



HIV and MPX UPDATES: 2022

Vanderbilt Comprehensive Care Clinic HIV Symposium

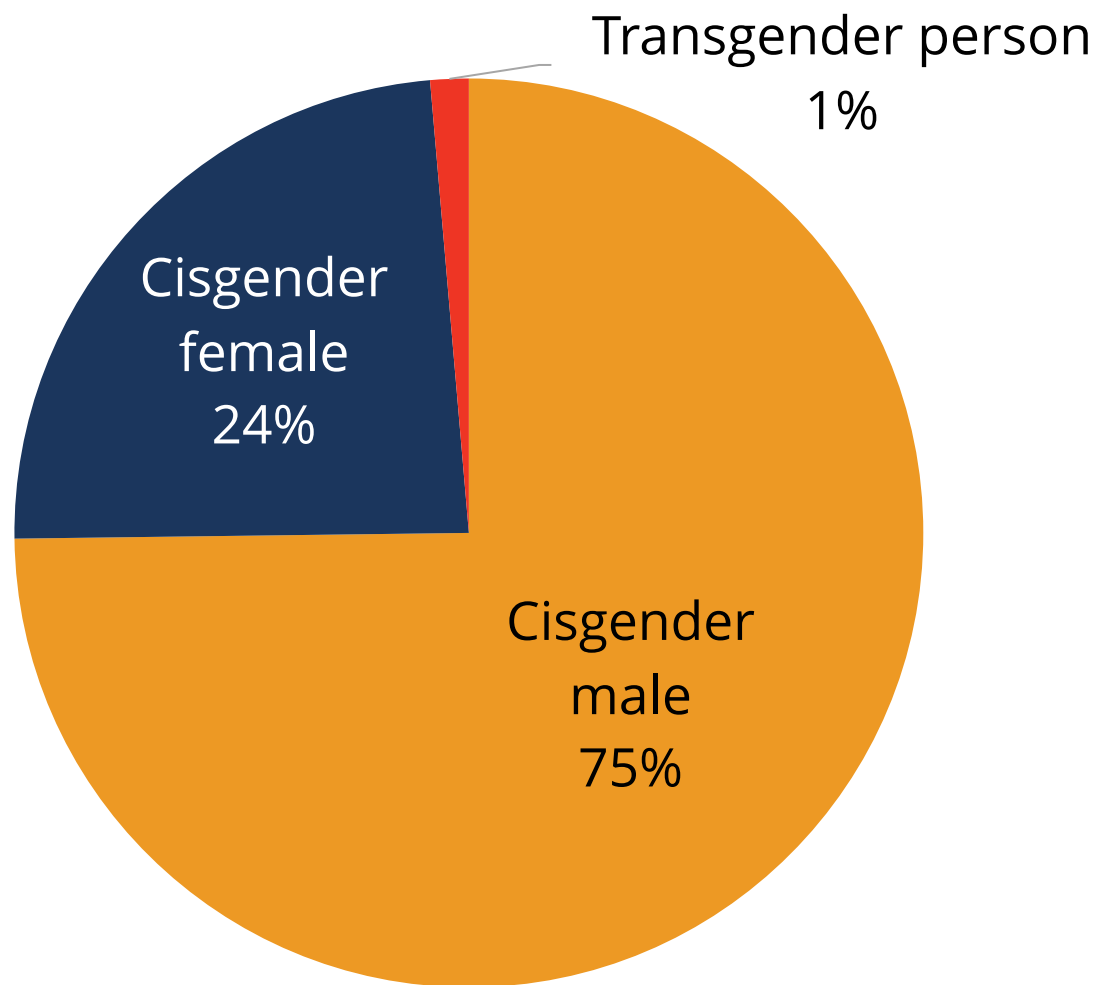
HIV in Tennessee 2020

19,214 Persons living with HIV
(PLWH)

651 Persons newly diagnosed with
HIV

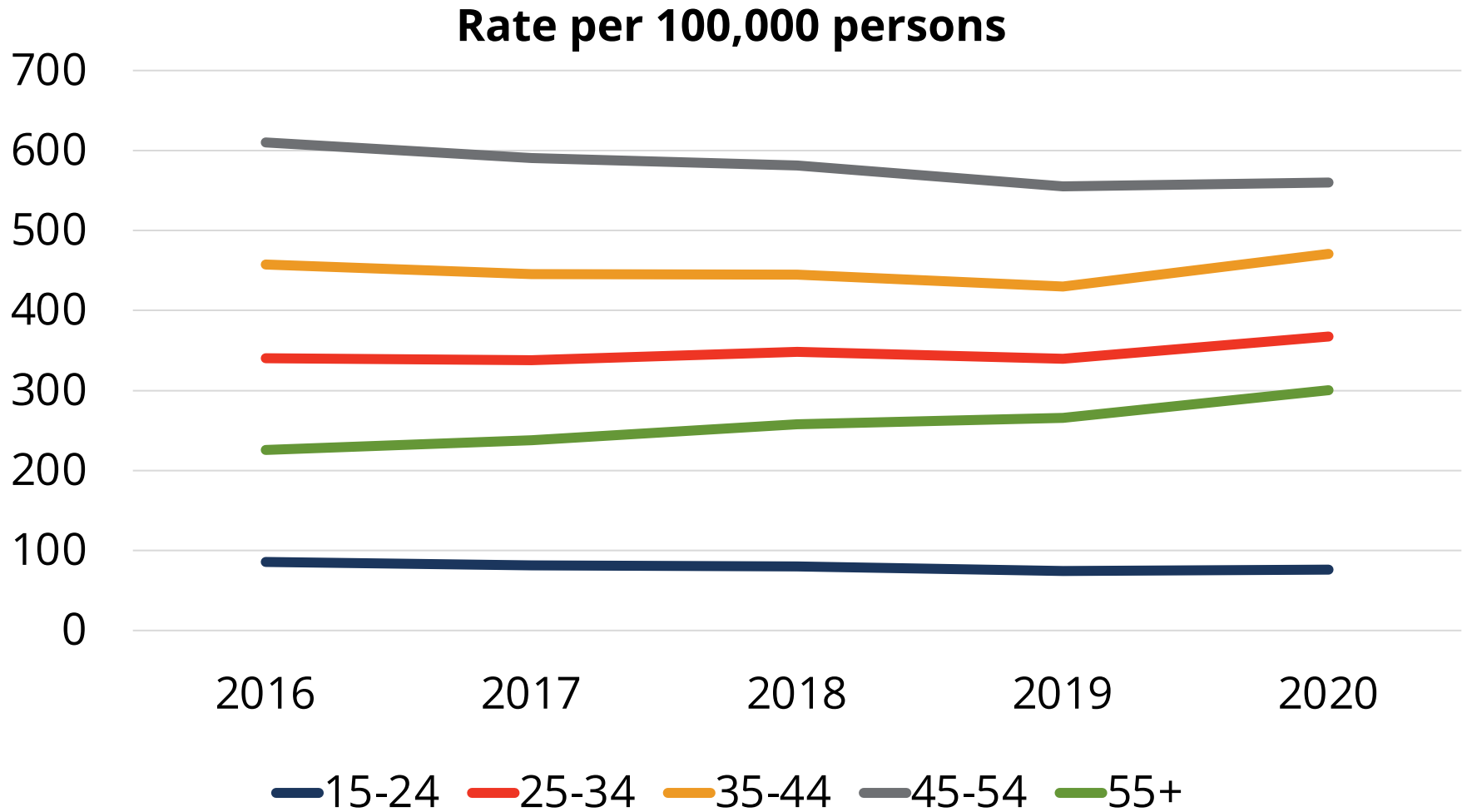
300 Deaths among persons
living with HIV

PLWH identified by gender, Tennessee 2020



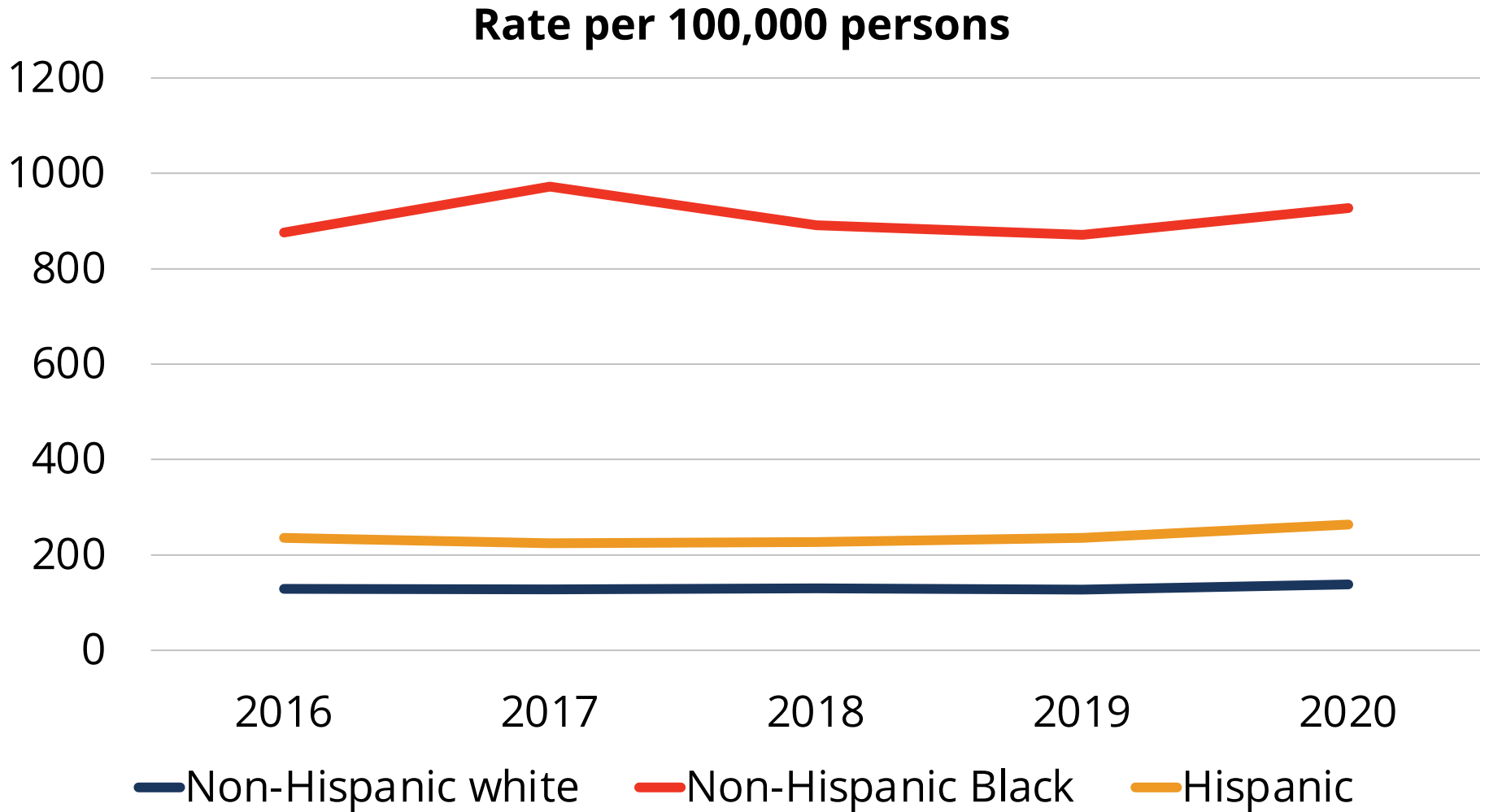
Data source: Tennessee eHARS, accessed July 27, 2021

