

# MPOX CONSIDERATIONS FOR PEOPLE LIVING WITH HIV/AIDS AND INDIVIDUALS WITH SYPHILIS

## PREVENTION

PEOPLE WITH HIV SHOULD FOLLOW THE SAME GUIDANCE AS ANYONE ELSE TO PROTECT THEMSELVES FROM MPOX:

- Avoid direct contact with rashes, sores, or scabs on a person with Mpox, including intimate contact such as sex



- Avoid contact with objects, fabrics (e.g., clothing, bedding, or towels), and surfaces that have been used by someone with Mpox



- Avoid contact with respiratory secretions, through kissing and other face-to-face contact from a person with Mpox

## AN INDIVIDUAL THAT GETS MPOX AND IS LIVING WITH HIV

REVIEW YOUR OPTIONS WITH YOUR HEALTHCARE PROVIDER.

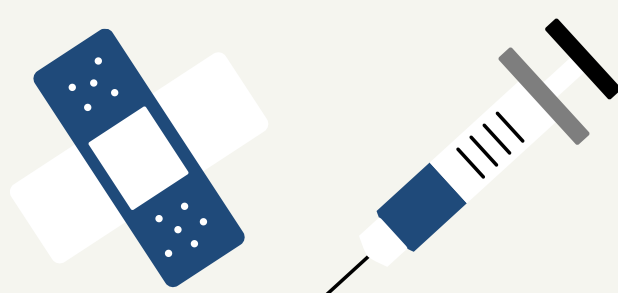
- People with advanced HIV or who are not virologically suppressed with antiretroviral therapy (untreated) can be at increased risk of severe disease with Mpox
- Post-exposure prophylaxis (after exposure prevention) and antiviral treatments are available for people exposed to Mpox or with Mpox virus infection
- Vaccination with JYNNEOS is considered safe for people with HIV
- Antiviral treatments for Mpox have few interactions with antiretroviral therapy but consult with your primary care physician
- Individuals that are living with HIV or untreated HIV and get diagnosed with Mpox may consider getting antiviral treatment for Mpox (TPOXX)

## WHAT IS TECOVIRIMAT (TPOXX) TREATMENT ?

TECOVIRIMAT (ALSO KNOWN AS TPOXX) IS FDA-APPROVED FOR THE TREATMENT OF HUMAN SMALLPOX DISEASE

TPOXX treatment in people infected with Mpox virus may be considered for the following persons:

- With severe disease (e.g., hemorrhagic disease, confluent lesions, sepsis, encephalitis, or other conditions requiring hospitalization)
- Who are at high risk of severe disease:
  - People with immunocompromising conditions (e.g., HIV/AIDS, leukemia, lymphoma, generalized malignancy, solid organ transplantation, therapy with alkylating agents, antimetabolites, radiation, tumor necrosis factor inhibitors, high-dose corticosteroids, being a recipient with hematopoietic stem cell transplant <24 months post-transplant or ≥24 months but with graft-versus-host disease or disease relapse, or having autoimmune disease with immunodeficiency as a clinical component)
  - Pediatric populations, particularly patients younger than 8 years of age
  - Pregnant or breastfeeding women
  - People with a history or presence of atopic dermatitis, people with other active exfoliative skin conditions (e.g., eczema, burns, impetigo, varicella zoster virus infection, herpes simplex virus infection, severe acne, severe diaper dermatitis with extensive areas of denuded skin, psoriasis, or Darier disease [keratosis follicularis])
  - People with one or more complications (e.g., secondary bacterial skin infection; gastroenteritis with severe nausea/vomiting, diarrhea, or dehydration; bronchopneumonia; concurrent disease or other comorbidities)
- Uncommon infections involving accidental implantation in eyes, mouth, or other anatomic areas where Mpox virus infection might constitute a special hazard (e.g., the genitals or anus)



More info: [www.ccbh.net/Mpox-overview](http://www.ccbh.net/Mpox-overview)  
Resources: [www.cdc.gov](http://www.cdc.gov)

**CCBH**

5550 Venture Drive  
Parma, Ohio  
44130  
216-201-2000  
[www.ccbh.net](http://www.ccbh.net)

CUYAHOGA COUNTY  
BOARD OF HEALTH  
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

# MPOX CONSIDERATIONS FOR PEOPLE LIVING WITH HIV AND INDIVIDUALS WITH SYPHILIS (CONTINUED)

## MANAGING MPOX IN PEOPLE WITH HIV/AIDS

PEOPLE WITH HIV MAY BE AT INCREASED RISK OF SEVERE DISEASE AND PROLONGED INFECTIOUSNESS

- Prophylaxis (e.g., vaccination), medical treatment and close monitoring are a priority for this population
- Providers should consider both viral suppression and CD4 count in weighing the risk of severe outcomes for any patient with HIV
- Severe outcomes have been observed in people with inadequately treated HIV who have CD4 counts  $\leq 350/\text{mm}^3$  and are likely not virologically suppressed; however, the available data are presently insufficient to define actionable thresholds
- Clinicians should exercise clinical judgement to assess the extent of immunosuppression (from HIV or any other sources) and the risk for severe Mpox illness
- The patient's clinical team is best positioned to determine the degree of immune compromise and, with the input of public health practitioners, the need for prophylaxis (including vaccination) and treatment
- The decision to treat and monitor an immunocompromised person in their home or an inpatient setting should likewise be individualized



