Do clients admitted for hospital care for Advanced HIV Disease differ from those receiving outpatient care?

RETAIN6

Abstract # TUPEB039

Thandiwe Ngoma[1], Anushka Reddy Marri[2], Allison J Morgan[2], Sydney Rosen[2,3], Taurai Makwalu[1], Mike Mwale[1], Mariet Benade[2,3], Suilanji Sivile[4], Prudence Haimbe[1], Hilda Shakwelele[1], Nancy Scott[2]

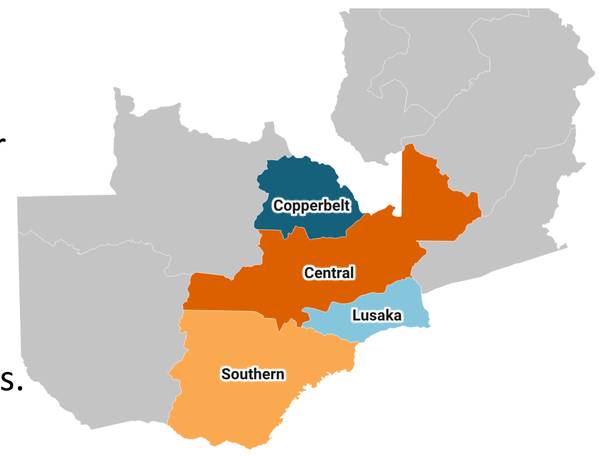
[1]Clinton Health Access Initiative, Lusaka, Zambia; [2]Boston University School of Public Health, Boston, MA, USA;
[3]Health Economics and Epidemiology Research Office, Johannesburg, South Africa; [4]Ministry of Health, Lusaka, Zambia

Background

- Despite widespread ART availability, advanced HIV disease (AHD) remains a major cause of morbidity and mortality in sub-Saharan Africa.
- Adults hospitalized with AHD represent the most clinically vulnerable group of people living with HIV (PLHIV), but many PLHIV receive AHD care from outpatient clinics and are never hospitalized.
- Little is known if inpatient and outpatient AHD clients differ from one another.
- Understanding these differences may help inform interventions to reduce hospitalization and improve AHD outcomes overall.

Methods

- Data were collected from April to Sept 2025.
- 24 public healthcare facilities in 4 provinces
  - 8 of these facilities also provided inpatient HIV care.
- Adults with confirmed AHD (CD4 <200 cells/mm³ and/or WHO stage 3/4) who had initiated or re-initiated ART within the previous six months completed a structured questionnaire.
- Hospitalized participants were enrolled at or near discharge, and outpatients during routine HIV clinic visits.
- We compared characteristics, HIV care history, care experiences, and self-reported health between inpatient and outpatient participants.



Results

Among study participants:

