Hospital admissions with advanced HIV disease in South Africa in 2026: Who and why?

RETAIN6

WHAT IS THE ISSUE?

- In South Africa and neighboring countries, more than a third of hospital admissions and more than half of inpatient deaths continue to be among people living with HIV (PLHIV).
- A 2018 study at Helen Joseph Hospital in Johannesburg found that 42% of medical admissions were PLHIV; their median CD4 count was 67 cells/µL and 40% had an AIDS-defining illness (Yudelowitz et al 2021).
- There is little recent information about PLHIV who are admitted for hospital care or what happens to them after discharge.
- Understanding reasons for admission, experiences during hospitalization, and events after discharge is essential to improving health outcomes for those with advanced HIV disease (AHD). AHD was defined as having a WHO stage 3 or 4 condition or CD4 count <200 cell/mm3

WHAT DID WE DO?

- From February to May 2026, we identified adults admitted with advanced HIV disease to the general medical wards at Helen Joseph Hospital.
- After consent, we administered a survey to study participants before or at discharge and collected their hospital record data.
- We conducted follow-up interviews by telephone at 4 and 8 weeks after discharge.

WHAT DID WE FIND?

At admission…

89%
Diagnosed with AHD at admission (rest were referred with known AHD)
M 88% | F 90%

74%
CD4 < 200 cells/mm^3 (rest were diagnosed based on WHO stage)
M 67% | F 79%

45%
Most recent CD4 count <100
M 33% | F 55%

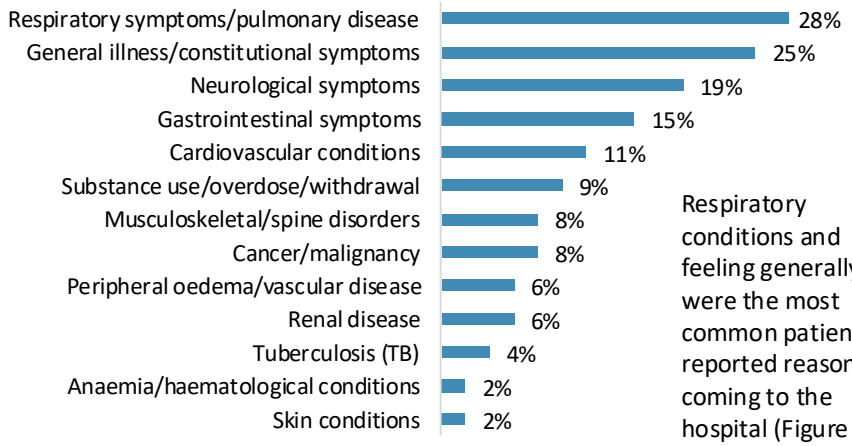
66%
On ART at admission
M 54% | F 76%

28%
Reported interrupting treatment in the past
M 13% | F 41%

59%
Came to hospital directly (not referred from PHC)
M 50% | F 66%

53 participants (29 women/24 men; median age 40)

Figure 1. Self-reported primary reason for admission (*recategorized into broader medical conditions and categories not mutually exclusive*)



Respiratory conditions and feeling generally ill were the most common patient-reported reasons for coming to the hospital (Figure 1).

- Among all clients enrolled 89% were diagnosed with AHD at admission; 9% were referred from primary care and 3% were unknown
- 74% of those admitted had CD4 cell counts less than 200; 45% were severely immunosuppressed, with CD4 counts <100.
- Two thirds (66%) had ever been on ART; 28% had previously interrupted treatment; men were more likely to be ART-naive than women (46% vs. 24%).
- Almost three out of five presented to the hospital as their initial point of care; only 43% were referred from a lower level of care.
- In general, women were sicker than men, more likely to have been on ART before admission, and more likely to report having interrupted treatment.

