

WHAT IS THE ISSUE?

- ◆ In South Africa and neighbouring 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/ μ L and 40% had an AIDS-defining illness (Yudelowitz 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 hospitalisation, and events after discharge is essential to improving health outcomes for those with advanced HIV disease (AHD) (WHO stage 3 or 4 condition or CD4 count <200 cell/ μ L).

WHAT DID WE DO?

- ◆ From Feb 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 and laboratory data.
- ◆ We conducted follow-up interviews by telephone at 4 and 8 weeks after discharge and searched for evidence of primary health clinic (PHC) service delivery in laboratory records.
- ◆ Study excluded patients too ill to consent or were isolated due to illness. As a result, the enrolled sample underrepresents critically ill patients.

WHAT DID WE FIND?

At admission...

89%

Diagnosed with AHD at admission
M 88% | F 90%

74%

CD4 <200 (rest diagnosed based on WHO stage)
M 67% | F 79%

45%

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

66%

ART experienced at admission
M 54% | F 76%

28%

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

55%

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



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

- ◆ Among all participants enrolled 89% were diagnosed with AHD at admission; 9% were referred from primary care and 3% were unknown
- ◆ 74% of those enrolled in the study had CD4 cell counts less than 200; 45% were severely immunosuppressed, with CD4 counts <100.
- ◆ Two thirds (66%) were ART-experienced; 28% had previously interrupted treatment; men were more likely to be ART-naïve 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.

- ◆ Pulmonary TB and oral candidiasis were the most common OIs diagnosed among women; among men, severe bacterial infections were most common (Fig 1).
- ◆ Among participant-reported reasons for coming to the hospital, respiratory conditions (28%), feeling generally ill (25%), neurological symptoms (19%), and GI symptoms (15%) were the most common.

Figure 1. Opportunistic infections diagnosed

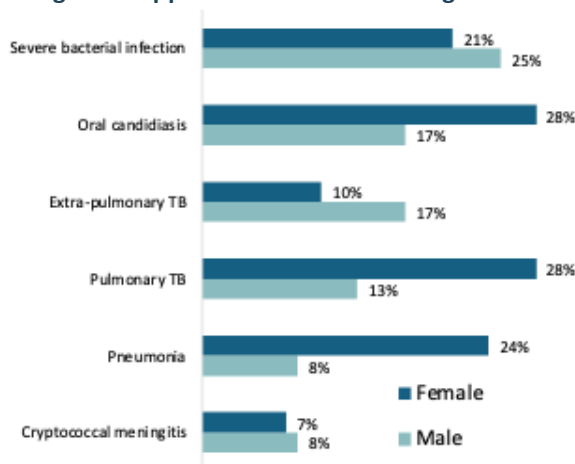


Table 1. Status of participants after discharge and linkage to outpatient care

Status	N	Within-group percentage (N as shown in subheading)	Percentage of full sample (N=53)
Status at end of hospital admission (N=53)			
Discharged	46	87%	87%
Transferred to another facility; no discharge summary available	3	6%	6%
Died before discharge	4	8%	8%
Post-discharge status based on telephone follow up (N=49 eligible for telephone follow up, excludes 4 who died before discharge)			
Reached at 4 and/or 8 weeks	36	73%	68%
Died within 8 weeks after discharge	3	6%	6%
Not reached by telephone follow-up	10	20%	19%
Linkage to outpatient care by 8 weeks among those discharged or transferred (N=46, excludes 7 who died before or after discharge)			
Any evidence of enrollment at local clinic	34	74%	64%
Self-reported enrolment at local clinic (with or without laboratory evidence)	26	57%	49%
Laboratory evidence of enrolment (without self-report)	8	17%	15%
No evidence of return to care	12	26%	36%*

*Includes patients known to have died.

- ◆ Among the 53 patients enrolled in the study, 4 died before discharge and 3 were reported by family or friends to have died during the first 8 weeks after discharge (Table 1).
- ◆ Among the 46 surviving patients, 34 appeared to have enrolled in outpatient ART at their local clinic, either through their self-report or by evidence of an HIV-related test in laboratory records.
- ◆ 5 of the original 53 patients enrolled in the study were readmitted to the same hospital after the original discharge.

CONCLUSIONS

- ◆ Participants admitted to the hospital for HIV-related conditions are severely immunosuppressed, with almost half having CD4 counts <100 despite 66% being ART-experienced.
- ◆ In this sample, 7/53 (14%) were reported to have died in hospital or within eight weeks of discharge.
- ◆ 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 two thirds (64%) of the full sample had any evidence of receiving outpatient ART by 8 weeks after discharge, underscoring the need to strengthen linkage to primary care.
- ◆ The small sample size, single-site setting, exclusion of critically ill patients, likelihood of unreported deaths, and reliance on self-report for some results limit the generalisability of these findings.

At discharge (46 patients)...

93% (43/46) had a discharge summary available

89% (41/46) received 1 month of ART medications

85% (39/46) received non-ART medications

61% (28/46) said they intended to seek follow-up care at a local clinic (rest wanted to continue at hospital or did not know)

98% (45/46) had a follow-up date for an outpatient visit recommended

After hospitalisation (53 patients)...

68% (36/53) could be reached at 4 and/or 8 weeks for an interview

Of those interviewed, 72% (26/36) said they had enrolled in care at a local clinic

28% (15/53) had evidence of follow-up care in the laboratory database

64% (34/53) overall had self-report or laboratory evidence of enrollment in outpatient care after discharge