Early Treatment Recommended for Patients With HIV and Monkeypox

An investigation of 57 patients hospitalized with severe monkeypox found that delayed treatment of men with HIV and monkeypox, particularly Black men, may have contributed to worse outcomes.

The investigation provides insight into 57 severe monkeypox cases that CDC clinicians consulted on between August 10 and October 10, 2022. Three cases occurred among pregnant patients. All the other cases occurred among male patients; about two-thirds were Black men. Forty-seven individuals had HIV, almost three-quarters had CD4 counts below 50, and only 4 received antiretroviral therapy before being diagnosed with monkeypox. They also recommended extending treatment longer than 14 days with tecovirimat for patients with severe or ongoing symptoms despite treatment.

“These findings likely reflect inequities in access to resources for the prevention, early diagnosis, and treatment of HIV infection, as well as missed opportunities to engage groups that have been socially or economically marginalized,” the authors wrote. “Public health outreach should strive to engage all persons with HIV infection in care and to increase access to monkeypox vaccination, diagnosis, and treatment.”

A second CDC report highlighted a successful effort by Georgia public health authorities to boost monkeypox vaccinations among Black men who have sex with men, who have been disproportionately affected by monkeypox in the state. The officials requested an additional allocation of JYNNEOS vaccine doses and administered them to 4282 individuals, about half of them Black individuals and about 8% Hispanic individuals, in the days before and during a Black gay pride festival in Atlanta.

Inequity in Paxlovid Prescribing

Patients from certain racial and ethnic groups who sought outpatient care for COVID-19 were about 20% to 36% less likely to be prescribed Paxlovid (nirmatrelvir-ritonavir), a multi-institution study found.

The study analyzed the electronic health record data of about 700,000 patients who sought COVID-19 care at 30 sites participating in the National Patient-Centered Clinical Research Network. It found a dramatic increase of patients treated with nirmatrelvir-ritonavir during the study period, from 0.6% in January 2022 to 20.2% in April and 34% in July.

But there were substantial disparities in prescribing. Black patients were 35.8% less likely to be prescribed nirmatrelvir-ritonavir than White patients, and Hispanic patients were 29.9% less likely to be prescribed the drug than non-Hispanic patients. Nirmatrelvir-ritonavir prescribing was also 24.9% lower for patients who identified as multiple races or “other”; 23.1% lower among American Indian or Alaska Native patients.

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Alaska Native and Native Hawaiian or Other Pacific Islander patients; and 19.4% lower among Asian patients. The proportion of COVID-19 patients treated with monoclonal antibodies or the antivirals molnupiravir (Lagevrio) or remdesivir (Veklury) remained low throughout the study period. According to the authors, prescribing disparities also existed for these drugs, but the absolute differences were small because so few patients took these drugs.

Racial and ethnic disparities also existed in groups at high risk of severe COVID-19. For example, Black patients between the ages of 65 and 79 were 44% less likely to be prescribed nirmatrelvir-ritonavir than White patients in this age cohort. Black, Hispanic, and multiracial or other race patients who were immunocompromised were also less likely to be treated with nirmatrelvir-ritonavir or monoclonal antibodies than non-Hispanic or White patients.

The authors wrote that reduced access to COVID-19 treatment facilities in high-poverty areas or in predominantly American Indian or Alaska Native, Black, or Hispanic communities may have contributed to these disparities. Reduced access may be a particularly problematic barrier to time-sensitive COVID-19 treatments, they noted. Previous negative experiences with the health system may have deterred some patients from taking nirmatrelvir-ritonavir, or clinicians’ racism or implicit biases may have led them to not offer the medication to some patients, the authors wrote. Other barriers more common among certain racial and ethnic groups, such as reduced knowledge about treatment options, a lack of internet access, limited transportation, or language barriers, may also have contributed.

“Expansion of programs focused on equitable outpatient COVID-19 treatment, including raising patient awareness using trusted sources, educating clinicians and other prescribers, and expanding patient access to prescribers, can facilitate equitable health outcomes,” the authors wrote. – Bridget M. Kuehn, MSJ

Note: Source references are available through embedded hyperlinks in the article text online.