Supplemental Table 1: Summary of studies reporting clinical characteristics of people with mpox by HIV status

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Author, Year Published** | **Study period** | **Description** | **Country/Region** | **Total mpox cases** | **HIV-positive [n (%)]\*** | **CD4 <350 cells/mm3 [n (%)]\*\*** | **Other CD4 data** | **ART history and initiation among PWH** | **Mpox-specific treatment** | **Clinical features by HIV status** |
| Yinka-Ogunleye, 2019[1] | Sept 2017-Sept 2018 | Descriptive epidemiological study of Clade II outbreak | Nigeria | 118 | 4/7 deaths (57%) | N/A | All HIV-confirmed deaths with features of AIDS | None on ART at time of mpox diagnosis | N/A | Overall case fatality rate 6% (7/122); 57% of deaths in PWH. |
| Ogoina, 2019[2] | Sept-Dec 2017 | Cross-sectional study of all suspected and confirmed mpox cases in a teaching hospital | Nigeria | 38 | 2 (5%) | 1 (50%) | N/A | N/A | N/A | PWH had >100 skin lesions associated with genital ulcers. |
| Yinka-Ogunleye, 2022[3] | 2017-2019 | Descriptive and case-control study of Clade II outbreak | Nigeria | 53 | 13 (25%) | N/A | N/A | N/A | N/A | Increased mortality with HIV coinfection; mpox cases had a higher odds of HIV coinfection compared to age, gender, and geography-matched controls from the general population. |
| Ogoina, 2020[3](https://academic.oup.com/cid/article/71/8/e210/5734993)[4] | Sept 2017-Dec 2018 | Retrospective hospital record review of Clade II outbreak | Nigeria | 40 | 9 (23%) | 4 (44%) | N/A | 56% cases previously on ART | N/A | PWH more likely to have skin rashes ≥ 2 cm, genital ulcers, secondary bacterial skin infection, and duration of illness >28 days than persons without HIV. |
| Thornhill, 2022[5] | April-June 2022 | Case series | Multinational (16 countries) | 528 | 218 (41%) | N/A | Median CD4 680 (IQR 513-861) | 96% on ART at time of diagnosis | 5% (2% intravenous or topical cidofovir; 2% tecovirimat; <1% vaccinia immune globulin) | PWH and without HIV had similar clinical presentations and frequencies of hospitalization. |
| Girometti, 2022[6] | May 2022 | Retrospective observational analysis | London, UK | 54 | 13 (24%) | 0 (0%) | N/A | 100% on ART at diagnosis | 2% (tecovirimat) | Skin lesions >3 sites seen in 22% of persons without HIV but 54% of PWH. |
| Tarin-Vicente, 2022[7] | May-June 2022 | Prospective observational cohort study | Madrid and Barcelona, Spain | 181 | 72 (40%) | NA | 8 (11%) with CD4 <500 | 99% on ART at diagnosis | 3% (topical cidofovir) | No differences in severity or progression of disease based on HIV status. |
| Hoffman, 2022[8] | May-June 2022 | Retrospective cohort study | Germany | 546 | 256 (46.9%) | 7 (3%) | Median CD4 691 (range: 185-1603) | "Most on ART at diagnosis" | <1% (tecovirimat) | No differences based on HIV status. |
| Angelo, 2022[9] | May-July 2022 | Cross-sectional descriptive analysis | Multinational (29 countries) | 226 | 92 (41%) | N/A | Median CD4 713 (IQR 500-885; range 36-1659) | N/A | 6% (cidofovir); 4% (tecovirimat); vaccinia immune globulin (1%) | PWH more likely to have diarrhea, perianal rash or lesions, higher rash burden than people without HIV. |
| Curran, 2022[10] | May-July 2022 | Analysis of surveillance data | Eight jurisdictions, United States | 1969 | 748 (38%) | 91 (12%) | Median 639 (452–831) | N/A | N/A | PWH more likely to report rectal pain, tenesmus, rectal bleeding, purulent or bloody stools, proctitis; less likely to report lymphadenopathy. |
| Silva, 2023[11] | June-Aug 2022 | Prospective observational cohort study | Brazil | 205 | 109 (53%) | N/A | Median CD4 527 (IQR 380-827) | 100% on ART at diagnosis | N/A | PWH older and with more HCV coinfection, anal lesions, and features of proctitis. |
