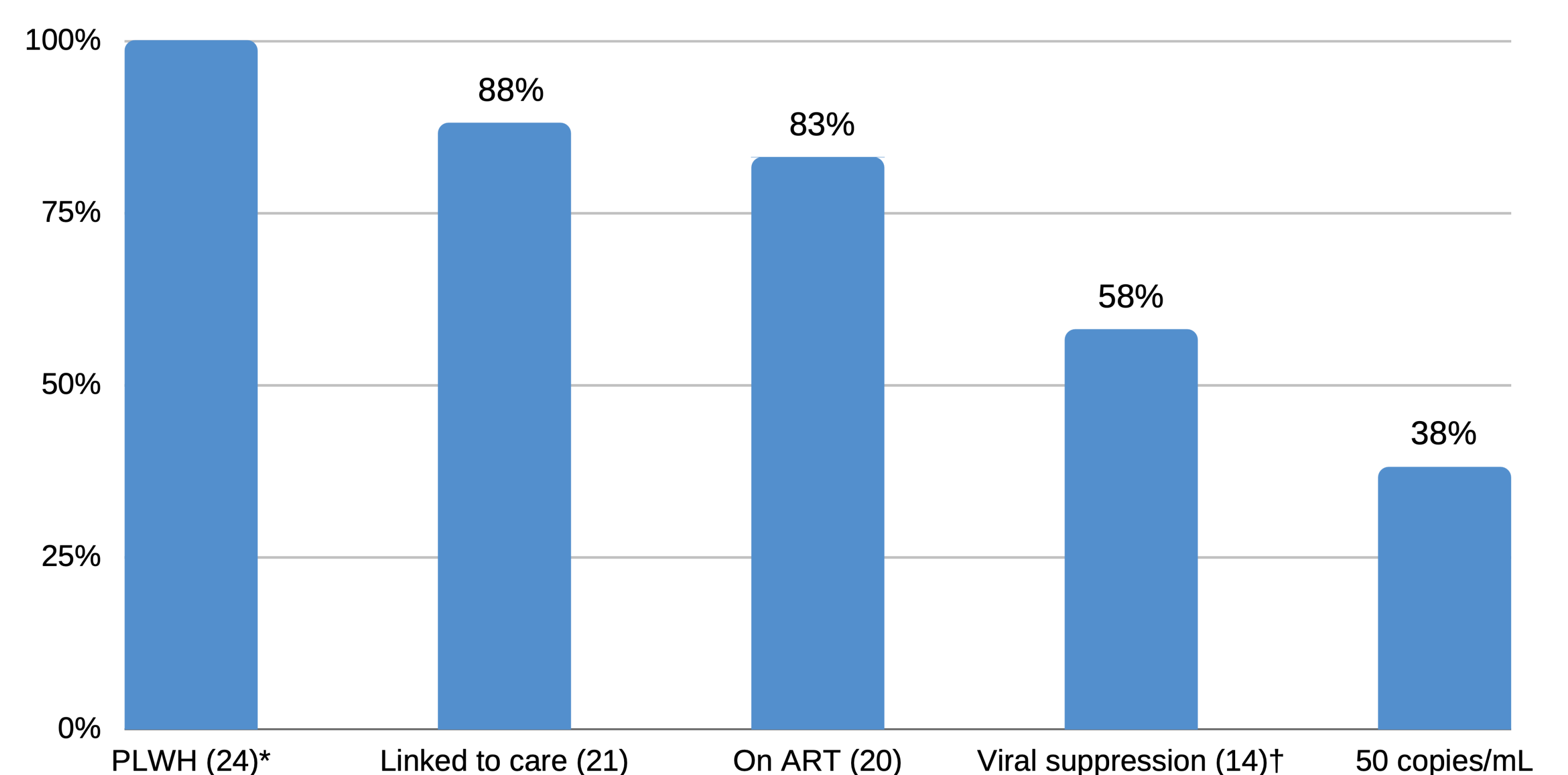


Figure 1. HIV care cascade among hospitalized people diagnosed with mpox

*People living with HIV who knew their status
†Viral suppression: HIV viral load < 1000 copies/mL

Three patients (8%) died due to severe mpox presentations, all PLHIV with AHD.

Conclusions

- The severity of mpox-associated complications among immunocompromised PLHIV suggests mpox may act as an opportunistic infection. Effective access to HIV prevention and care is urgently needed to reduce the harms associated with mpox outbreaks in key populations.



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