## MANAGING HIV/AIDS IN PEOPLE WITH MPOX

PEOPLE WITH ADVANCED HIV/AIDS OR WHO ARE NOT VIROLOGICALLY SUPPRESSED WITH ANTIRETROVIRAL THERAPY (UNTREATED) CAN BE AT INCREASED RISK OF SEVERE DISEASE WITH MPOX

- Antiretroviral therapy (ART) and opportunistic infection prophylaxis should be continued in all people with HIV who develop Mpox
- Treatment interruption may lead to rebound viremia that could complicate the management of Mpox virus infection (e.g., worsen the severity of illness)
- People taking antiretrovirals for HIV pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP) should likewise continue taking these medications
- For people with HIV diagnosed concurrently with Mpox or who are not taking ART: CDC recommends starting ART as soon as possible, and in consultation with an expert in HIV medicine if needed
- Clinicians using antivirals for Mpox need to be alert for drug-drug interactions with any antiretrovirals used to treat or prevent HIV infection as well as with any other medications used to prevent or treat HIV-related opportunistic infections
- Any potential drug-drug interactions can be assessed using the University of Liverpool HIV Drug Interactions database, an interactive online tool found at: <https://www.hiv-druginteractions.org/checker>

**CCBH**

5550 Venture Drive  
Parma, Ohio  
44130  
216-201-2000  
[www.ccbh.net](http://www.ccbh.net)

More info: [www.ccbh.net/Mpox-overview](http://www.ccbh.net/Mpox-overview)  
Resources: [www.cdc.gov](http://www.cdc.gov)

CUYAHOGA COUNTY  
BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

# MPOX CONSIDERATIONS FOR PEOPLE LIVING WITH HIV AND UNTREATED SYPHILIS

It is important to consult with your healthcare provider to get proper treatment for Mpox and untreated syphilis if you are living with HIV

## HOW DO I KNOW IF I HAVE SYPHILIS?

- Get tested
- You should get tested regularly for syphilis if you are sexually active and
  - are a gay or bisexual man;
  - have HIV;
  - are taking pre-exposure prophylaxis (PrEP) for HIV prevention; or
- have partner(s) who have tested positive for syphilis
- Many men who get syphilis do not have any symptoms for years, yet they remain at risk for health problems if they are not treated
- Individuals who are unaware of their infection can spread it to their sex partners

## WHAT ARE THE SIGNS AND SYMPTOMS OF SYPHILIS?

- There are four stages of syphilis (primary, secondary, latent, and tertiary)
- Each stage has different signs and symptoms
- During the first (primary) stage, you may notice a single or multiple sores that usually occur in, on, or around the: penis, vagina, anus, rectum, and lips or in the mouth
- Sores are usually (but not always) firm, round, and painless
- For signs & symptoms of other stages of syphilis:  
<https://www.cdc.gov/std/syphilis/stdfact-syphilis.htm>

## WHAT IS THE LINK BETWEEN SYPHILIS AND HIV?

- In the United States, approximately half of MSM with primary and secondary (P&S) syphilis were also living with HIV
- MSM who are HIV-negative and diagnosed with P&S syphilis are more likely to be infected with HIV in the future
- Having a sore or break in the skin from an STD such as syphilis may allow HIV to more easily enter your body

## AM I AT RISK FOR SYPHILIS?

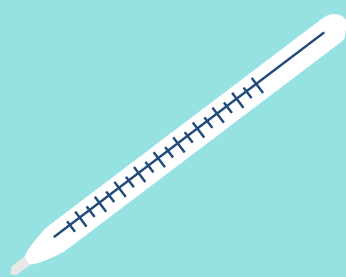
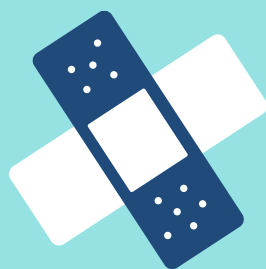
- Sexually active people can get syphilis through vaginal, anal, or oral sex without a condom with a partner who has syphilis
- If you are sexually active, have an honest and open talk with your healthcare provider
- Ask them if you should get tested for syphilis or other STDs

## HOW CAN I REDUCE MY RISK OF GETTING MPOX & SYPHILIS?

- The only way to avoid getting syphilis or other STDs is to not have anal, oral, or vaginal sex
- If you are sexually active, doing the following things will lower your chances of getting syphilis:
  - Being in a long-term mutually monogamous relationship with a partner who has been tested for syphilis and does not have syphilis
  - Using latex condoms the right way every time you have sex
  - Condoms prevent the spread of syphilis by preventing contact with a sore
  - Sometimes sores can occur in areas not covered by a condom
  - Contact with these sores can still transmit syphilis

## CAN SYPHILIS BE CURED?

- Yes, syphilis can be cured with the right medicine from your healthcare provider
- However, treatment might not undo damage that the infection has already done



More info: [www.ccbh.net/MPOX-OVERVIEW](http://www.ccbh.net/MPOX-OVERVIEW)  
Resources: [www.cdc.gov](http://www.cdc.gov)

**CCBH**

5550 Venture Drive  
Parma, Ohio  
44130  
216-201-2000  
[www.ccbh.net](http://www.ccbh.net)

CUYAHOGA COUNTY  
BOARD OF HEALTH  
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION