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Combined HIV prevention encompasses biomedical, behavioral, and structural health strategies. According to the *Manual for Continuous HIV/AIDS Care in Brazil*, prevention efforts focus primarily on populations considered vulnerable to HIV, including key and priority populations such as people experiencing homelessness. Social and health assistance activities are essential in promoting health among highly vulnerable populations, including the distribution of food and condoms. The objective of this study was to analyze an experience in biomedical and structural HIV prevention carried out in public squares of Belém, Pará, Brazil, targeting homeless populations. This is an experience report describing a social and health action conducted on May 25, 2025, organized by the research group in partnership with a local community outreach organization. The event involved more than 15 volunteers and took place in the afternoon at Dom Pedro II Square and República Square, both located in downtown Belém, in the Campina district. The action lasted approximately two hours and included the planned distribution of food and condoms. Of the 121 lubricated condoms available, 97 (80.17%) were distributed with acceptance in both locations. Therefore, this joint initiative indicates the need for more assistance-based and field activities aimed at reducing inequalities and promoting income redistribution, as well as health promotion and education through combined HIV prevention strategies of a structural and biomedical nature, fostering the engagement of individuals in positive involvement with health professionals and self-care practices.

Keywords: HIV, Disease prevention, Health promotion, Health education, AIDS.

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IMAGING FINDINGS IN PATIENTS WITH HIV/AIDS AND SUSPECTED HISTOPLASMOSIS

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Introduction/Objective: Human immunodeficiency virus (HIV) infection leads to progressive immunosuppression and the emergence of pulmonary infections such as tuberculosis (TB), disseminated histoplasmosis (DH), and pneumocystosis (PJP), which are major causes of morbidity and mortality among people living with HIV/AIDS (PLWHA). Chest computed tomography (CT) plays a fundamental role in differential diagnosis. This study aimed to analyze clinical and radiological findings in PLWHA with suspected histoplasmosis who underwent urine antigen testing for *Histoplasma* (LF Miravista®) at a referral center in Salvador, Brazil, between November 2022 and July 2024.

Methods: This was an observational, cross-sectional, quantitative study based on secondary data from 63 hospitalized patients with HIV/AIDS and suspected DH. Participants were classified according to the urine antigen test results: positive (DH group) and negative (other opportunistic infections, OIs). Demographic data, ART use, $CD4^+$ counts, and CT findings were analyzed.

Results: Among the 63 patients, 27 (42.8%) were diagnosed with DH and 36 (57.1%) with other OIs. Most patients were male, with a higher proportion in the non-DH group (81% vs. 70%). Mean ages were similar (41 vs. 39.2 years). Median $CD4^+$ count was lower in the DH group (27 vs. 61.5 cells/mm^3). Many patients in both groups were ART-naïve or had discontinued treatment. Common symptoms included fatigue, fever, and weight loss; cough and dyspnea were also reported, with dyspnea being more frequent in DH cases. The most frequent CT findings were micronodules (74% in DH vs. 55.3% without DH), ground-glass opacities (48% vs. 34.2%), and consolidations (37% vs. 44.7%). Lymphadenopathy and macronodules were less frequent. TB was the most frequent OI among non-DH patients (44.4%), and in 55.6% of cases, the etiology remained undetermined. Mortality reached 37% in the DH group and 39% in the non-DH group, with 78.5% of deaths occurring in cases without defined diagnosis.

Conclusion: The clinical and radiological similarity between DH and other OIs limits the diagnostic value of imaging alone. The high rate of undetermined etiologies and elevated mortality highlight the urgent need for wider access to specific diagnostic tests. Integrating clinical, imaging, and laboratory findings, together with early testing and ART adherence, is essential to improve outcomes among PLWHA.

Keywords: HIV, Opportunistic infections, Chest computed tomography, Histoplasmosis, Tuberculosis.

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ISCHEMIC STROKE SECONDARY TO MENINGOVASCULAR NEUROSYPHILIS: CASE REPORT

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