| Miller, 2022[12] | Aug-Oct 2022 | Descriptive analysis of convenience sample of patients hospitalized with mpox | United States | 57 | 47 (82%) | 40 (85%)\*\* | N/A | 4 (8.5%) on ART at time of mpox diagnosis | 93% (oral tecovirimat); 65% (intravenous tecovirimat); 51% (vaccinia immune globulin); 23% (cidofovir) | PWH represented 82% of patients hospitalized with mpox; of whom the majority had CD4 <50 cells/mm3. |
| Alpalhao, 2023[13] | Not specified | Descriptive case series of confirmed mpox cases | Portugal | 42 | 22 (52%) | N/A | N/A | 41 (98%) on ART at time of mpox diagnosis | N/A | PWH had higher prevalence of disseminated mpox than people without HIV. No differences in constitutional symptoms, lymphadenopathy, genital, perianal, or perioral lesions, or self-reported number of recent sexual partners. |
| Catala, 2022[14] | May-July 2022 | Prospective cross-sectional analysis | Spain | 185 | 78 (42%) | N/A | Median CD4 698 (IQR 549-930) | N/A | N/A | Well-controlled HIV not associated with increased symptom severity compared to persons without HIV. |
| Gomez-Garberi, 2022[15] | May-Aug 2022 | Prospective observational case series of men with genitourinary mpox | Spain | 14 | 8 (57%) | 1 (13%) | N/A | 7 (88%) | 0% | Patient with suppressed CD4 count had the most severe mpox. |
| Iñigo Martínez, 2022[16] | April-June 2022 | Clinical and epidemiological investigations of regional cases | Madrid, Spain | 508 | 225 (44%) | N/A | N/A | N/A | N/A | No observed increase in severity among PWH; almost all cases had adequate immune control. |
| Loconsole, 2022[17] | June-Aug 2022 | Case series of suspected mpox cases detected through national surveillance system | Italy | 10 | 4 (40%) | N/A | N/A | N/A | N/A | All individuals (Persons with and without HIV) had systemic symptoms; 1 of 4 PWH hospitalized, 3 of 6 non-PWH hospitalized; most hospitalization were for strict isolation. |
| Mailhe, 2022[18] | May-July 2022 | Observational cohort study of patients with PCR-confirmed mpox | France | 264 | 73 (28%) | N/A | N/A | N/A | <1% (cidofovir) | 4/17 hospitalized patients had HIV, all with CD4 >500 cells/mm3. |
| Hoffman, 2022[19] | May-June 2022 | Anonymous questionnaire sent to PWH and PrEP users on mailing lists of national HIV and infectious disease societies | Germany | 301 | 141 (47%) | 4 (3%) | Median CD4 691/µL (range 275–1603 cells/µL) | Majority on ART at time of diagnosis | N/A | Similar rates of confirmed mpox infection between PWH and PrEP users without HIV. |
| Moschese, 2023[20] | May-July 2022 | Retrospective observational study of confirmed mpox cases | Milan, Italy | 32 | 17 (53%) | N/A | Median CD4 678 (IQR 526, 933) | 100% on ART at diagnosis | N/A | Similar epidemiological characteristics, clinical manifestations, and disease courses irrespective of HIV status. |
| Chastain, 2023[21] | Not specified | Retrospective cohort study | United States | 322 | 93 (29%) | N/A | Mean CD4 587 +/- 371 cells/µL | N/A | N/A | PWH had higher rates of rash, rectal pain, anorectal abscesses, phimosis, and pneumonia, and required more urgent care visits and hospitalizations than people without HIV. |
| Nörz, 2022[22] | Not specified | Longitudinal cohort study of ambulatory and hospitalized patients with mpox with serial mpox virus-DNA testing | Germany | 16 | 2 (13%) | 1 (50%) | N/A | 100% on ART at diagnosis | N/A | PWH had more lesions than persons without HIV and the highest mpox viral loads in blood. |
| Orviz, 2022[23] | May-June 2022 | Observational study of cases from one health center | Madrid, Spain | 48 | 19 (40%) | N/A | N/A | 18 (95%) with high ART adherence at time of mpox diagnosis | N/A | No analysis of differences reported. |
