IMPAAC 4HIV

IMPROVED ACCESS TO AHD CARE & TREATMENT 4 HIV

Histoplasmosis Fact Sheet

What is histoplasmosis?

Histoplasmosis is a serious fungal infection that primarily threatens people with weakened immune systems.

Common symptoms include:

- Fever
- Weight Loss
- Cough
- Fatigue
- Night Sweats

Histoplasmosis is an infection caused by a fungus that lives in soil, especially where there are bird or bat droppings. People can get infected when they breathe in dust containing the fungus during activities like farming, gardening, or construction.

It does not spread from person to person

In most healthy people, the infection is mild or goes unnoticed. However, when the infection spreads beyond the lungs to other organs, it is called disseminated histoplasmosis and can be life-threatening. This severe form mainly affects people with advanced HIV disease or those with impaired immunity. Common symptoms include fever, weight loss, cough, fatigue, and night sweats. Because these symptoms mimic Tuberculosis (TB), Histoplasmosis is often misdiagnosed as TB

Disseminated histoplasmosis is an **AIDS-defining infection**, meaning its presence indicates **advanced HIV disease.** If left undiagnosed and untreated, it progresses to severe disease rapidly and can be fatal.

Who is at risk and what is the burden?

People who are immunosuppressed are at a high risk. Those with advanced HIV disease, including people with CD4 counts below 200 cells/mm³ or WHO stage 3 or 4, are at the highest risk, even when they have no obvious symptoms.

Histoplasmosis occurs in Africa, the Americas, and parts of Asia. In South and Central America, disseminated histoplasmosis is a major cause of illness and death among people with HIV, with mortality rates reaching up to 45%. In Africa, the disease remains poorly documented. Historical reports between 1952 and 2017 identified more than 470 cases, of which 38% occurred among people with HIV. This suggests substantial underdiagnosis, and the true burden is likely far higher.

Why does histoplasmosis remain neglected?

Despite its devastating impact on people living with HIV, histoplasmosis remains largely invisible in health systems. The disease is:

Widely misdiagnosed as tuberculosis: including multidrug-resistant TB, due to overlapping symptoms

Poorly documented: due to limited surveillance and reporting

Rarely tested: for in most HIV care programs, even in endemic areas

Without timely diagnosis and treatment, many people with histoplasmosis do not survive.

Unitaid SAVE LIVES FASTER · DNDi · THE AURUM INSTITUTE

PATA · AFROCAB Treatment Access Partnership · Clinton Health Access Initiative · THRIVE Empower Locally, Catalyze Impact Globally · Solthis Committed expertise in health · Market Access Africa · cihp

How is histoplasmosis diagnosed?

Histoplasmosis can be diagnosed using laboratory-based methods and point-of-care (POC) tests.

Laboratory tests

These include ELISA, histology, culture, and PCR: They are usually centralized and require laboratory infrastructure, specialized equipment, and trained personnel. These methods can lead to delays in diagnosis, especially in low-resource settings.

Point-of-care (POC) tests

Urine-based antigen POC tests provide rapid results for timely intervention. They are feasible for use in lower-level health facilities, do not require complex laboratory infrastructure, and can be performed by staff with minimal training. This makes them highly suitable for low-resource settings.

Despite the availability of these tests, histoplasmosis is not routinely included in diagnostic protocols for people with advanced HIV disease in many endemic regions. Delayed diagnosis contributes to avoidable severe illness and outcomes.

Is histoplasmosis treatable?

Yes. When diagnosed early, histoplasmosis is treatable with effective antifungal medicines such as liposomal amphotericin B and itraconazole. These medications can significantly reduce illness and death.

However, in many African countries, these medicines are often unavailable or inconsistently supplied. The cost of these medicines is also high, further limiting access.This gap in access, combined with delayed diagnosis, results in avoidable deaths.

Key Facts at a Glance

Cause
Fungal infection caused by Histoplasma species

How it spreads
Breathing in spores from soil contaminated with bird or bat droppings

Most at risk
People with advanced HIV disease (CD4 ≤200 cells/mm³)

Most severe form
Disseminated histoplasmosis (spreads beyond the lungs)

Mortality rate
Around 40–45% in Africa and Latin America among people with HIV

The challenge
Widely misdiagnosed, rarely tested for, treatment often unavailable

The solution:
Improve access to simple tests and treatment, and include histoplasmosis in routine HIV care.

Push for progress

The IMPAACT4HIV consortium is working to:

- Determine the true burden of histoplasmosis among people with advanced HIV disease in select African countries.
- Evaluate new point-of-care diagnostic tests
- Support integration of histoplasmosis testing and treatment into HIV care programs
- Inform national and global health policy

Why action is needed now

Histoplasmosis is preventable, diagnosable, and treatable. Integrating histoplasmosis testing and treatment into routine HIV care can save lives and strengthen health systems for people with advanced HIV disease. The tools exist —what's needed now is the commitment to use them.

Need more information: Click here to download the WHO guidelines

Find Us Online