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Short Communications

HIV 2025: disparities and trajectories

SC 6 Promoting Hepatitis and HIV screening in high prevalence populations: the 'Test in the City' Project

N. prog: SC 6

Title: Promoting Hepatitis and HIV screening in high prevalence populations: the 'Test in the City' Project

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Abstract body

Background: Test in the City project involves 14 Italian Fast-Track Cities and targets high-prevalence populations, such as migrants and IDU. The goal is to implement a screening campaign for hepatitis (HBV, HCV, HDV) and HIV, supporting the healthcare system to identify and manage undiagnosed patients. In Bergamo, syphilis test is also offered. The project, funded by Gilead Sciences, runs from January to June 2025 and involves third-sector organizations, healthcare facilities, and FTC network institutions (FIGURE 1).

Materials and Methods: During the first phase, coordination was established among participants to share strategies and best practices. A dedicated website, multilingual communication tools, and a data collection method, including a simplified version of the COBATEST questionnaire, were developed. Each city defined procedures for referring people with reactive tests to healthcare facilities for confirmation testing and linkage to care. At this stage, cities are identifying the best contexts and opportunities. Milano, Ancona, and Bergamo have already launched their initiatives involving migrant groups.

Results: In February, 413 tests were conducted, all targeting migrants: 112 at the Pakistani Embassy in Milano, 90 with a mobile unit in Ancona, and 215 at the CPIA (Provincial Centers for Adult Education) in Bergamo. Activities for substance users have not yet started. The average age of those tested is 31.24 years and 65% were male (FIGURE 2, FIGURE 3). Participants come from 45 different countries, predominantly Pakistan (28.57%), followed by Bangladesh (6.05%). Others mainly originate from sub-Saharan Africa (12.11% Senegal) and, to a lesser extent, North Africa (7.27% Morocco). In Bergamo, 40% reported having previously taken an HIV test in earlier screenings events by the Bergamo FTC network, while the rest hadn't or didn't remember.

The overall reactivity rates were: HBV 2.64%, HCV 1.20%, and syphilis 0.93% (TABLE 1).

5 HCV reactivities involved Pakistani individuals, 11 reactivities for HBV were among people from sub-Saharan Africa (e.g., Senegal, Cameroon) and North Africa (Tunisia), 2 syphilis cases involved two women, one from the Central African Republic and one from Burkina Faso. Confirmation testing and linkage to care were activated for all the reactivity.

Conclusions: The data presented are preliminary but underscore the importance of promoting screening among migrant populations. Significant incidences related to geographic origin are evident, aligned with expected trends. Administrative requirements for the confirmation tests have caused delays in linking people to care. No HIV cases have been found until now, even though past projects showed significant incidences.

Participants responded positively to the proposal, highlighting the lack of structured and standardized screening for hepatitis, HIV, and STIs in migrant reception centers, which represents a critical gap in both personal and public health.

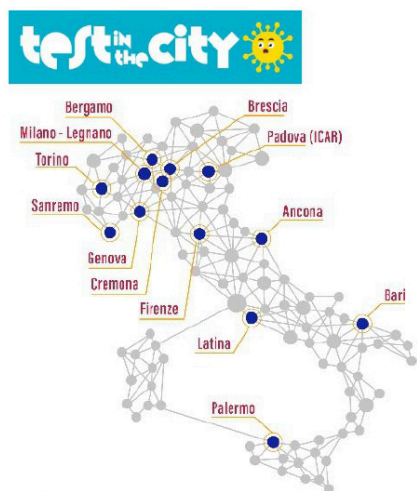


FIGURE 1

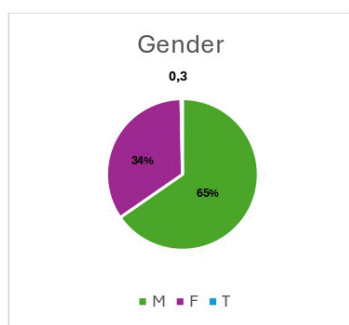


FIGURE 2

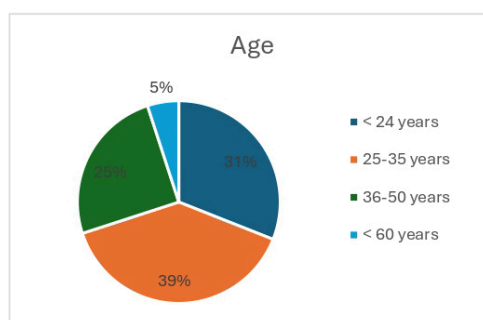


FIGURE 3

	HBV	Reactive	HCV	Reactive	HIV	Reactive	SIFILIDE	Reactive
Bergamo	215	10 4.65%	215	0	215	0	215	2 0.93%
Milano	112	0	112	4 3.57%	112	0		
Ancona	90	1 1.11%	90	1 1.11%	90	0		
TOT.	417	11 2.64%	417	5 1.20%	417	0 0%	215	2 0.93%

TABLE 1