| Philpott, 2022[24] | May-July 2022 | Analysis of case report forms of probable and confirmed mpox cases | United States | 2891 | 136/334 (41%) | N/A | N/A | N/A | N/A | No analysis of differences reported. |
| Raccagni, 2022[25] | Not specified | Case series of seminal fluid testing among 36 MSM diagnosed with mpox infection | Milan, Italy | 36 | 15 (42%) | N/A | N/A | N/A | N/A | No significant difference in mpox positivity in seminal fluid between PWH and persons without HIV. |
| Cholli, 2023[26] | Aug-Nov 2022 | Descriptive analysis of a convenience sample of patients hospitalized with mpox | United States | 103 | 90 (87%) | 74 (82%)\*\*\* | N/A | 14 (16%) on ART at time of mpox diagnosis; median time to ART initiation after mpox diagnosis 34 days | Median time to tecovirimat initiation 10 days; median time to second mpox therapy 45 days | 87% of patients hospitalized with mpox had HIV, and 91% of people who died had advanced HIV. |
| Philpott, 2023[27] | May-Oct 2022 | Retrospective cohort study using surveillance and lab data of reported mpox cases | Georgia, United States | 1921 | 1124 (59%) | 214 (19%) | N/A | N/A | N/A | Similar risk for hospitalization among PWH with CD4 >350 cells/mm3 and HIV-uninfected individuals; PWH and CD4 < 350 cells/mm3 and PWH without recent HIV laboratory results both more likely to be hospitalized. |
| Patel, 2022[28] | May-July 20222022 | Descriptive case series of people with confirmed mpox infection | London, UK | 197 | 70 (36%) | 0 (0%)\*\*\* | Median CD4 664 (IQR 522-894) | 64 (91%) on ART at time of mpox diagnosis (6% unknown) | N/A | 75% of hospitalized patients had HIV coinfection. Selected cases (all on ART with CD4>200 cells/mm3) had extensive genital lesions, penile swelling, rectal perforation, rapidly progressive rash, and confluent lesions. |
| Aldred, 2023[29] | June-Oct 2022 | Retrospective cohort study with manual chart abstractions from 2 urban academic medical centers | Atlanta, GA | 180 | 152 (84%) | 45 (42%) | N/A | N/A | N/A | PWH with CD4 <200 cells/mm3 more frequently diagnosed with bacterial superinfection of mpox lesions, delayed lesion healing >4 weeks, and >10 days hospitalization. PWH and viral load >200 copies/mL had more frequent colitis, gastrointestinal bleeding, and hospitalization. |
| Corma-Gómez, 2023[30] | April-Sept 2022 | National case-series across 18 hospitals between 4/27/22 and 9/30/2022 | Spain | 1028 | 448 (43%) | 26 (2%) | N/A | 18 (94%) of PWH with viral load >1000 not on ART at time of mpox diagnosis | N/A | PWH overall are not at a greater risk of severe mpox, but PWH with uncontrolled HIV infection develop more severe outcomes. |
| Vaidya, 2023[31] | May-Sept 2022 | Descriptive analysis comparing hospitalized vs non-hospitalized mpox cases by HIV status and demographics, including census tract data matched to healthy places index | California, United States | 3241 | 1317 (41%) | 55 (4%)\*\*\* | N/A | N/A | N/A | 5% of PWH were hospitalized vs. 3% non-PWH cases; PWH who were hospitalized were more likely to be in the lowest healthy places index quartile and have CD4<200 than non-hospitalized PWH. |
| Silva, 2023[32] | June-Dec 2022 | Prospective observational cohort study exploring impact of HIV on mpox-related hospitalizations and outcomes | Rio de Janeiro, Brazil | 402 | 197 (49%) | 8 (4%)\*\*\* | N/A | 15 (8%) not on ART at time of mpox diagnosis | N/A | 51% of people hospitalized due to mpox were PWH; all PWH with CD4 <200 were hospitalized. PWH had more frequent hospitalizations for severe proctitis than persons without HIV; PWH represented all cases with deep tissue involvement, required intensive care, or that died. |
| Garneau, 2023[33] | July-Dec 2022 | Descriptive analysis of mpox cases in an academic health system | Baltimore, United States | 85 | 46 (54%) | 8 (17%) | Median CD4 588 (range 196-1417) | 39 (85%) on ART at time of mpox diagnosis | 14 (16%) oral tecovirimat; 14 (16%) intravenous tecovirimat; 2 (2%) vaccinia immune globulin; 2 (2%) cidofovir; 2 (2%) trifluridine eye drops | Need for inpatient care associated with CD4<350 cells/mm3, HIV RNA >200 copies/mL. |
| Shin, 2023[34] | Start not specified-March 2023 | Systematic review and meta-analysis to evaluate and compare mpox manifestations between PWH and people without HIV | Multinational (27 countries) | 2413 | 1151 (91%) | 21/85 (25%) | Mean CD4 559 (range 3-1622) | N/A | N/A | PWH had higher odds of skin rash, proctitis, diarrhea, and history of syphilis than patients without HIV and lower odds of cough and history of gonorrhea, chlamydia, and papillomavirus. |
| McLean, 2023[35] | June-Aug 2022 | Retrospective cohort study of patients treated with tecovirimat for confirmed mpox in two urban academic medical centers | New York City, United States | 154 | 72 (47%) | 4 (6%)\*\*\* | N/A | N/A | 100% received tecovirimat | No major differences in clinical presentation or treatment outcomes between PWH and persons without HIV. |
| Ortiz-Saavedra, 2023 [36] | Start not specified-Oct 2022 | Systematic review of epidemiology of HIV and mpox coinfection | Multinational (16 countries) | 6345 | 2558 (40%) | 114 (4%) | N/A | 428 (17%) receiving ART | 18 (<1%) received tecovirimat; 19 (<1%) cidofovir | 3 (50%) of deaths in PWH, of which 2 had CD4 < 200 cells/mm3. |
| Liu, 2023[37] | Jan-Nov 2022 | Systematic review and meta-analysis to compare mpox severity by HIV infection status | Multinational (22 countries, including 2 other multinational studies) | 48622 | Median 42% (range 0%-100%) | N/A | Median CD4 680 (range 50-794) | Median proportion of patients on ART: 95% (range 0%-100%) | N/A | No differences in malaise, fever, headache, or genital, anal, or oropharyngeal lesions between PWH and persons without HIV. |
| Hens, 2023[38] | May-Sept 2022 | Prospective single-center cohort study of confirmed mpox cases | Antwerp, Belgium | 155 | 53 (34%) | 5 (9%)\*\*\*\* | N/A | N/A | N/A | No significant associations found between HIV status and mpox severity. |
| Maldonado, 2023[39] | July-Sept 2022 | Observational study of mpox cases in a single hospital | Lima, Peru | 205 | 136 (66%) | N/A | N/A | 129 (95%) on ART at time of diagnosis | N/A | 86% of hospitalized patients had HIV, of whom 83% were taking ART. |
| Candela, 2023[40] | May-Oct 2022 | Observational analysis of mpox cases at a sexual health clinic | Milan, Italy | 140 | 66 (47%) | N/A | Median CD4 704 cells/mm3 (IQR 590, 953) | 64 (97%) on ART at time of diagnosis | 4 (3%) received oral tecovirimat; 4 (3%) received intravenous cidofovir | Median duration of illness between PWH vs mpox cases overall was 17 days vs 18 days; PWH had greater lymphadenopathy (70% vs 57%), anal lesions (48% vs 34%), proctitis (44% vs 39%), but less oral lesions (24% vs 42%) than mpox cases overall (no tests for statistical significance performed). |
| Fink, 2023[41] | May-Aug 2022 | Retrospective observational cohort study of patients admitted with mpox, including review of medical records and pathology data | United Kingdom | 156 | 47/155 (30%) | 9 (19%) | Median CD4 510 cells/mm3 (IQR 349-828) | 41 (87%) on ART at time of mpox diagnosis | 38 (24%) received tecovirimat; 1 (<1%) received cidofovir | No clear differences based on HIV status, including people with uncontrolled HIV. |
| Abbreviations: PWH: Persons with HIV; ART: antiretroviral therapy; IQR: interquartile range; HCV: hepatitis C virus; PrEP: pre-exposure prophylaxis | | | | | | | | | | |