Persons living with HIV by age group, Tennessee, 2016–2020



Data source: Tennessee eHARS accessed July 27, 2021

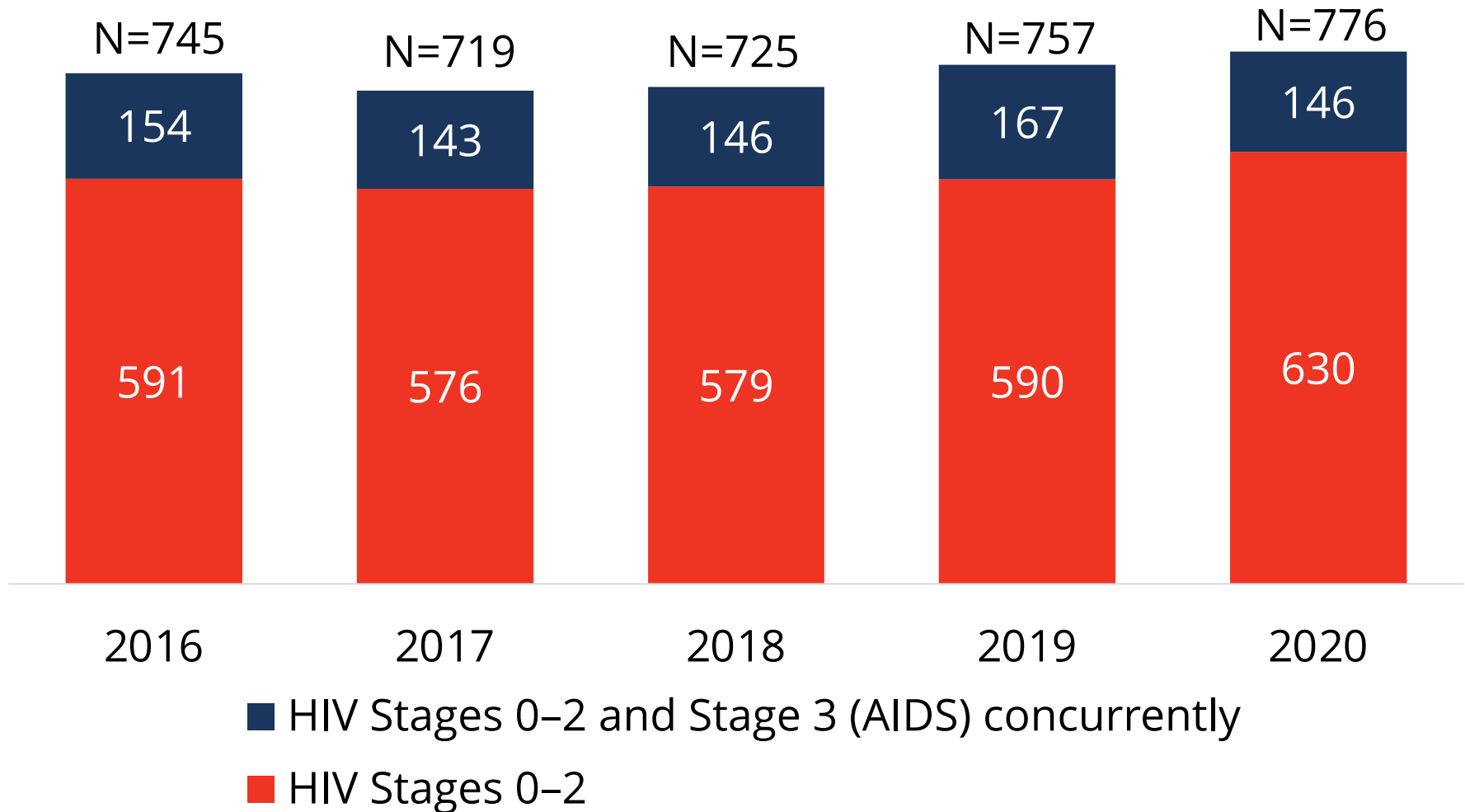
Persons living with HIV by race/ethnicity, Tennessee, 2016–2020



Data source: Tennessee eHARS, accessed July 27, 2021



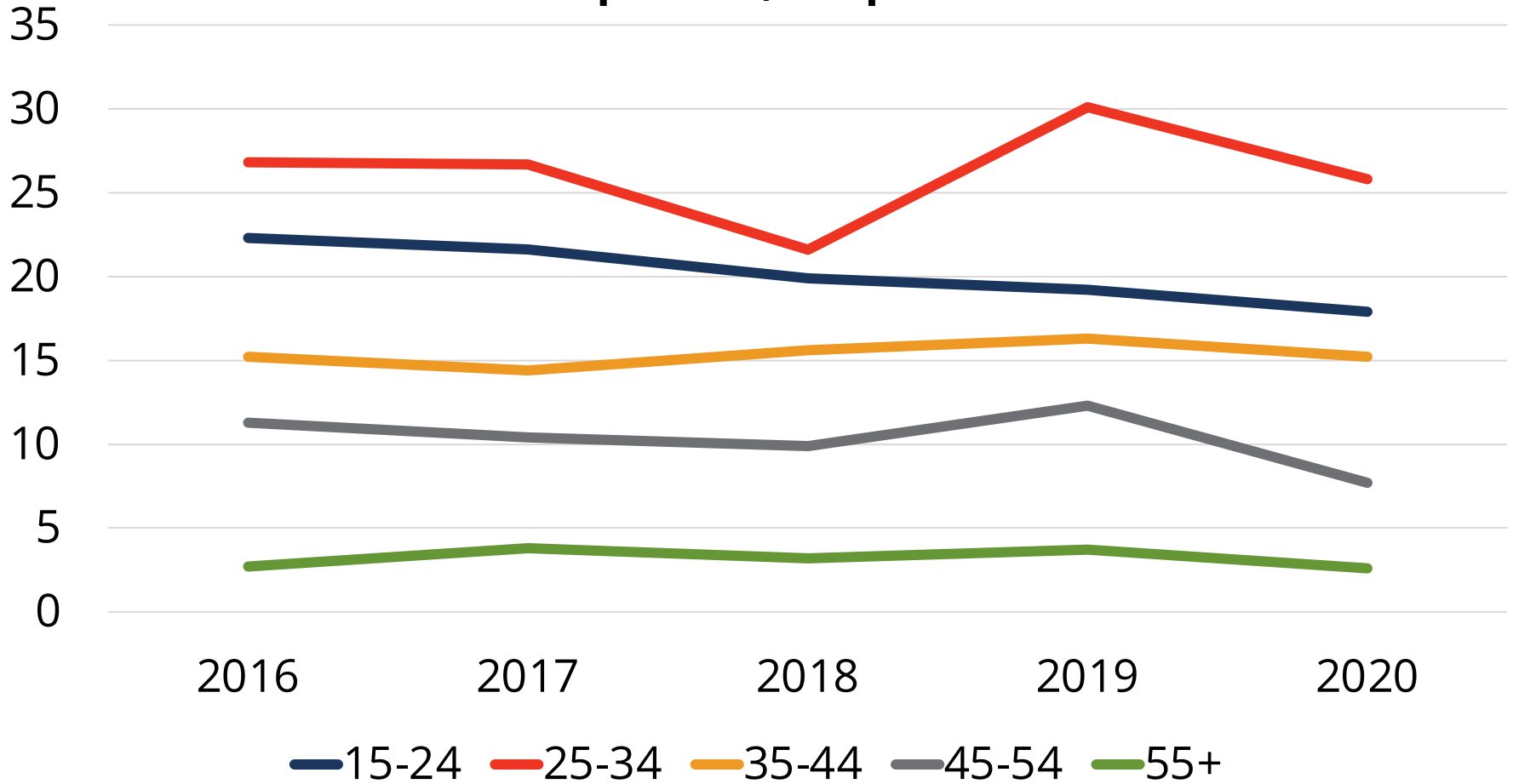
Persons newly diagnosed with HIV, by stage within 12 months of diagnosis, Tennessee, 2016–2020



Data source: Tennessee eHARS, accessed July 27, 2021

Persons newly diagnosed with HIV by age group, Tennessee, 2016–2020

Rate per 100,000 persons

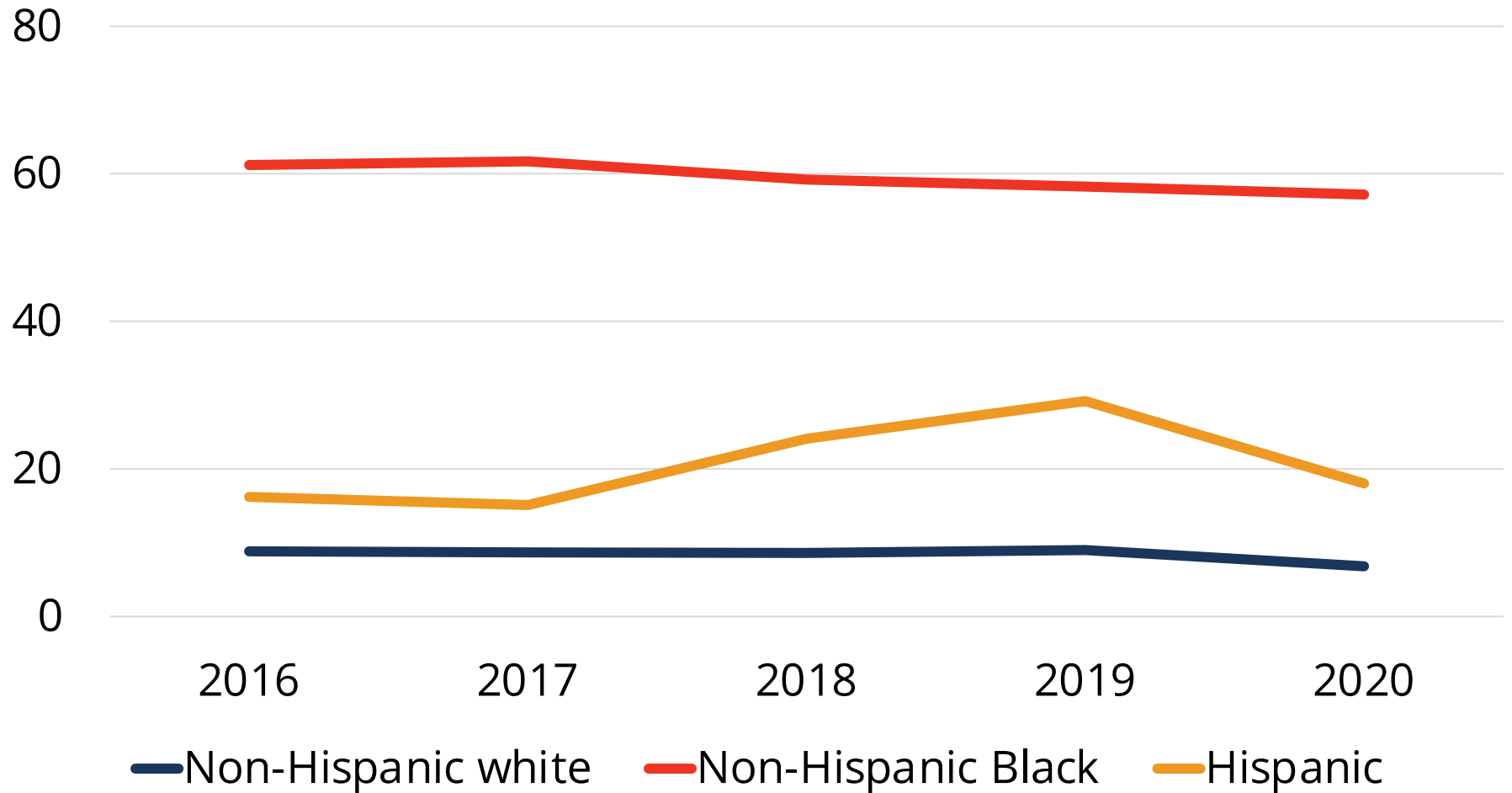


Data source: Tennessee eHARS, accessed July 27, 2021



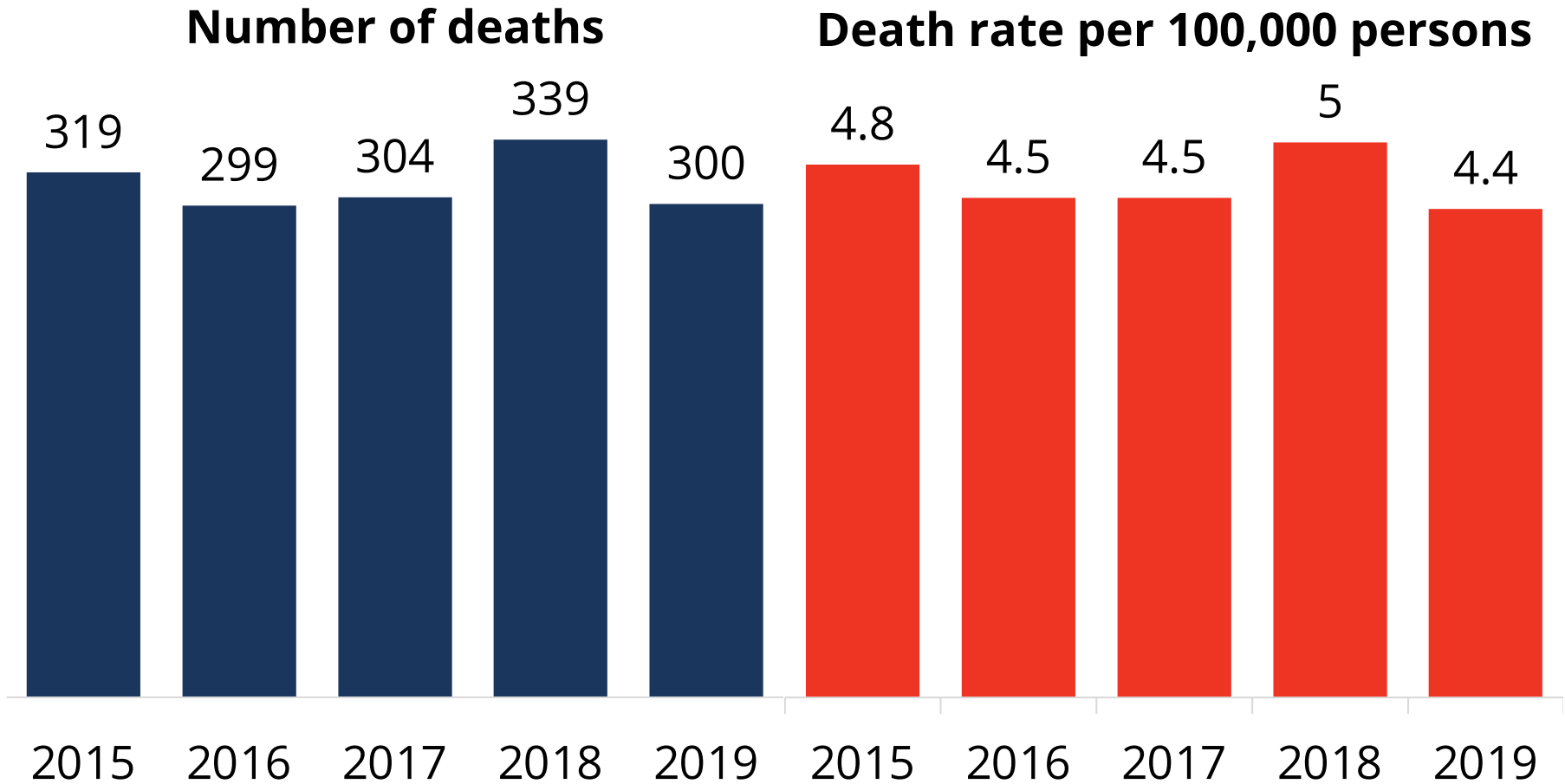
MSM newly diagnosed with HIV by race/ethnicity, Tennessee 2016–2020

Rate per 100,000 males



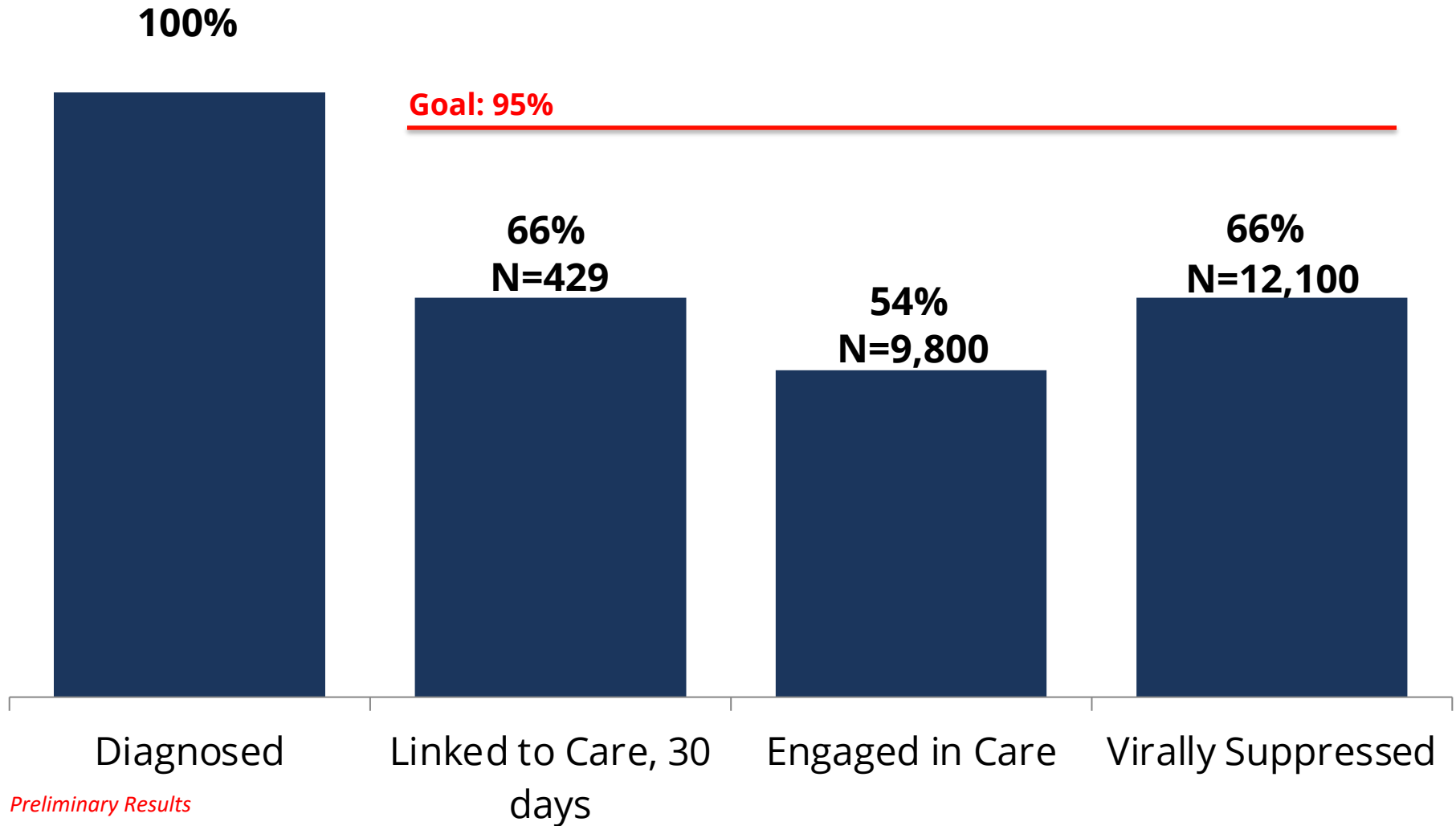
Data source: Tennessee eHARS, accessed July 27, 2021

Deaths among persons diagnosed with HIV, Tennessee 2015–2019

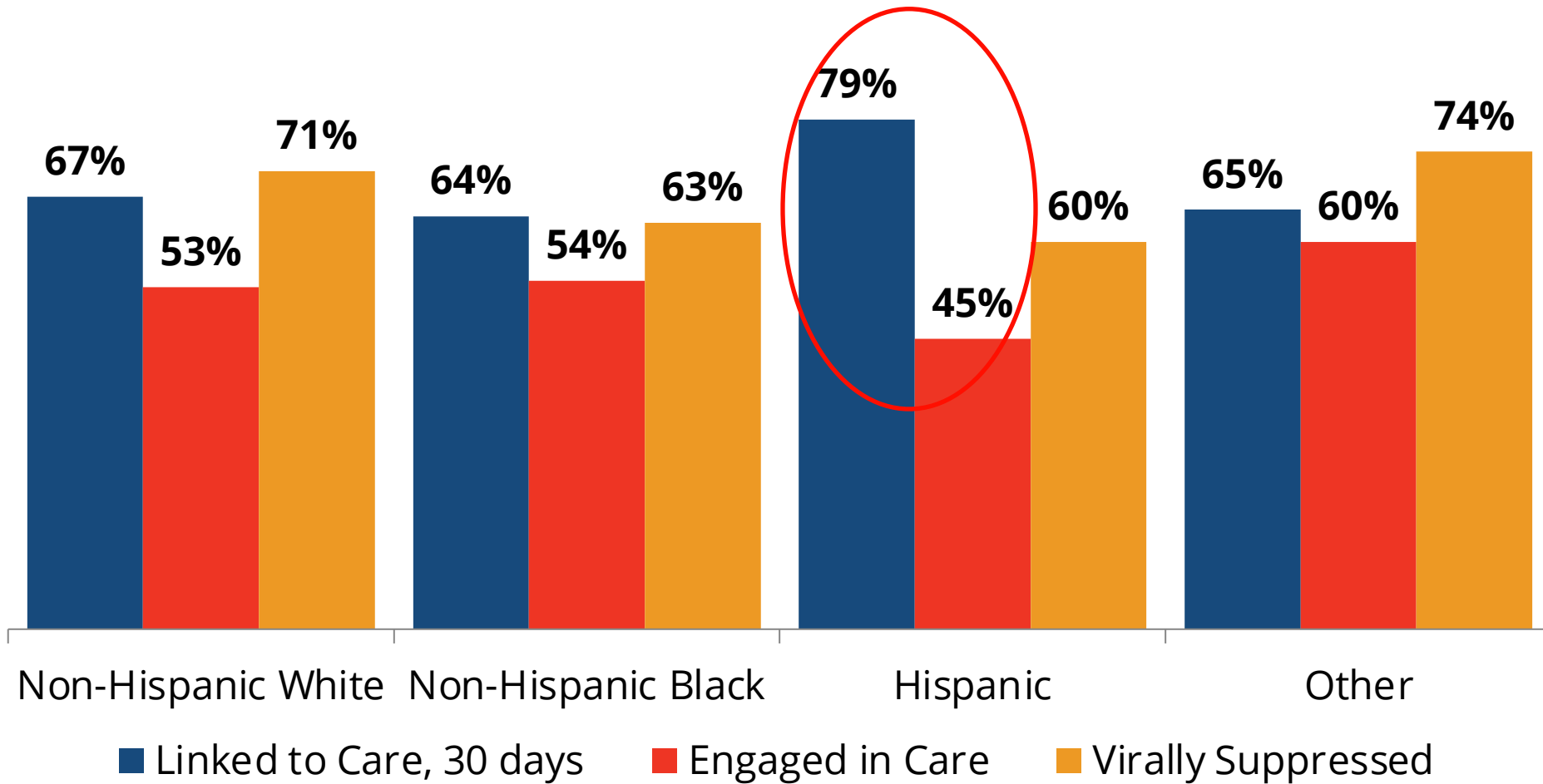


Data source: Tennessee eHARS, accessed July 27, 2021

Continuum of care, Tennessee, 2020

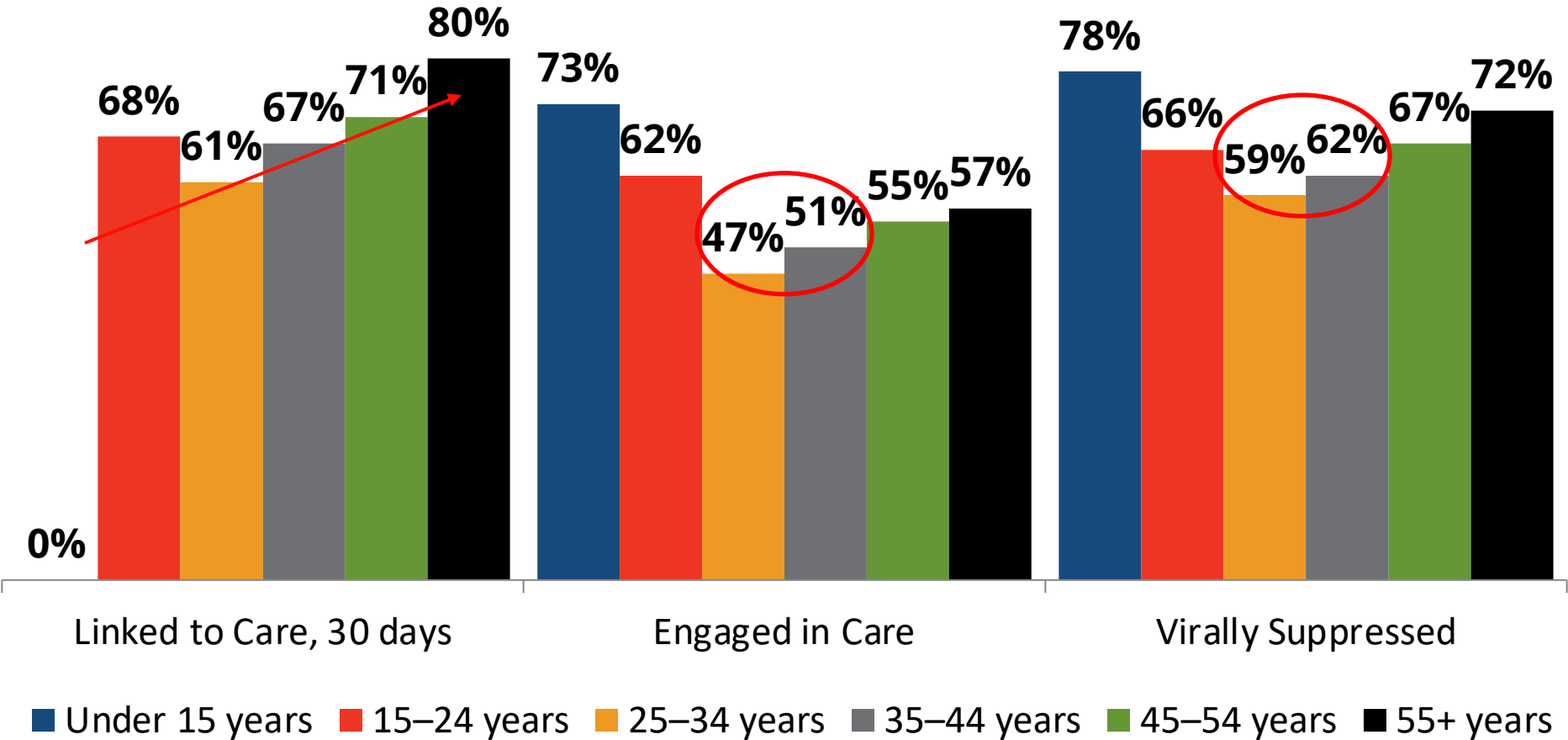


Continuum of care by race/ethnicity, Tennessee, 2020

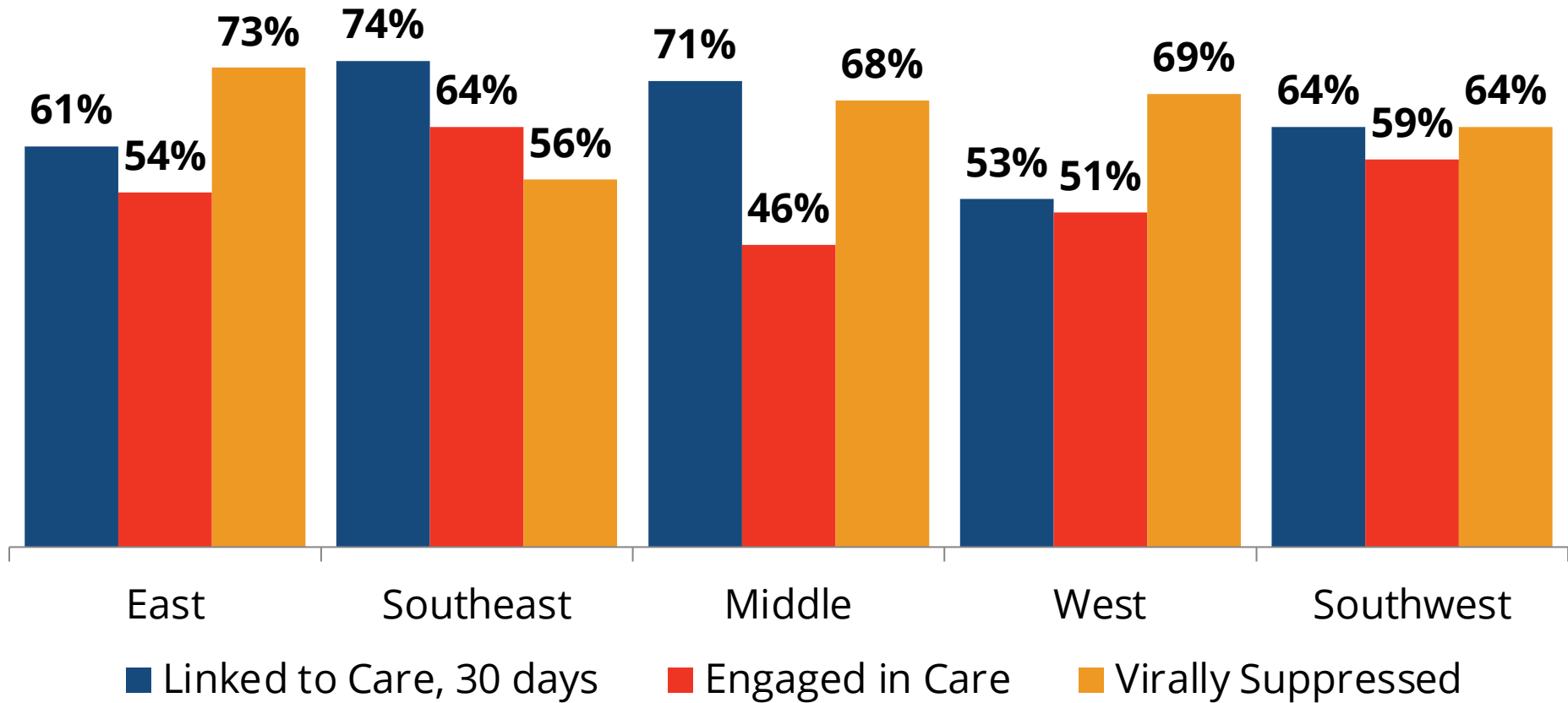


*Other Race includes Asian, Native American/Alaskan Native, and Native Hawaiian/Pacific Islander.

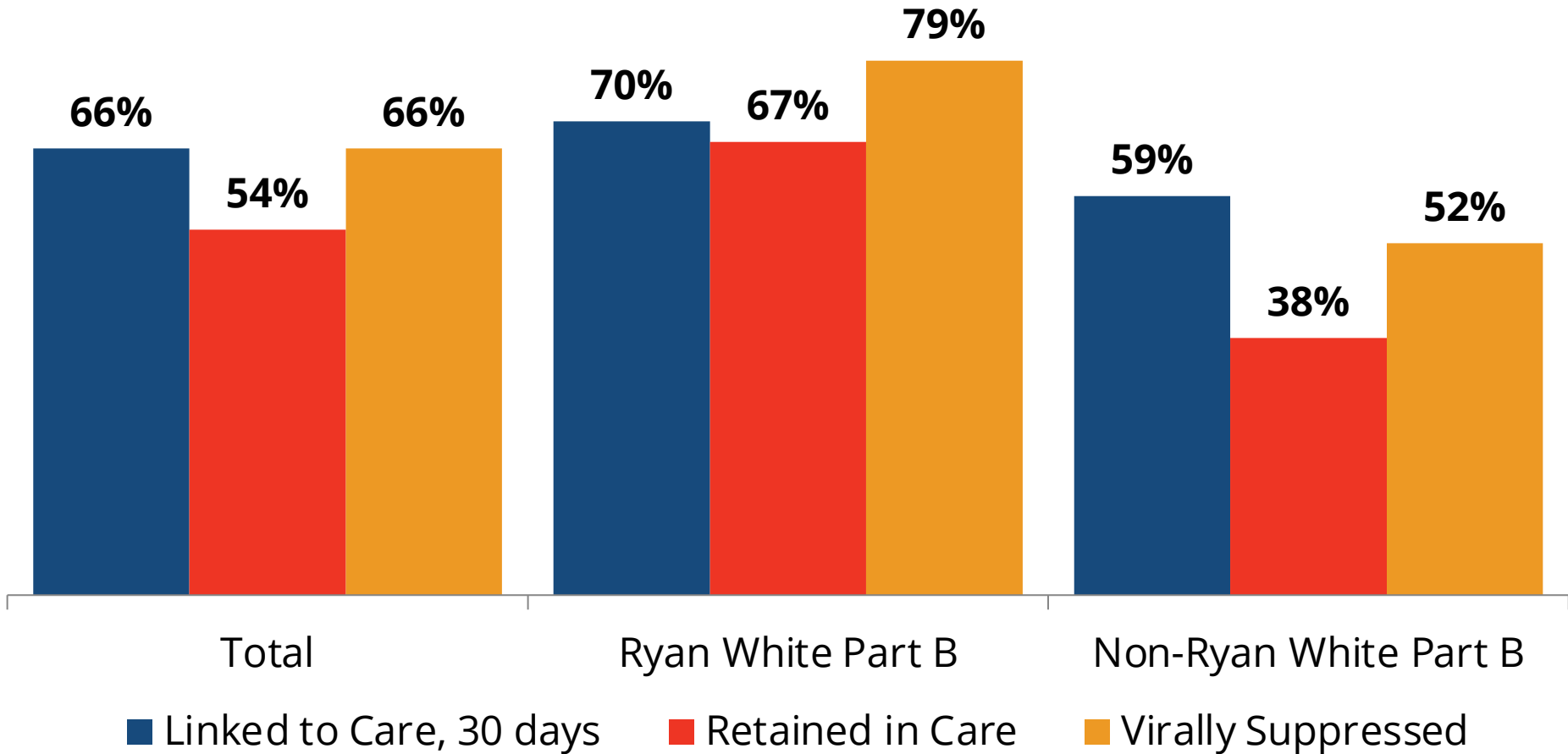
Continuum of care by age group, Tennessee, 2020



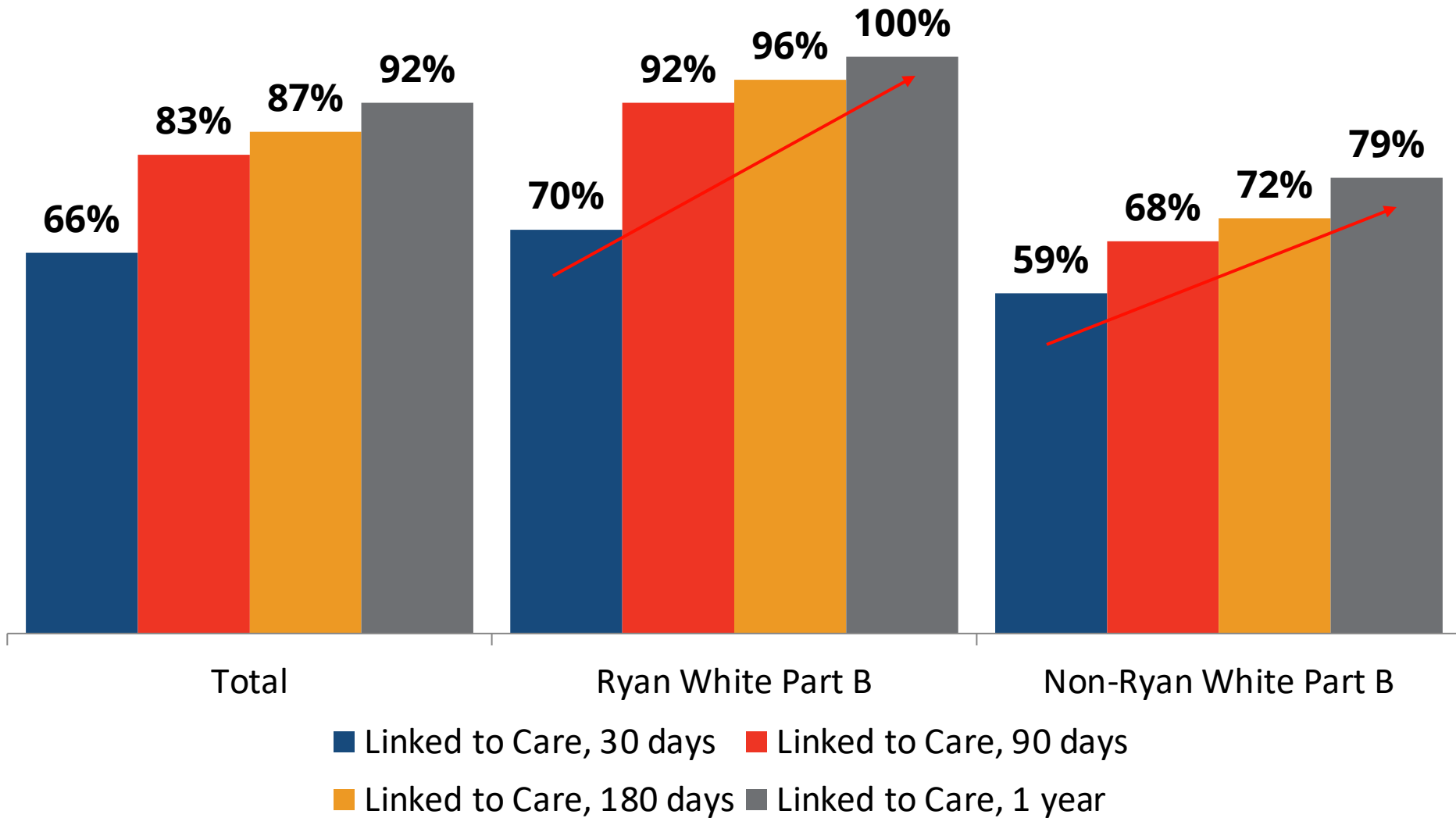
Continuum of care by HIV community planning region, Tennessee, 2020



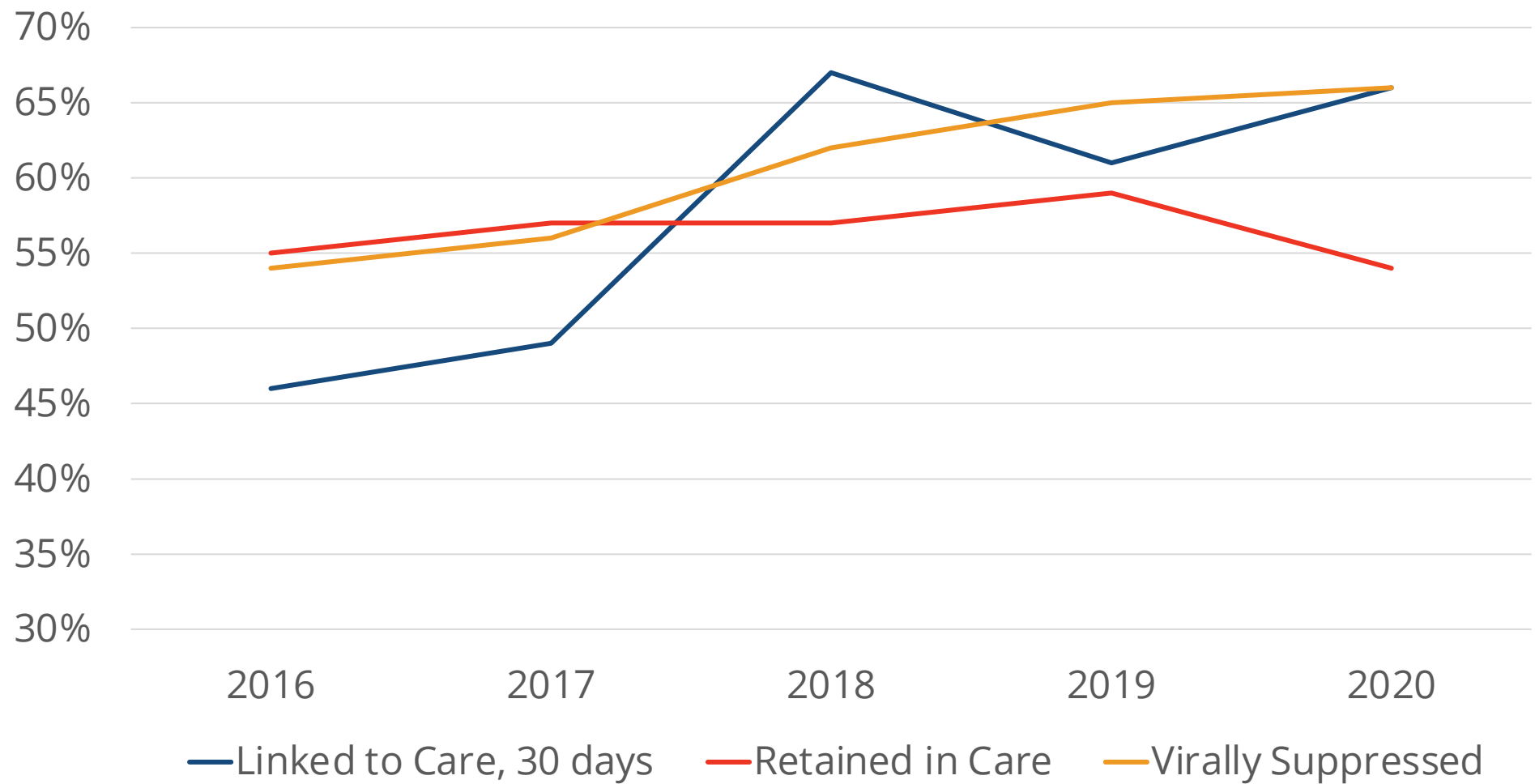
Continuum of care by Ryan White Part B status, Tennessee, 2020



Linkage to care by Ryan White Part B status, Tennessee, 2020



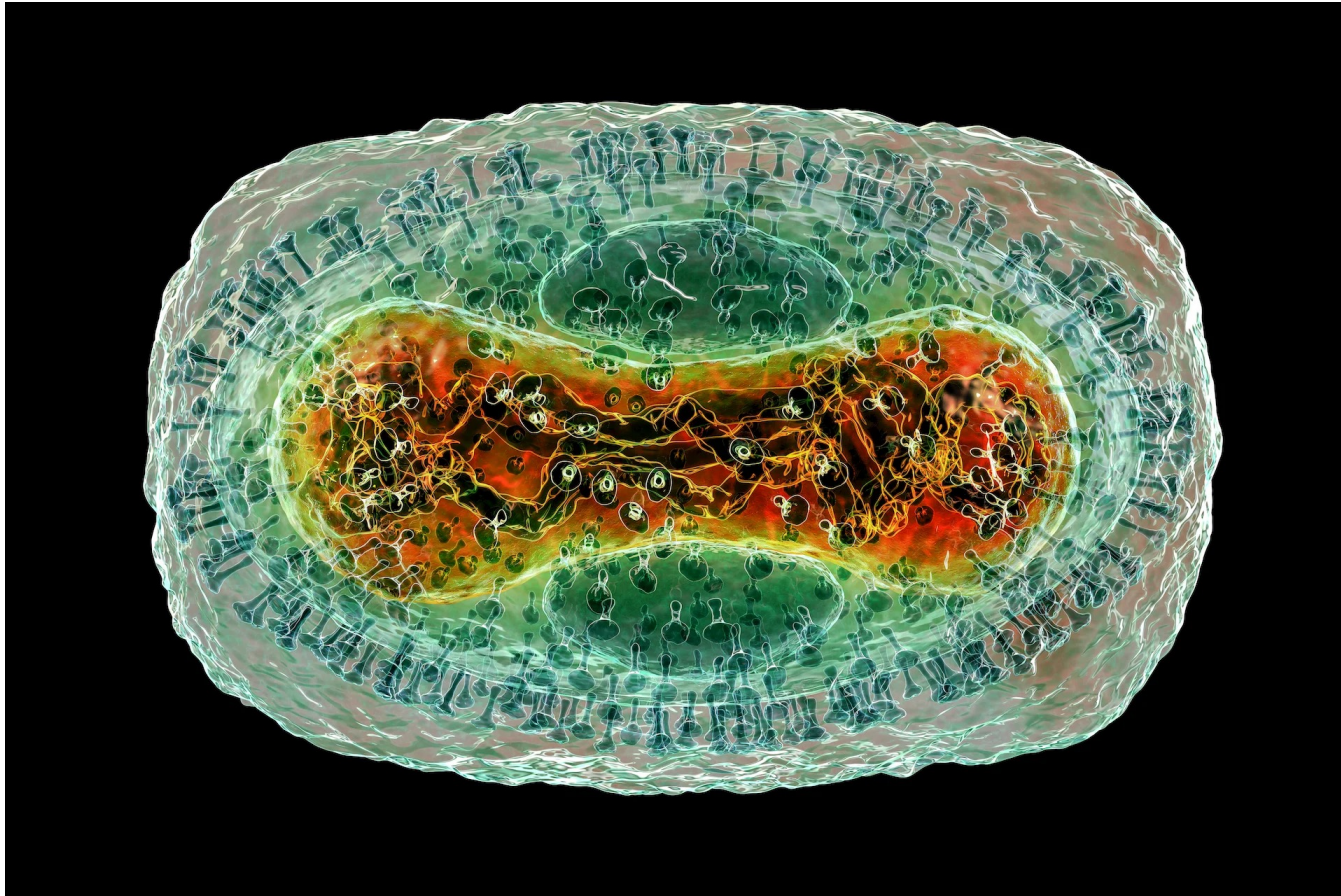
Continuum of care, Tennessee, 2016–2020



Other Observations

- Effective HIV care is tailored to specific groups in specific regions
 - There is no cookie-cutter solution to ending the HIV epidemic
- The best care is team-driven care
- HRSA funding has been flat for years, yet our program continues to grow
 - 340B funding issues have left the program with a significant deficit
 - Medicaid non-expansion in TN costs our program \$25MM/year
- We must all work together to ensure that every low-income Tennessean living with HIV receives excellent, equitable care, regardless of where they live or choose to receive care

MPX Update: US and TN Data



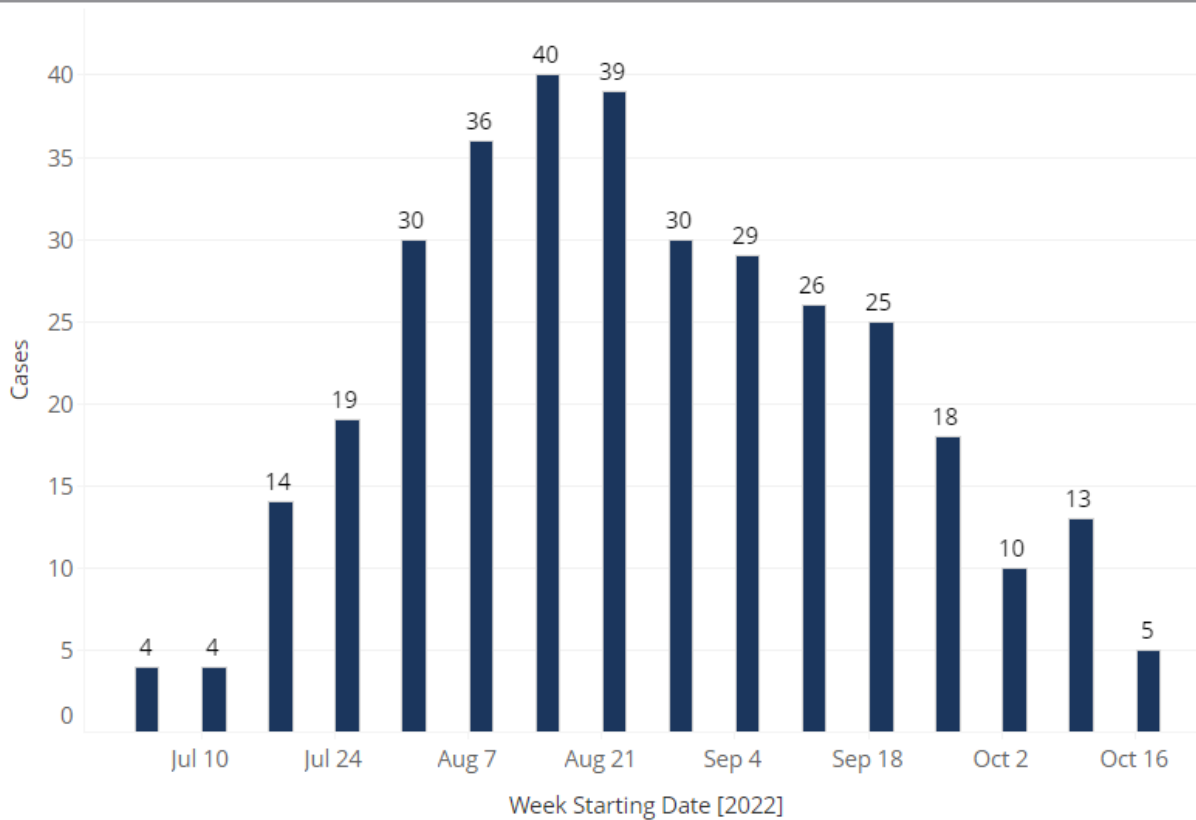
<https://www.scientificamerican.com/article/why-is-monkeypox-evolving-so-fast/>

MPX Stigma

- HIV stigma is a persistent and pernicious barrier to care for many people living with HIV in the Southern US
- Up to a certain point, people can hide or mask untreated HIV. MPX can be a very painful, sometimes highly visible rash, that will be much more difficult to hide
- Not unreasonable to suspect that some people will draw stigmatizing conclusions about people infected with MPX based on the population in which the virus is most prevalent
- The name “monkeypox” is inherently stigmatizing; prefer “MPX” or “MPV”

Current MPX TN Statewide Reporting: Cases

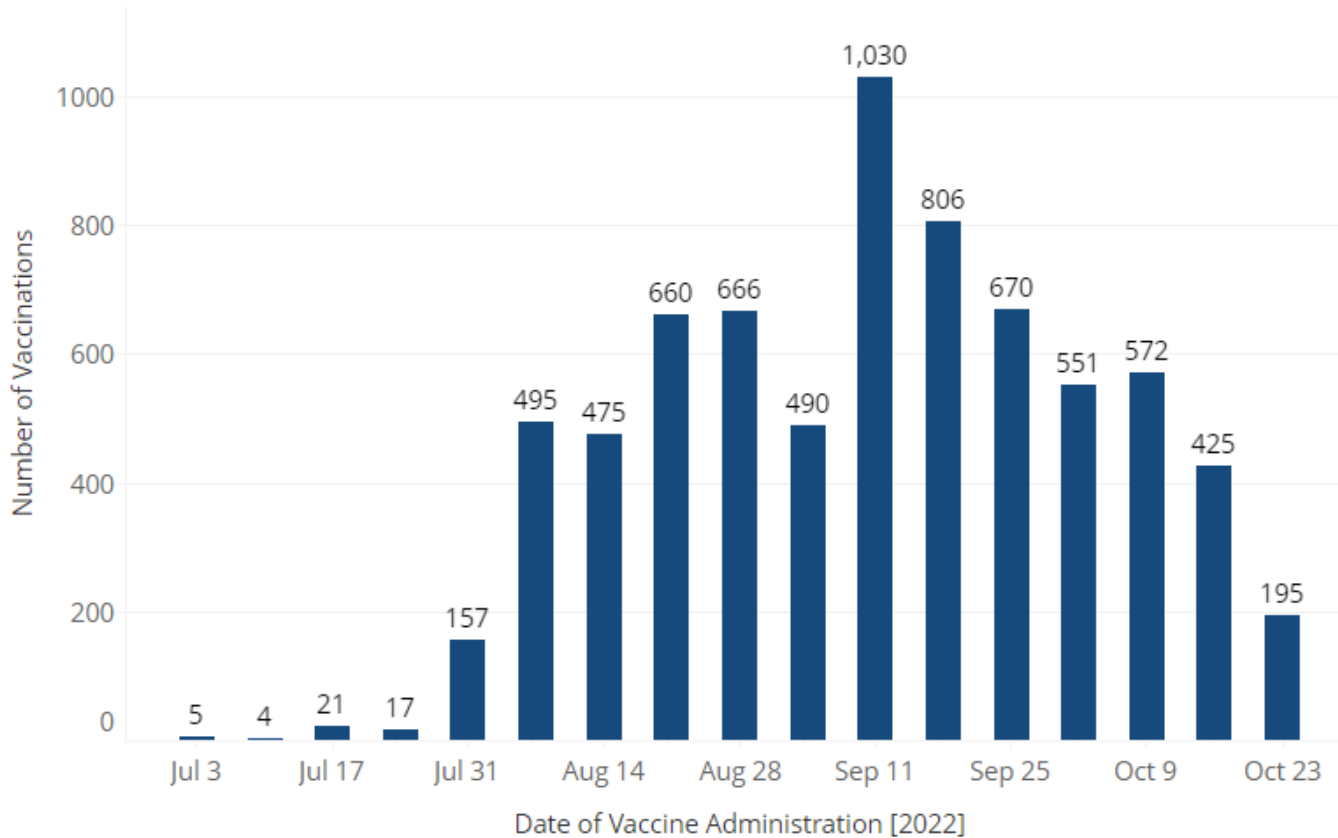
Monkeypox Cases by Week of Specimen Collection,
Tennessee, 2022 (n = 342)



28,492
Cases nationwide
as of 11/02/2022

Current MPX TN Statewide Reporting: Vaccines

Monkeypox Vaccinations by Date of Administration,
Tennessee, 2022 (n = 7,239)



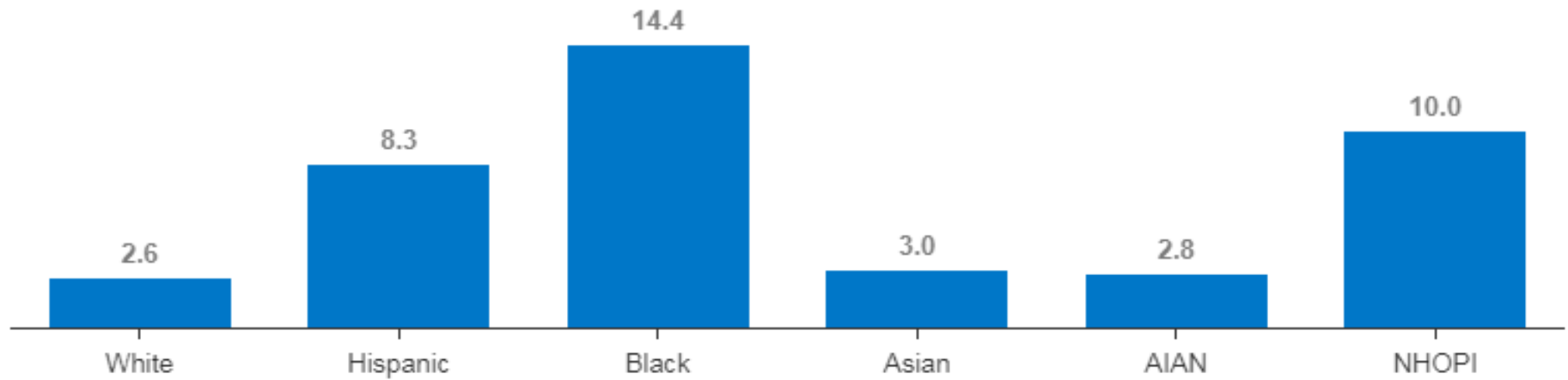
1,049,946
Doses administered
nationwide as of
11/01/2022

MPX: Disparities in Cases and Vaccinations Nationwide

Figure 1

MPX (Monkeypox) Case Rates by Race/Ethnicity

Rates per 100,000 population



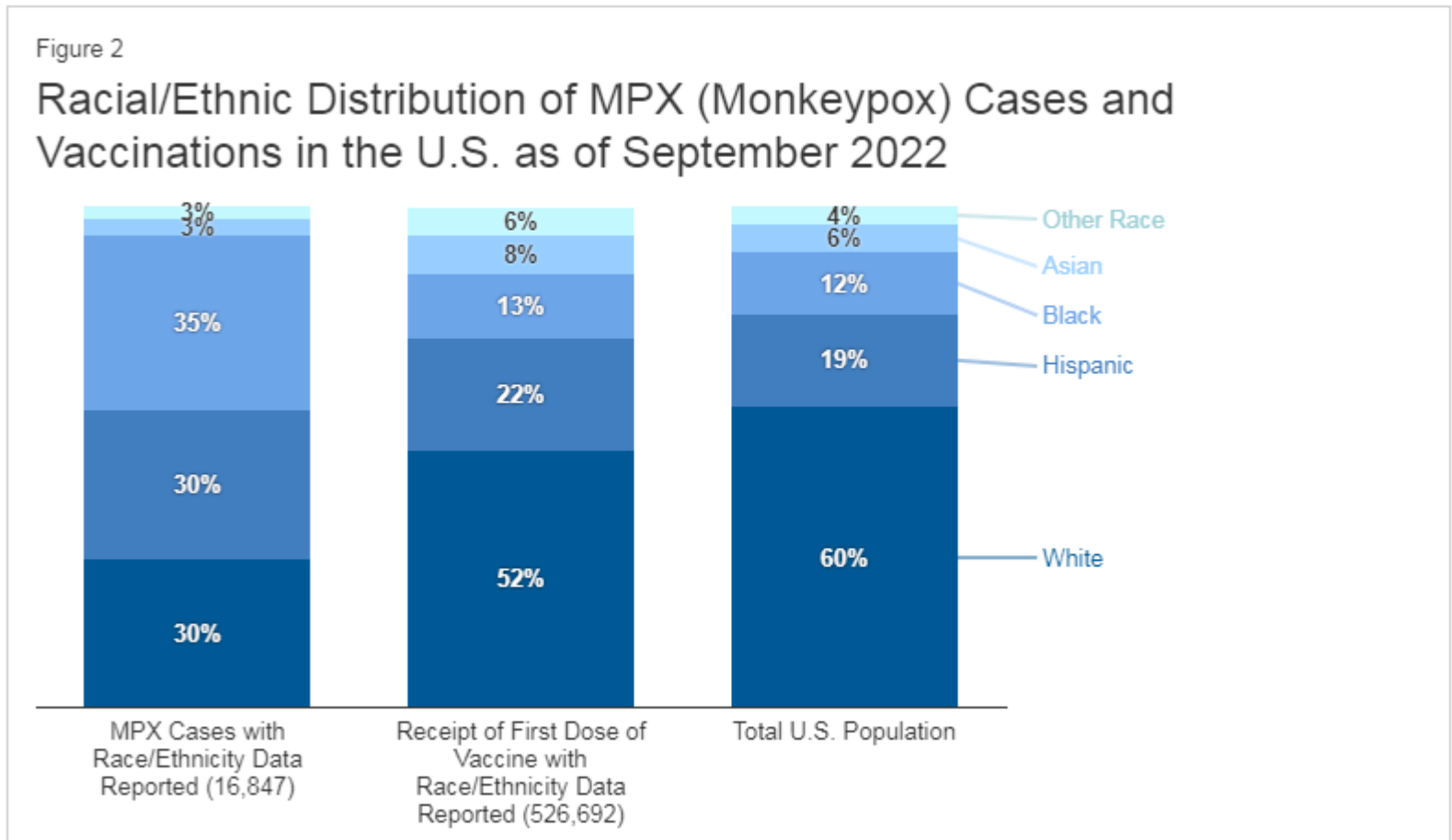
NOTE: AIAN refers to American Indian or Alaska Native. NHOPI refers to Native Hawaiian or Other Pacific Islander. Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic.

SOURCE: Data on cases based on CDC Technical 3: Multi-National Monkeypox Outbreak, United States, 2022. Updated Sep. 29, 2022(<https://www.cdc.gov/poxvirus/monkeypox/response/2022/demographics.html>). Total population data used to calculate rates based on KFF analysis of 2019 American Community Survey data. • [PNG](#)



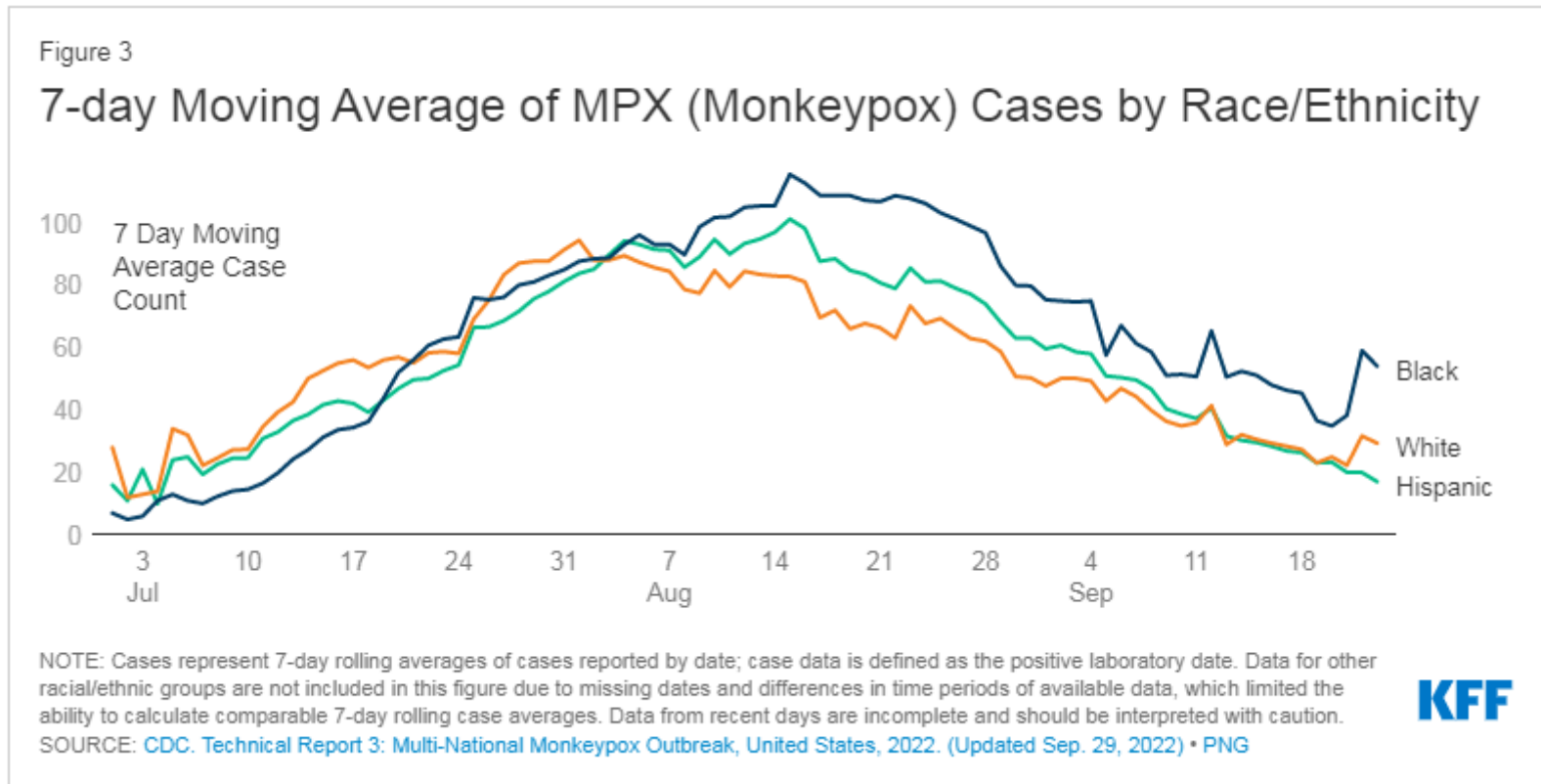
<https://www.kff.org/racial-equity-and-health-policy/issue-brief/national-data-show-continuing-disparities-in-mpx-monkeypox-cases-and-vaccinations-among-black-and-hispanic-people/>

MPX: Disparities in Cases and Vaccinations Nationwide



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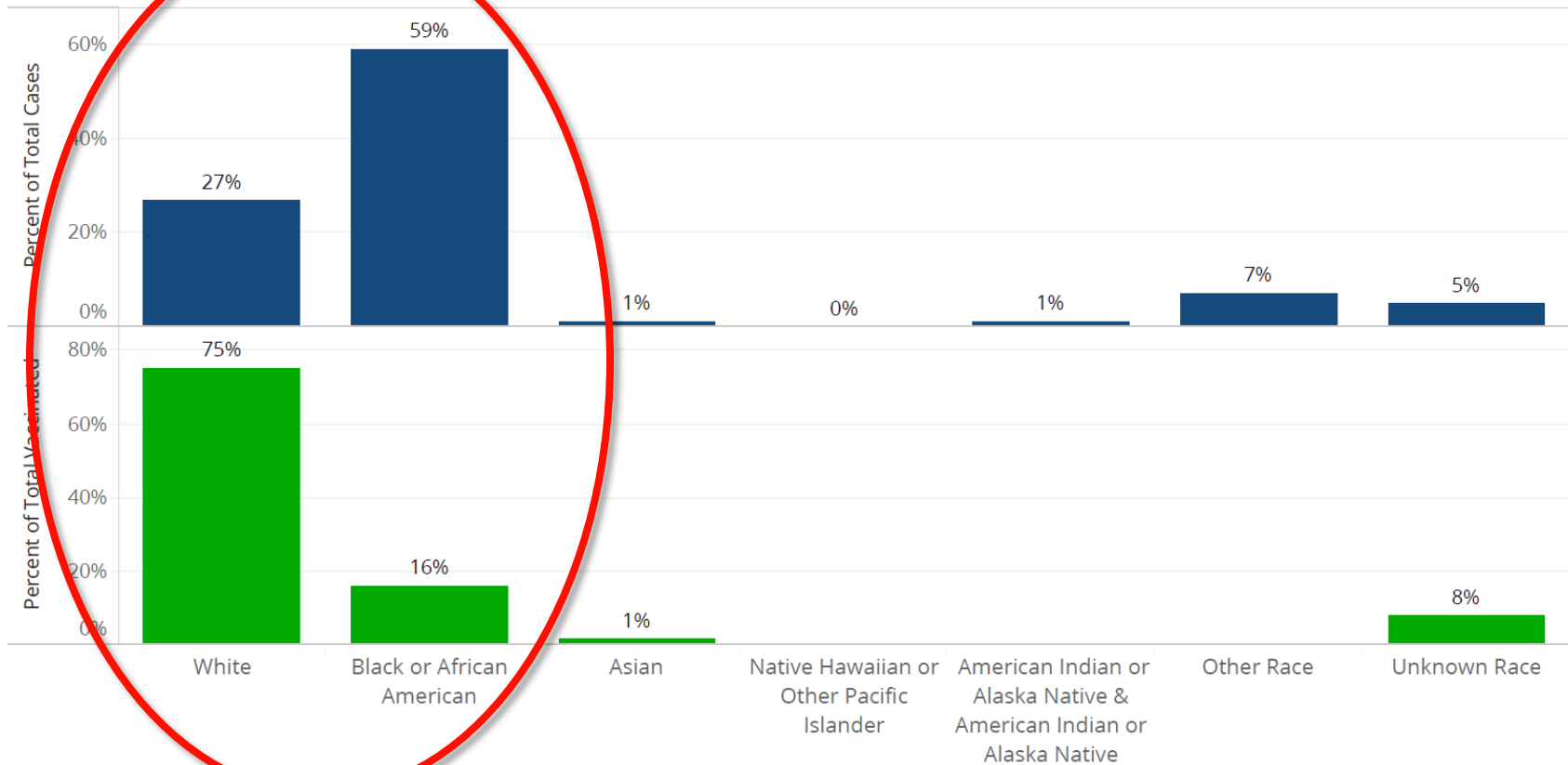
MPX: Disparities in Cases and Vaccinations Nationwide



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Racial Disparities in TN: Vaccinations and Cases

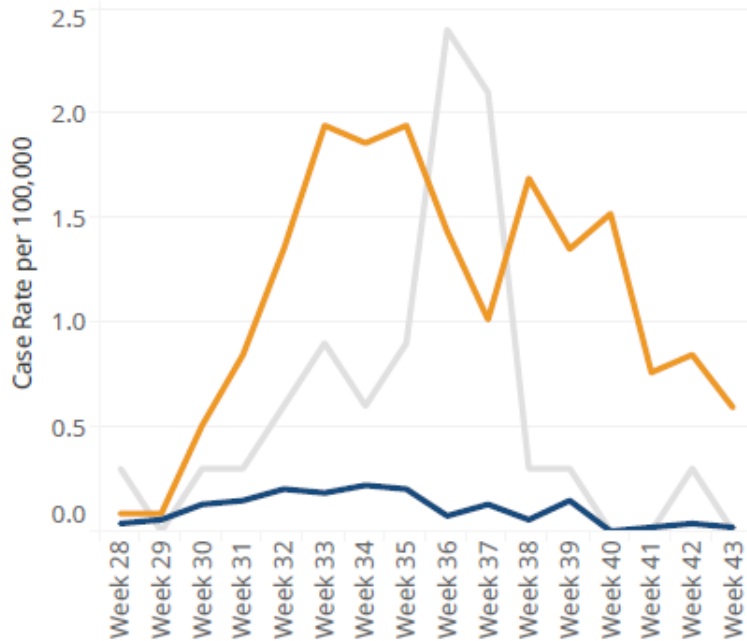
Percent of Total MPX Cases and Total Vaccinations by Race, Tennessee, 2022



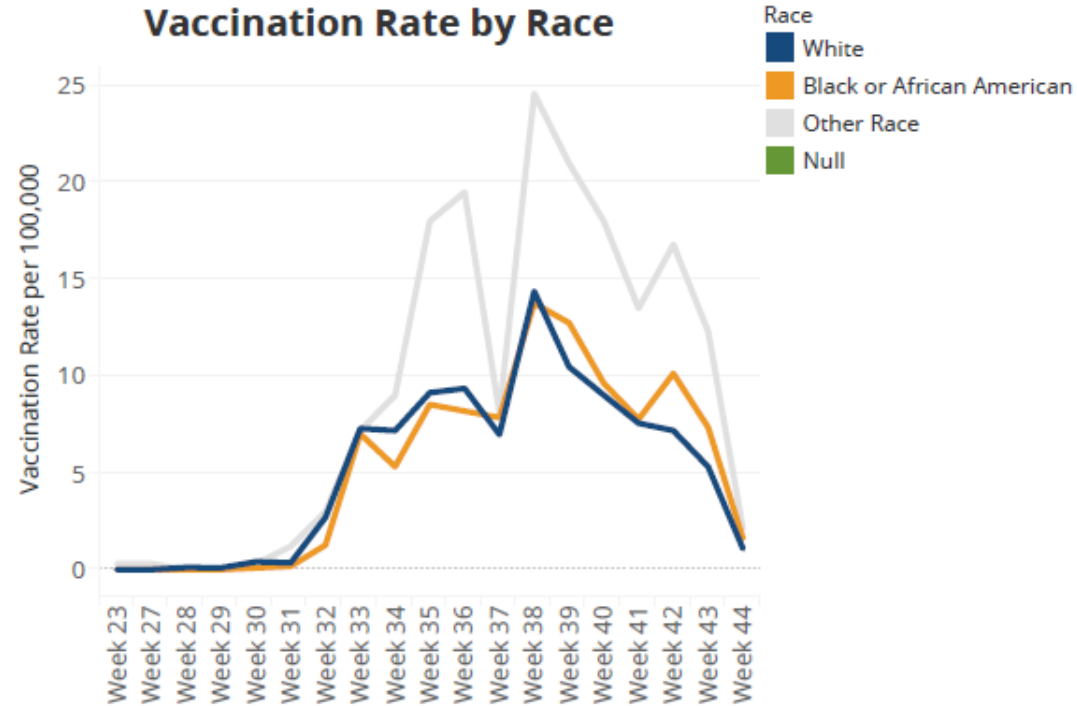
Data Visualization courtesy of Jennifer Wang, Epidemiologist, CEDEP, Tennessee Department of Health

TN Cases and Vaccination Rates

Case Rate by Race



Vaccination Rate by Race



MPX in Untreated HIV



Morbidity and Mortality Weekly Report (*MMWR*)

CDC

Severe Monkeypox in Hospitalized Patients — United States, August 10–October 10, 2022

Early Release / October 26, 2022 / 71

https://www.cdc.gov/mmwr/volumes/71/wr/mm7144e1.htm?s_cid=mm7144e1_w#T1_down

MPX in Untreated HIV

Selected Characteristics (N = 57)	No. (%)
Median Age, years (range)	34 (20-61)
Sex Male	54 (94.7)
Black, non-Hispanic	39 (68.4)
White, non-Hispanic	8 (14)
Hispanic or Latino	8 (14)
Experiencing homelessness	13 (22.8)
HIV Infection	47 (82.5)
Pregnant	3 (5.3)
Tecovirimat (PO)	53 (93%)
Tecovirimat (IV)	37 (64.9)
VIGIV	29 (50.9)
Cidofovir	13 (22.8)

MPX in Untreated HIV

TABLE 2. Laboratory and treatment characteristics of hospitalized patients with HIV infection and severe monkeypox* for whom CDC provided clinical consultation (N = 47) — United States, August 10–October 10, 2022



Characteristic (no. with information available)	No. (%)
HIV CD4, cells/mm³ (43)	
<50	31 (72.1)
50–200	9 (20.9)
>200	3 (7.0)
HIV Treatment (47)	
On ART at the time of monkeypox diagnosis	4 (8.5)

MPX in Untreated HIV

FIGURE. Disseminated lesions on the back and hands of a patient* with severe monkeypox — United States, August 10–October 10, 2022



Photos/Alexandra Dretler

* Patient has consented to the publication of these photographs.

Re-Engaging PLWH in Care after MPX

- Project led by new Council of State and Territorial Epidemiology (CTSE) Fellow, Kaitlyn Ivey and Christopher Walton, Director, Ryan White Client Services
- Daily review of all requests for TPOXX treatment
- Cases identified as “Living with HIV and not virally suppressed or has active opportunistic infection” are reviewed in RWES and last noted Case Manager notified
- Goal: re-check client status in 3 and 6 months to see if they have been successfully re-engaged in HIV care

Discussion

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