Figure 2. Opportunistic infections diagnosed

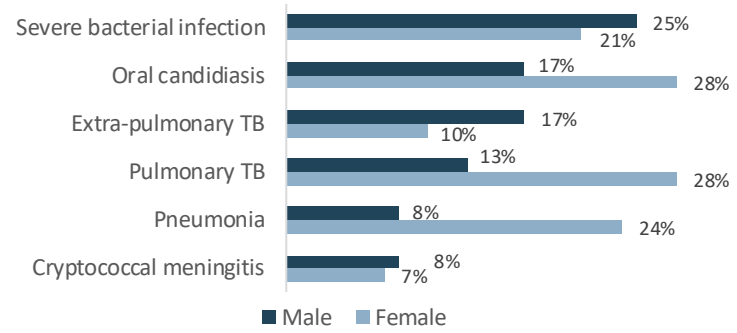
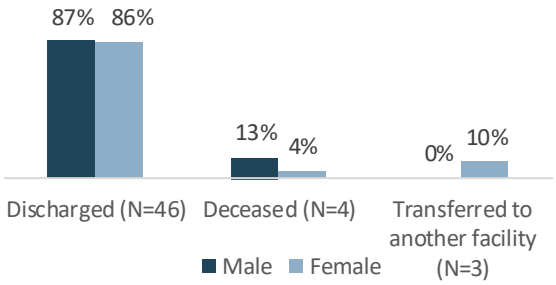


Figure 3. Outcomes of admission



- Pulmonary TB and oral candidiasis were the most common OIs diagnosed among women; among men, severe bacterial infections were most common (Figure 2).
- The hospital discharged 87% of all patients; 4/53 (8%) died before discharge and 3/53 transferred care (Figure 3).
- Most patients received a one-month supply of ARVs at discharge; 97% were given a follow-up date for outpatient care.

At discharge…(N=46)

93% Discharge summary available
M 91% | F 96%

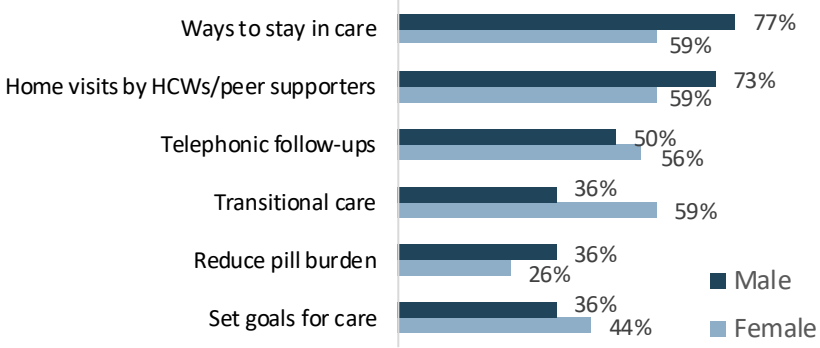
89% Received 1 month of ART
M 85% | F 92%

85% Received non-ART medications
M 81% | F 88%

60% Said they intended to seek follow up care at a local clinic (rest wanted to continue at hospital or did not know)
M 50% | F 68%

97% Had a follow-up date recommended
M 95% | F 100%

Figure 4. Counselling topics discussed with patients at discharge (self-reported by clients at time of discharge interview)



At four-week post-discharge follow-up…

Among the 86% who were discharged (n=46), **73%** completed the 4-week follow-up interview, 7% were readmitted, 7% died after discharge, and 13% could not be reached.

59% of those discharged (51% of the overall sample) had enrolled for HIV care at their local clinic; **41% had not.**

CONCLUSIONS

- Clients admitted to the hospital for HIV-related conditions are **severely immunosuppressed**, with almost half having CD4 counts <100 despite 66% being on ART at admission.
- In this cohort, 8% (n=4) died in hospital and a further 7% (n=3) died within 4 weeks of discharge.
- Women present later (CD4 <100 57% vs 38% in men) and report more prior treatment interruptions (41% vs 13%).
- Discharge planning is largely happening: most patients leave with an ART regimen, medication supply, and recommended follow-up date, but **scheduling a visit at a local primary health clinic (PHC) is the client's responsibility** after discharge.
- Only 59% had enrolled at a PHC 4 weeks after discharge, underscoring the need to **strengthen linkage to primary care.**
- The small sample size and single-site setting may limit the generalizability of these findings.

Kachingwe E, Benade M, Sande L, Mutanda N, Ntijikelane V, Nel J, Richards L, Rosen S, Maskew M. Hospital admissions for advanced HIV disease in South Africa in 2026: Who and why? Retain6 Policy Brief, July 24, 2026.

Health Economics and Epidemiology Research Office
HE²RO
Wits Health Consortium
University of the Witwatersrand
BOSTON UNIVERSITY