|  |
| --- |
| \* Denominator is total mpox cases, unless otherwise specified |
| \*\* Denominator is HIV positive cases, unless otherwise specified |
| \*\*\* Used threshold of CD4<200 cells/mm3 |
| \*\*\*\* Used threshold of CD4<500 cells/mm3 |

**References**

1. Yinka-Ogunleye A, Aruna O, Dalhat M, Ogoina D, McCollum A, Disu Y, et al. **Outbreak of human monkeypox in Nigeria in 2017-18: a clinical and epidemiological report**. *Lancet Infect Dis* 2019; 19(8):872-879.

2. Ogoina D, Izibewule JH, Ogunleye A, Ederiane E, Anebonam U, Neni A, et al. **The 2017 human monkeypox outbreak in Nigeria-Report of outbreak experience and response in the Niger Delta University Teaching Hospital, Bayelsa State, Nigeria**. *PLoS One* 2019; 14(4):e0214229.

3. Yinka-Ogunleye A, Dalhat M, Akinpelu A, Aruna O, Garba F, Ahmad A, et al. **Monkeypox risk and mortality associated with HIV infection: a national case control study in Nigeria**. *Social Science Research Network* 2022.

4. Ogoina D, Iroezindu M, James HI, Oladokun R, Yinka-Ogunleye A, Wakama P, et al. **Clinical Course and Outcome of Human Monkeypox in Nigeria**. *Clin Infect Dis* 2020; 71(8):e210-e214.

5. Thornhill JP, Barkati S, Walmsley S, Rockstroh J, Antinori A, Harrison LB, et al. **Monkeypox Virus Infection in Humans across 16 Countries - April-June 2022**. *N Engl J Med* 2022; 387(8):679-691.

6. Girometti N, Byrne R, Bracchi M, Heskin J, McOwan A, Tittle V, et al. **Demographic and clinical characteristics of confirmed human monkeypox virus cases in individuals attending a sexual health centre in London, UK: an observational analysis**. *Lancet Infect Dis* 2022; 22(9):1321-1328.

7. Tarin-Vicente EJ, Alemany A, Agud-Dios M, Ubals M, Suner C, Anton A, et al. **Clinical presentation and virological assessment of confirmed human monkeypox virus cases in Spain: a prospective observational cohort study**. *Lancet* 2022; 400(10353):661-669.

8. Hoffmann C, Jessen H, Wyen C, Grunwald S, Noe S, Teichmann J, et al. **Clinical characteristics of monkeypox virus infections among men with and without HIV: A large outbreak cohort in Germany**. *HIV Med* 2023; 24(4):389-397.

9. Angelo KM, Smith T, Camprubí-Ferrer D, Balerdi-Sarasola L, Díaz Menéndez M, Servera-Negre G, et al. **Epidemiological and clinical characteristics of patients with monkeypox in the GeoSentinel Network: a cross-sectional study**. *Lancet Infect Dis* 2023; 23(2):196-206.

10. Curran KG, Eberly K, Russell OO, Snyder RE, Phillips EK, Tang EC, et al. **HIV and Sexually Transmitted Infections Among Persons with Monkeypox - Eight U.S. Jurisdictions, May 17-July 22, 2022**. *MMWR Morb Mortal Wkly Rep* 2022; 71(36):1141-1147.

11. Silva MST, Coutinho C, Torres TS, Peixoto E, Ismério R, Lessa F, et al. **Ambulatory and hospitalized patients with suspected and confirmed mpox: an observational cohort study from Brazil**. *Lancet Reg Health Am* 2023; 17:100406.

12. Miller MJ, Cash-Goldwasser S, Marx GE, Schrodt CA, Kimball A, Padgett K, et al. **Severe Monkeypox in Hospitalized Patients - United States, August 10-October 10, 2022**. *MMWR Morb Mortal Wkly Rep* 2022; 71(44):1412-1417.

13. Alpalhao M, Sousa D, Frade JV, Patrocinio J, Garrido PM, Correia C, et al. **Human immunodeficiency virus infection may be a contributing factor to monkeypox infection: Analysis of a 42-case series**. *J Am Acad Dermatol* 2022.

