

M-Pox Severe Disease Update

Launched in June 2022, PrEP4All's *Mpox Alert* is a bulletin containing key information for activists, advocates and impacted communities on the evolving response to mpox in the United States and worldwide. Mpox Alert 8 is our final edition in this series. For more on the future of PrEP4All's alerts—see below!

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PrEP4All M-Pox Community Monitoring Project

PrEP4All has a community monitoring project focused on access to monkeypox testing, vaccines, and treatments in the United States; we encourage activists and impacted people in diverse communities in the US and in other countries to reach out to share tools, information and updates as we track this outbreak.

Coming in 2023: PrEP4All's Prevention Equity Alert

In 2023, Mpox Alert will return as PrEP4All's *Prevention Equity Alert*. We're making this change from mpox to a broader focus because recent and historic pandemics, US epidemics and outbreaks emerge and persist for common reasons including, but not limited to: lack of timely, ambitious public health responses to emergencies, and the absence of a health system that provides preventive services and countermeasures to all, regardless of race, income, gender, sexual orientation and more. Rather than tackling one pathogen at a time, we're turning our attention to prevention equity—looking at the structures, investments, approaches and community-led responses that are needed to prevent new HIV diagnoses, new cases of AIDS and severe mpox, deaths and disease from SARS CoV-2. If (and only if) the US achieves prevention equity for these existing issues, will it be possible to prevent the next outbreak or pandemic. Stay tuned for our first issue in early 2023 and as always, please follow us on Twitter and Instagram for more regular information and action.

A Call to Action on Severe Mpox Disease

For many people who contract mpox, the symptoms, whether mild or moderate, resolve without requiring hospitalization and without posing a severe health risk to the person with mpox. The infection can be intensely painful, and timely access to diagnosis and treatment is essential.

Mpox does not threaten the lives of most people infected with the virus. But for some people, it does. As long as this is happening, the outbreak remains an emergency—for all of us.

In late October 2022, the Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report published [an analysis of 57 people hospitalized with severe mpox disease in the United States](#) between August and October 2022. Here's some of the key findings:

- ▶ Most of the people in this group were Black men with AIDS (68 percent of individuals were non-Hispanic Black and 95 percent were male)—as defined by their CD4 cell count and severe immunocompromised state.
- ▶ 82 percent of the people with severe disease were people living with HIV.
- ▶ 23 percent were people experiencing homelessness.
- ▶ 72 percent of the people with HIV with the severe cases of MPX who also had a known CD4 cell count had <50 CD4 T cells per cubic mL of blood.
- ▶ Just 9 percent of those living with HIV who also experienced severe MPX were taking antiretrovirals.
- ▶ Three (five percent) of the people were pregnant.

A few weeks after this report was published, US Secretary for Health and Human Services Xavier Becerra [announced](#) that the HHS "did not expect" to renew the public health state of emergency declaration for mpox, which was first issued in August 2022. In the public health context, state of emergency declaration enables access to emergency funds, allows health agencies to gather more information about cases and vaccinations, and can accelerate distribution of vaccines, tests and treatments. During the mpox state of emergency, SAMSHA and HUD have both had the flexibility to offer housing and other supportive services to people at risk of mpox.

As new infections drop, the US may well decide to lift the state of emergency. But the morbidity (severe disease) and death rates linked to severe mpox in Black, HIV positive, immunocompromised and homeless individuals is also an emergency. The following steps should be put in place immediately to address this potential crisis:

- 1. Rapid provider training and support for appropriate care and treatment of severe mpox.** The CDC's MMWR paper includes several findings that should trigger action in terms of provider and community outreach and education.
 - ▶ In this cohort who ultimately developed severe disease, there were significant delays between the time a person presented with symptoms and the initiation of oral tecovirimat (brand name TPOXX), the most effective available antiviral.
 - ▶ The authors state that providers should "consider early commencement and extended duration of monkeypox therapy."
 - ▶ Many patients also received intravenous tecovirimat; 29 (51%) received vaccinia immune globulin intravenous and 13 (23%) received intravenous cidofovir.

Based on the above, the following should happen:

- ▶ The NIH CDC Opportunistic Infections guidelines group should rapidly update the [Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV](#) section on mpox to include specific information about severe mpox disease, including addressing the possibility of mpox-specific presentations of immune reconstitution inflammatory syndrome (IRIS).
- ▶ CDC, state and territories, with community-based partners should be resourced to produce and publish clinician resources for effective treatment of severe mpox as an opportunistic infection in people with AIDS. Printed resources should be supplemented with in-service trainings and information sessions for health providers should prioritize reaching communities, facilities and health workers in places with high rates of people with HIV who are lost to follow up and/or large populations of people who are homeless and/or living in congregate shelters.
- ▶ CDC and the White House Mpox Taskforce should assess the availability of vaccinia immune globulin, IV tecovirimat and cidofovir and ensure that these medications are readily accessible to providers and people with severe disease.

- 2. Address housing instability and congregate settings as a source of risk.** As a [recent opinion paper](#) by long-time infectious disease experts noted, the dismantling of housing encampments and displacement of people living on the streets often involves loss of property and shifts into more congested congregate settings where belongings may be shared. These are precisely the conditions in which mpox spreads. The authors call for, and PrEP4All supports, an “immediate ban on policies that dismantle housing encampments,” the extension of eviction moratoria and an active investment in the resources needed to implement the best practice options for addressing mpox in congregate settings, as outlined in [this resource](#) from HUD which states that, **To prevent and mitigate cases of severe MPX, we need to get people housed, linked to HIV care and treatment, protected through MPX vaccination, and connected to needed supportive services including mental health and substance use services. Housing can and should be used as a platform to get individuals who have disengaged from HIV care to reconnect, and to ensure an HIV medication regimen can be maintained.”**

In addition, information on homelessness and substance use should be collected as part of case investigations by the CDC, WHO and other public health entities working on mpox. This information, which is not routinely collected by any of those named, is crucial for understanding the extent to which mpox has already spread among these populations.

- 3. Resource the people and systems that support reaching people with HIV who are not receiving care and treatment and returning them to care.** People with HIV who have stopped taking ART (or have not started) may have a range of priorities, needs and concerns when they are reached by a case manager, outreach worker or medical professional. This loss-to-follow-up support system has to have the training, financial resources, tests, vaccines and treatment needed to offer mpox prevention and/or treatment to people with HIV.
- 4. Provide health insurance to all.** If people have access to affordable or free health care in accessible, nonjudgmental settings, they will get the care they need. Their risk for severe disease goes down. The ability to respond to new outbreaks and communities is increased—and the risk of severe disease and death for those most at risk declines. The emergence of mpox as an opportunistic infection is, like long COVID and associated diseases, a manifestation of a system that sequesters those most at risk away from care and resources—and conditions society to accept these deaths and suffering as something other than an emergency.

¹When people with AIDS start antiretrovirals and their immune systems become less compromised, the body can mount responses against pre-existing OIs. These responses can often include specific and severe symptoms associated with the body fighting the disease. This is what is known as IRIS.