**Objectives:**

Histoplasmosis is the most frequent endemic mycosis in patients with advanced AIDS patients in Brazil. In Ceará, the São José Hospital for Infectious Disease is the main health unitt for hospitalization of people living with HIV/AIDS (PLHA). In this study, we aim to describe a series of cases of disseminated COVID-19 associated disseminated histoplasmosis (CADH) in AIDS patients in Ceará, northeastern Brazil, during the pandemic.

**Material & Methods:**

A retrospective study was carried out by reviewing medical records of patients with CADH hospitalized between 2020 and 2022. All patients were diagnosed with disseminated histoplasmosis by isolating *Histoplasma capsulatum* from buffy-coat cultures. Furthermore, a nasopharyngeal swab was taken to diagnose COVID-19, regardless of symptoms. HIV infection was diagnosed using an enzyme-linked immunosorbent assay, in accordance with Brazilian guidelines. Statistical analysis was carried out using STATA 18.0. Survival at 30 days was estimated using the Kaplan Meier function.

**Results:**

During the period of this study, 2,417 patients with COVID-19 were hospitalized. A total of 12 patients were diagnosed with CADH. All patients were male and had advanced AIDS (CD4+ T lymphocytes < 200 cells/uL). The median age was 33.5 years (IQR 25.5-45). Severe COVID-19 was observed in one patient. Mild or moderate COVID-19 was identified in ten patients, and one individual was asymptomatic. Two patients acquired COVID-19 during hospitalization and one patient had no symptoms. Disseminated histoplasmosis was the first opportunistic infection in 66.7% of patients. In addition, two individuals had pulmonary tuberculosis, two patients had cytomegalovirus disease, one patient had Kaposi's sarcoma and another had influenza and neurotoxoplasmosis. Fever (91.7%) and asthenia (66.7%) were the main symptoms. Cough (50%), dyspnea (25%) and diarrhea (25%) also occurred less frequently. Laboratory findings were hemoglobin < 10 g/dL (58.3%), platelets < 150,000 cells/mm3 (50%), creatinine > 1.1 mg/dL (50%), oxalacetic transaminase > 60 IU/L (81.2%) and lactate dehydrogenase > 1,000 IU/L (50%). The median LT-CD4+ was 22 cells/uL (IQR 14-46), and the log of HIV viral load was 6.25 (IQR 5.85-6.51). Six patients had ground-glass images on chest CT scans. Three individuals required invasive mechanical ventilation. Ten patients received antifungal therapy and five patients used corticosteroids. Death occurred in five patients (41.4%). The 30-day survival rate was 39.8% (Figure 1).

**Conclusions:**

The scenario of CADH in individuals with advanced AIDS is little known. However, in this case series, we observed that severe acute respiratory syndrome and the absence of antiviral treatment for *SARS-CoV-2* can worsen the prognosis of these patients. Future research into the role of this co-infection should be carried out in order to better understand and approach these patients.