disorders (HAND). Despite international recommendations for annual screening, there is no consensus on ideal tools, and implementation in clinical practice remains limited. This study aimed to identify frailty and HAND in PLHIV aged > 50 years and potential associated factors.

Methods: In this prospective cohort, 43 PLHIV aged > 50 years on antiretroviral therapy (ART) were included at a referral center in the interior of São Paulo between May 2024 and April 2025. Clinical and sociodemographic data were collected. Frailty was assessed by the Fried Phenotype; functional capacity by the Katz Index of activities of daily living (ADL); geriatric depression by the GDS-15; and HAND screening by the International HIV Dementia Scale (IHDS).

Results: Overall, 56% were women and mean age was 61 years. Most (90.7%) had undetectable viral load. Mean time since HIV diagnosis was 21 years. A total of 32.5% of patients were classified as non-frail, 62.7% as pre-frail, and 4.6% as frail. Among the pre-frail, most had low schooling and were retired. There was no association between frailty and HAND. Risk of depression was identified in 23.2%, especially among younger women (50–60 years) with low schooling and income, and showed significant association with pre-frailty ($p = 0.012$). Cognitive screening indicated risk for HAND in 67.7% (IHDS $\leq$ 10), especially among those with lower schooling, low income, dyslipidemia, and overweight. Only one patient had functional limitation in ADLs. There was no association between HAND and prior opportunistic diseases, CD4 nadir, or alcohol/drug use.

Conclusion: Despite virologic suppression, there was a high prevalence of pre-frailty, risk of depression, and neurocognitive impairment, particularly among PLHIV with low schooling and income. The association between pre-frailty and depression highlights the need for multidisciplinary care. The preservation of functionality among cases screened for HAND suggests that systematic screening may help identify subclinical conditions and support prevention.

Keywords: Neurocognitive disorder, Frailty, Older adults, Aging, HIV.

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156

CYTOMEGALOVIRUS DNAEMIA AND TARGET ORGAN DISEASE IN PEOPLE LIVING WITH HIV AND SEVERE IMMUNOSUPPRESSION: FREQUENCIES, CHARACTERISTICS, AND PROGNOSTIC IMPACT IN A TERTIARY HOSPITAL IN SÃO PAULO

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Introduction: There is limited recent information regarding cytomegalovirus (CMV) infection in people living with HIV (PLHIV) and severe immunosuppression. The objectives of this study were to describe the frequencies of CMV DNAemia and CMV target organ disease (CMV-TOD) in this population, their characteristics, and to assess whether high DNAemia levels and CMV-TOD are associated with in-hospital mortality.

Methods: Observational, retrospective cohort study conducted at a tertiary hospital in São Paulo. All hospitalized PLHIV over a 12-month period who met the following criteria were included: (i) CD4 count $\leq$ 100 cells/μL, and (ii) CMV plasma viral load measurement at admission, as per institutional routine. Frequencies of DNAemia (presence of CMV DNA in plasma) and confirmed CMV-TOD were calculated. DNAemia $\geq$ 10,000 IU/mL was considered high. Chi-square or Fisher's exact tests were used as appropriate. Factors associated with in-hospital mortality were identified through multivariate logistic regression. The study was approved by the Ethics Committee.

Results: During the study period, 830 PLHIV were hospitalized, and 245 (29.5%) met inclusion criteria. Median (IQR) age was 38 (30–46) years, and 183 (74.7%) were male. Median (IQR) CD4 count was 25 (10–53) cells/μL. Median (IQR) hospital stay was 20 (8–37) days, and 57 (23%) patients died. DNAemia was identified in 150 (61.1%) cases, of which 18 (12%) had high DNAemia. Seventeen (6.9%) patients had CMV-TOD: neurological = 6 and non-neurological = 11 (gastrointestinal tract = 10, retinitis = 3, pneumonitis = 2). Forty-seven (19.1%) patients received preemptive anti-CMV antiviral therapy. Neurological CMV-TOD was associated with high DNAemia ($P < 0.001$, Fisher's exact test). Confirmed bacterial infection (OR 7.5, 95% CI 3.4–16.7), antiretroviral use prior to admission (OR 3.8, 95% CI 1.8–8.1), and age $\geq$ 50 years (OR 3.7, 95% CI 1.6–8.4) were associated with in-hospital mortality.

Conclusion: CMV DNAemia was frequent (~60%), and CMV-TOD was observed in 7% of cases. One in five patients received preemptive anti-CMV therapy. Neurological CMV-TOD was associated with high DNAemia in exploratory analysis. In contrast to high DNAemia and CMV-TOD, confirmed bacterial infection, prior antiretroviral use, and age $\geq$ 50 years were independently associated with in-hospital mortality.

Keywords: Cytomegalovirus, Diagnosis, HIV, AIDS, Brazil.

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157

FROM CLICK TO PROTECTION: TELEHEALTH AS A GATEWAY TO PREP AND PEP IN THE BRAZILIAN PUBLIC HEALTH SYSTEM (SUS)

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