14. Català A, Clavo‐Escribano P, Riera‐Monroig J, Martín‐Ezquerra G, Fernandez‐Gonzalez P, Revelles‐Peñas L, et al. **Monkeypox outbreak in Spain: clinical and epidemiological findings in a prospective cross‐sectional study of 185 cases\***. *British Journal of Dermatology* 2022; 187(5):765-772.

15. Gomez-Garberi M, Sarrio-Sanz P, Martinez-Cayuelas L, Delgado-Sanchez E, Bernabeu-Cabezas S, Peris-Garcia J, et al. **Genitourinary Lesions Due to Monkeypox**. *Eur Urol* 2022; 82(6):625-630.

16. Iñigo Martínez J, Gil Montalbán E, Jiménez Bueno S, Martín Martínez F, Nieto Juliá A, Sánchez Díaz J, et al. **Monkeypox outbreak predominantly affecting men who have sex with men, Madrid, Spain, 26 April to 16 June 2022**. *Euro Surveill* 2022; 27(27).

17. Loconsole D, Sallustio A, Centrone F, Casulli D, Accogli M, Saracino A, et al. **Monkeypox Virus Infections in Southern Italy: Is There a Risk for Community Spread?** *Int J Environ Res Public Health* 2022; 19(18).

18. Mailhe M, Beaumont AL, Thy M, Le Pluart D, Perrineau S, Houhou-Fidouh N, et al. **Clinical characteristics of ambulatory and hospitalized patients with monkeypox virus infection: an observational cohort study**. *Clin Microbiol Infect* 2023; 29(2):233-239.

19. Hoffmann C, Jessen H, Boesecke C. **Monkeypox in Germany**. *Dtsch Arztebl Int* 2022; 119(33-34):551-557.

20. Moschese D, Pozza G, Giacomelli A, Mileto D, Cossu MV, Beltrami M, et al. **Natural history of human Monkeypox in individuals attending a sexual health clinic in Milan, Italy**. *J Infect* 2023; 86(1):e18-e20.

21. Chastain DB, Motoa G, Ortiz-Martínez Y, Gharamti A, Henao-Martínez AF. **Characteristics and clinical manifestations of monkeypox among people with and without HIV in the United States: a retrospective cohort**. *Aids* 2023; 37(4):611-616.

22. Nörz D, Brehm TT, Tang HT, Grewe I, Hermanussen L, Matthews H, et al. **Clinical characteristics and comparison of longitudinal qPCR results from different specimen types in a cohort of ambulatory and hospitalized patients infected with monkeypox virus**. *J Clin Virol* 2022; 155:105254.

23. Orviz E, Negredo A, Ayerdi O, Vazquez A, Munoz-Gomez A, Monzon S, et al. **Monkeypox outbreak in Madrid (Spain): Clinical and virological aspects**. *J Infect* 2022; 85(4):412-417.

24. Philpott D, Hughes CM, Alroy KA, Kerins JL, Pavlick J, Asbel L, et al. **Epidemiologic and Clinical Characteristics of Monkeypox Cases - United States, May 17-July 22, 2022**. *MMWR Morb Mortal Wkly Rep* 2022; 71(32):1018-1022.

25. Raccagni AR, Candela C, Mileto D, Canetti D, Bruzzesi E, Rizzo A, et al. **Monkeypox infection among men who have sex with men: PCR testing on seminal fluids**. *J Infect* 2022; 85(5):573-607.

26. Cholli PA, Miller MJ, Paromita P, Wong K, Lee J, Cope J, et al. **CHARACTERISTICS OF PATIENTS HOSPITALIZED WITH MPOX DURING THE 2022 US OUTBREAK**. In: *Conference on Retroviruses and Opportunistic Infections 2023*. Seattle, US; 2023.

27. Philpott D, Bonacci R, Weidle P, Curran K, Brooks J, Khalil G, et al. **CD4 COUNT < 350 CELLS/MM3 INCREASES RISK OF HOSPITALIZATION WITH MPOX IN PWH**. In: *Conference on Retroviruses and Opportunistic Infections 2023*. Seattle, US; 2023.

28. Patel A, Bilinska J, Tam JCH, Da Silva Fontoura D, Mason CY, Daunt A, et al. **Clinical features and novel presentations of human monkeypox in a central London centre during the 2022 outbreak: descriptive case series**. *BMJ* 2022; 378:e072410.

