nadir was low in both groups (median 89 cells/mm$^3$), with good immunological recovery (current median 545 cells/mm$^3$). Most patients (82%) had undetectable viral loads. The study reveals distinct profiles between young and older PLHIV, with greater clinical and therapeutic complexity among the elderly, particularly due to their high burden of comorbidities. Despite these vulnerabilities, laboratory indicators suggest good infection control, reflecting the quality of care provided. The results emphasize the need for integrated care strategies sensitive to the specificities of aging with HIV.

**Keywords:** HIV, Older adults, Comorbidities, Antiretroviral therapy, Clinical-epidemiological profile.

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## HOSPITALIZATIONS AMONG PEOPLE LIVING WITH HIV IN A REFERENCE CENTER IN RIO DE JANEIRO, BRAZIL: INTERSECTION BETWEEN AIDS AND SOCIAL INEQUITIES IN THE GLOBAL SOUTH

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**Introduction:** Despite the availability of antiretroviral therapy (ART) in Brazil, significant challenges persist in the care of people living with HIV (PLHIV). Social determinants of health affect HIV-related outcomes, leading to hospitalizations. This study aimed to characterize the hospitalization profile of PLHIV in a state in southeastern Brazil.

**Methods:** A retrospective cohort of PLHIV hospitalized in an infectious disease reference hospital between October 2021 and April 2024. Sociodemographic and clinical characteristics were compared according to ART status and gender identity, using chi-square/Fisher's exact tests (categorical variables) and the Wilcoxon test (continuous variables).

**Results:** A total of 1,877 PLHIV were included: 52.3% had never started ART or initiated it within 90 days prior to hospitalization; 10.8% were not on ART; and 36.9% had at least one dispensation in the previous six months. The median age was 41 years (IQR 32–52), with most being cisgender men (62.1%) and Black/brown (70.9%). Moreover, 32.6% had only primary education, and lower educational levels were associated with ART discontinuation. PLHIV not on ART or with recent initiation had higher HIV-RNA viral loads and lower CD4+ counts, a pattern also observed among those without ART in the previous six months. The most prevalent opportunistic infections (OIs) were tuberculosis (33.9%), *Pneumocystis* pneumonia (15.1%), toxoplasma encephalitis (10.9%), cryptococcosis (5.6%), cytomegalovirus infection (3.4%), histoplasmosis (3.2%), and Kaposi's sarcoma (3.1%). OIs accounted for 59.7% of hospitalizations; other causes included pneumonia (29.7%), COVID-19 (4.6%), urinary infection (3.9%), neoplasms (3.2%), and mpox (2.0%). Hospital mortality was higher among those who discontinued ART (29.1% vs 18.1%, $p < 0.01$). Transgender women were younger (median 35 [IQR 29–44] vs 41 [IQR 32–52] years) and had higher self-discharge rates (20% vs 5.5% overall).

**Conclusions:** The study highlights persistent challenges faced by Brazil's Unified Health System (SUS) in ensuring effective care for PLHIV. Late diagnosis and ART interruption, leading to poorer clinical outcomes, underscore the urgent need to address the political and social inequalities that sustain the AIDS epidemic, particularly among the most vulnerable populations.

**Keywords:** HIV/AIDS, Hospitalizations, Opportunistic infections.

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## IMPACT OF EDUCATIONAL ACTIONS ON SEXUALLY TRANSMITTED INFECTIONS AMONG MALE INMATES IN A PENITENTIARY PROGRESSION CENTER

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The engagement of healthcare professionals (HCPs) in preventing sexually transmitted infections (STIs) in highly vulnerable groups is essential, as low educational levels and risk behaviors pose challenges to reducing STI prevalence in prison populations. Educational interventions, focused on prevention and knowledge empowerment, conducted on-site by HCPs can be highly effective. In this descriptive, quantitative study, the impact of educational interventions on STIs was evaluated among male inmates in a Penitentiary Progression Center (CPP). In one of the prison's pavilions, an educational session was conducted on STIs, addressing self-diagnosis, transmission, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and treatment, allowing