489 Outpatients with AHD

87 Inpatients with AHD

Table 1. Demographic and socio-economic characteristics

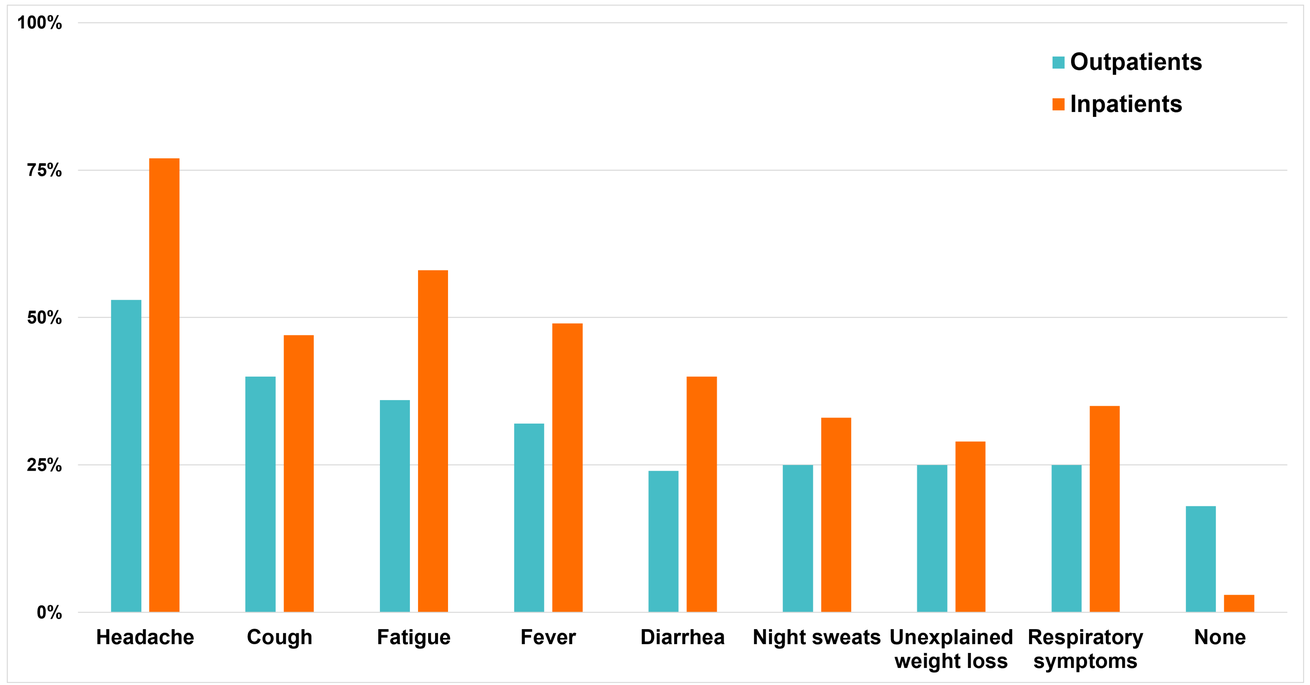
Characteristic	Outpatients (N=489)	Inpatients (N=87)
Sex (female)	49%	48%
Age in years (median, Q1-Q3)	36 (29, 45)	39 (32, 46)
Education		
No schooling	**5%**	**15%**
Primary or secondary	82%	79%
Post-secondary or graduate	13%	6%
Employment status		
Employed	70%	67%
Unemployed	26%	31%
Student/retired/homemaker	4%	2%
Reading ability: cannot read	**17%**	**37%**
Access to electricity at home	**70%**	**43%**
Access to piped water	**79%**	**59%**

Table 2. Self-reported health and HIV care history

Characteristic	Outpatients (N=489)	Inpatients (N=87)
Timing of first positive HIV test		
Today	31%	26%
Within the past 30 days	28%	31%
Within the past 31-180 days	23%	13%
Over 180 days ago	**17%**	**26%**
Don't know/can't remember	1%	3%
Ever stopped ART previously (yes)*	**21% (71/336)**	**41% (27/64)**
Primary reason for current visit		
Scheduled ART services	37%	2%
Current illness or symptoms	**21%**	**66%**
Other	42%	32%
How do you feel physically today?		
I feel very or a little sick	**55%**	**87%**
I feel fine or not sick at all	**45%**	**13%**

*Denominator is all those who tested positive before the day of the survey

Fig 1. Self-reported symptom prevalence in the month prior to study enrollment



- Inpatients with AHD:
  - Had slightly **less education**, were **less likely to be able to read**, and were **less likely to have electricity or piped water at home** than outpatients with AHD; employment status was similar (Table 1).
  - Were more likely to have received their **first positive HIV test result >6 months ago**, previously been on but then **stopped taking ART**, and **reported feeling sick** on the day of study enrollment (Table 2).
  - Were **more likely to seek care because of current illness or symptoms** (66% vs 21%).
  - Were more **likely to report headache, fatigue, fever, and diarrhea in the month prior to study enrollment**; difference from outpatients in the prevalence of other conditions were modest (Fig 1).

What other differences did the survey find?

- Hospitalized participants relied more on motorized transport and incurred more than **three-fold higher transport costs** than did outpatients (USD 4.40 vs 1.30 per visit).
- Only **52% of inpatients reported ever being told they had AHD**; knowledge of AHD remained poor in both groups.
- Perceived **barriers to HIV care and HIV-related stigma were similar** between the groups.

Conclusions

- Among adults initiating or re-initiating ART with AHD in the previous six months, those requiring hospitalization were less educated, more socioeconomically vulnerable, and more likely to report previous ART interruption than outpatients with AHD.
- Earlier identification of treatment interruption and more prompt recognition of symptomatic disease may help prevent progression to severe illness requiring hospitalization.

This work was made possible with support from the Gates Foundation

Contact details:
Thandiwe Ngoma, tngoma@clintonhealthaccess.org
www.sites.bu.edu/ambit

AIDS 2026 26–31 July