29. Aldred B, Kelley C, Colasanti J, Marconi V, Sheth A, Nyugen M, et al. **CHARACTERISTICS OF THE 2022 MPOX OUTBREAK IN A SOUTHEASTERN US CITY**. In: *Conference on Retroviruses and Opportunistic Infections 2023*. Seattle, US; 2023.

30. Corma-Gómez A, Santos M, Cabello A, Morante-Ruiz M, Al-Hayani W, Acosta IC, et al. **MPOX VIRUS INFECTION IS MORE SEVERE IN PATIENTS WITH UNCONTROLLED HIV INFECTION**. In: *Conference on Retroviruses and Opportunistic Infections 2023*. Seattle, US; 2023.

31. Vaidya A, Brock J, Lewis L, Peters PJ, L. C, Saadeh K, et al. **CHARACTERISTICS AND DISPARITIES AMONG HOSPITALIZED PERSONS WITH MPOX IN CALIFORNIA**. In: *Conference on Retroviruses and Opportunistic Infections 2023*. Seattle, US; 2023.

32. Silva M, Coutinho C, Torres T, Peixoto E, Tavares I, Nunes E, et al. **IMPACT OF HIV INFECTION ON MPOX-RELATED HOSPITALIZATIONS IN BRAZIL**. In: *Conference on Retroviruses and Opportunistic Infections 2023*. Seattle, US; 2023.

33. Garneau WM, Jones JL, Dashler G, Kwon N, Hamill M, Gilliams E, et al. **CLINICAL OUTCOMES AMONG IN- AND OUTPATIENTS WITH MPOX IN AN URBAN HEALTH SYSTEM**. In: *Conference on Retroviruses and Opportunistic Infections 2023*. Seattle, US; 2023.

34. Shin H, Shin H, Rahmati M, Koyanagi A, Jacob L, Smith L, et al. **Comparison of clinical manifestations in mpox patients living with HIV versus without HIV: A systematic review and meta-analysis**. *J Med Virol* 2023; 95(4):e28713.

35. McLean J, Stoeckle K, Huang S, Berardi J, Gray B, Glesby MJ, et al. **Tecovirimat Treatment of People With HIV During the 2022 Mpox Outbreak : A Retrospective Cohort Study**. *Ann Intern Med* 2023; 176(5):642-648.

36. Ortiz-Saavedra B, Montes-Madariaga ES, Cabanillas-Ramirez C, Alva N, Ricardo-Martinez A, Leon-Figueroa DA, et al. **Epidemiologic Situation of HIV and Monkeypox Coinfection: A Systematic Review**. *Vaccines (Basel)* 2023; 11(2).

37. Liu Q, Fu L, Wang B, Sun Y, Wu X, Peng X, et al. **Clinical Characteristics of Human Mpox (Monkeypox) in 2022: A Systematic Review and Meta-Analysis**. *Pathogens* 2023; 12(1).

38. Hens M, Brosius I, Berens-Riha N, Coppens J, Van Gestel L, Rutgers J, et al. **Characteristics of confirmed mpox cases among clinical suspects: A prospective single-centre study in Belgium during the 2022 outbreak**. *New Microbes New Infect* 2023; 52:101093.

39. Sihuincha Maldonado M, Lucchetti AJ, Paredes Pacheco RA, Martínez Cevallos LC, Zumaeta Saavedra EU, Ponce Zapata LR, et al. **Epidemiologic characteristics and clinical features of patients with monkeypox virus infection from a hospital in Peru between July and September 2022**. *Int J Infect Dis* 2023; 129:175-180.

40. Candela C, Raccagni AR, Bruzzesi E, Bertoni C, Rizzo A, Gagliardi G, et al. **Human Monkeypox Experience in a Tertiary Level Hospital in Milan, Italy, between May and October 2022: Epidemiological Features and Clinical Characteristics**. *Viruses* 2023; 15(3).

41. Fink DL, Callaby H, Luintel A, Beynon W, Bond H, Lim EY, et al. **Clinical features and management of individuals admitted to hospital with monkeypox and associated complications across the UK: a retrospective cohort study**. *Lancet Infect Dis* 2023; 23(5):589-597.