

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/identifying-mpox-hospitalization-risks-in-patients-with-hiv-during-the-2022-outbreak/32853/>

### ReachMD

www.reachmd.com  
info@reachmd.com  
(866) 423-7849

## Identifying Mpox Hospitalization Risks in Patients with HIV During the 2022 Outbreak

### Announcer:

This is *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Ofole Mgbako, who's an Assistant Professor of Medicine and Population Health at NYU Langone Health. He's also the Section Chief of Infectious Diseases and the Director of the HIV Equity Research Program at NYC Health and Hospitals Bellevue. He'll be discussing his research presented at IDWeek 2025, which explores how different factors can influence the severity of mpox among people living with HIV. Here's Dr. Mgbako now.

### Dr. Mgbako:

So the mpox outbreak that began in 2022 was really a horrific event. We saw significant suffering and morbidity, particularly among gay and bisexual men, and New York City was the epicenter. We had about 4,000 cases in 2022 and that was more than 10 percent of cases nationwide.

The emerging literature from the outbreak showed a clear association between HIV and severe mpox outcomes, particularly among people with lower CD4 counts, so much so that people thought about designating mpox an opportunistic infection among people with HIV. So we really wanted to understand retrospectively what were some of the HIV-related factors that led to hospitalization among people with mpox while also understanding that it's important to examine hospitalization risk specifically because we want to know the risk factors that we should focus on as clinicians so we know who to think about in terms of early intervention.

It was a collaboration spearheaded by the New York City Department of Health and Mental Hygiene, particularly Dr. Marcia Wong and Ciarra Leocadio, and that involved multiple healthcare systems across New York City. So Dr. Wong and her team provided technical assistance and regulatory support for healthcare providers during the outbreak and helped us with navigating the expanded access protocol for tecovirimat, which is the antiviral used for smallpox, but that was available for mpox through a centralized pharmacy here in New York. Each site submitted case report forms to the DOH—specifically for patients receiving tecovirimat—so they were able to build this database, and that allowed us to look at retrospective data. So we used that same database, and we looked between May and December 2022. We really wanted to focus specifically on people with HIV in the cohort—so not everybody, but folks with HIV—and we wanted to focus on clinical characteristics of HIV, particularly CD4 count levels, viral load, whether or not patients were on treatment, and co-infection with other STDs. And so one limitation is that we didn't have folks' vaccination status, which we know is important, but we did have a lot of really important data.

So in this analysis, there were about 400 patients with HIV. About 18 percent were hospitalized. We were able to tease out which patients were hospitalized due to social reasons, like inability to isolate versus actual severe manifestations of mpox. The median age of the group was around 39. As expected, most were cisgender men and sexual minorities—gay and bisexual. Overall, the cohort was about a third White, about a third non-Hispanic Black, and a third Hispanic Latino. However, of those hospitalized, about 60 percent were non-Hispanic Black.

We found that patients who were off antiretroviral therapy were about three times more likely to be hospitalized than those who were on treatment. Non-Hispanic Black patients were two times more likely to be hospitalized than White counterparts. And patients with a CD4 count less than 200 were two times more likely than patients with a higher CD4 to be hospitalized. And then interestingly, patients with syphilis coinfection were 1.7 times more likely to be hospitalized.

Really, our findings show that initiation or restarting antiretroviral therapy is probably the single most important thing we can do for patients when they're coming in for care, particularly in the setting of an outbreak or a viral infection that can threaten their lives from a morbidity and mortality standpoint. And then on a public health level, we have to continue to invest in new scientific innovations and implementation strategies that support ART adherence, like long-acting treatment, and we need to do the basic and vital work to address the structural determinants of health.

**Announcer:**

That was Dr. Ofole Mgbako talking about predictors of severe mpox outcomes among people living with HIV, which was a presentation at IDWeek 2025. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!