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17° CONGRESSO NAZIONALE
Italian Conference on AIDS and Antiviral Research

Presidenza del Congresso
Annamaria Cattelan
Paolo Meli
Saverio Parisi
Stefano Rusconi

No boundaries in Infection Research and Care

Padova
CENTRO CONGRESSI,
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Promosso da
SIMIT
Società Italiana di Malattie Infettive e Tropicali

www.icar2025.it

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

Ilaria Mercurio

Social Worker - Bergamo Fast Track City

Declaration of potential conflicts of interest

- Cooperativa Don Giuseppe Monticelli has received funds in support of the project *#cHIVuoleconoscere - Next Generation* from Community Award Program by Gilead Sciences.
- Cooperativa Don Giuseppe Monticelli, as leader of the Bergamo Fast-track City network, has received funds in support of the project *FriendlyTest 2.0* from a Community Grant by Gilead Sciences.
- Cooperativa Don Giuseppe Monticelli, as leader of the Bergamo Fast-track City network, has received a donation to support the project *Percorsi (pro)positivi* from ViiV Healthcare.
- Cooperativa Don Giuseppe Monticelli has received a contribution by Gilead for the creation of a Patient Solution aimed at distributing information material to the community of HIV patients to improve therapeutic adherence and the use of drugs.

«Test in the City» Project

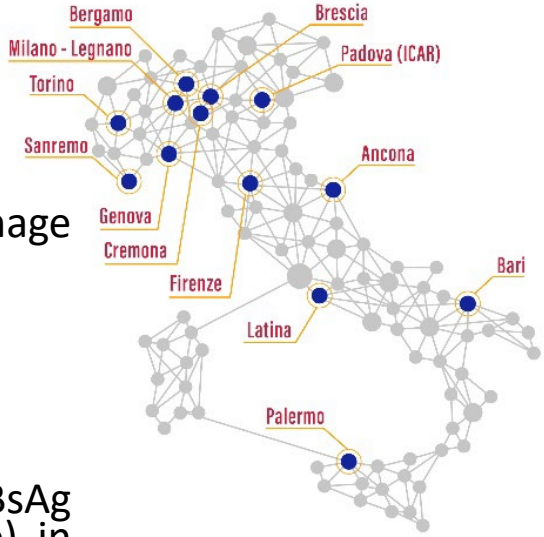
Conceived by **MedPoint**

Supported and Promoted by **Gilead Sciences**

Involved **14 italian FTCI**

+ **Padova** (Icar Congress location)

+ **Bologna** (community events promoted by the hospital)



Objective: support healthcare system to identify and manage undiagnosed patients with viral hepatitis and HIV

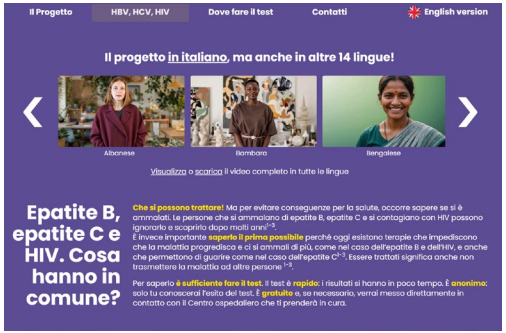
Target: Migrants, DU, people >55 years old

Activities: promoting rapid antibody test for HIV and HCV and HBsAg test for HBV (antibody test for Syphilys was added in Bergamo) in collaboration with third sector organizations

Material and Methods

September – Decembre 2024: **Online meeting** with all the organization of the cities to defined the project

January – June 2025: **Testing activities**, data collection and online meeting to adjourn each city



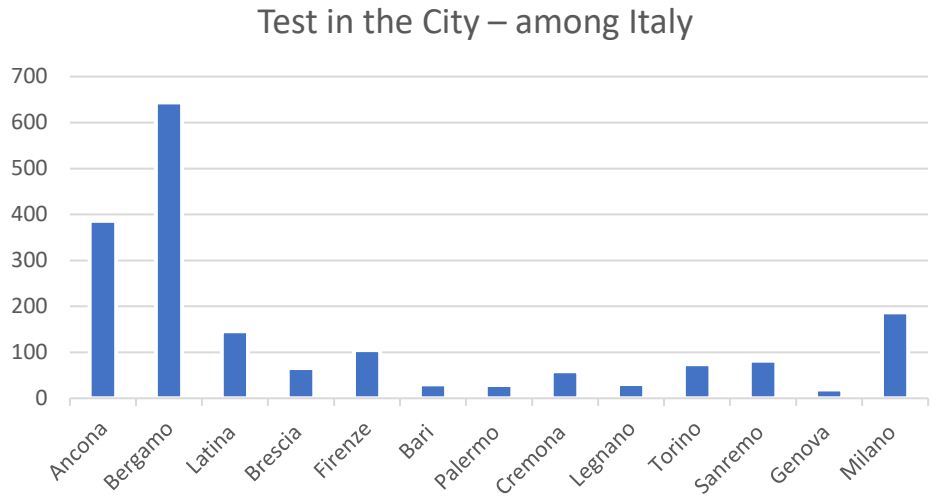
Common material:

- dedicated **website** and **social media pages** (www.testinthecity.it)
- **multilingual** communication **tools**
- **data collection method** (simplified version of the COBATEST questionnaire)
- each city defined **procedures for linkage to care** with the healthcare facilities

Testing activities

Period: **1st January – 30th April**

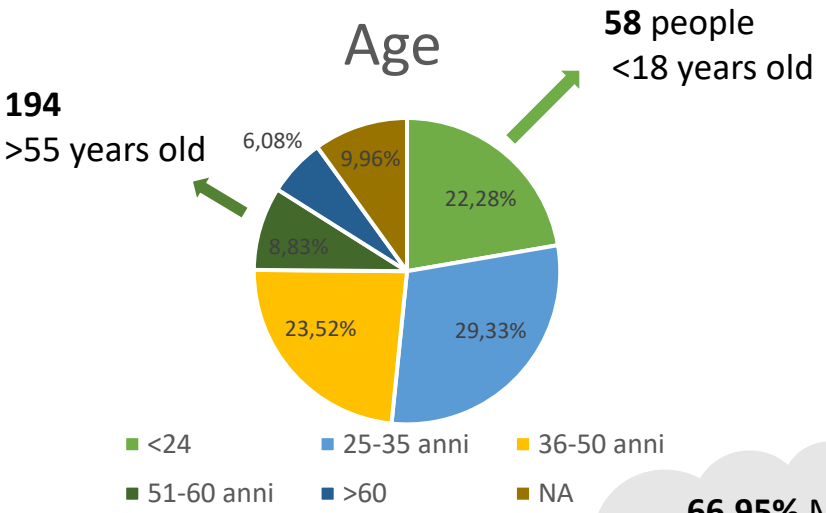
N. People tested: **1858**



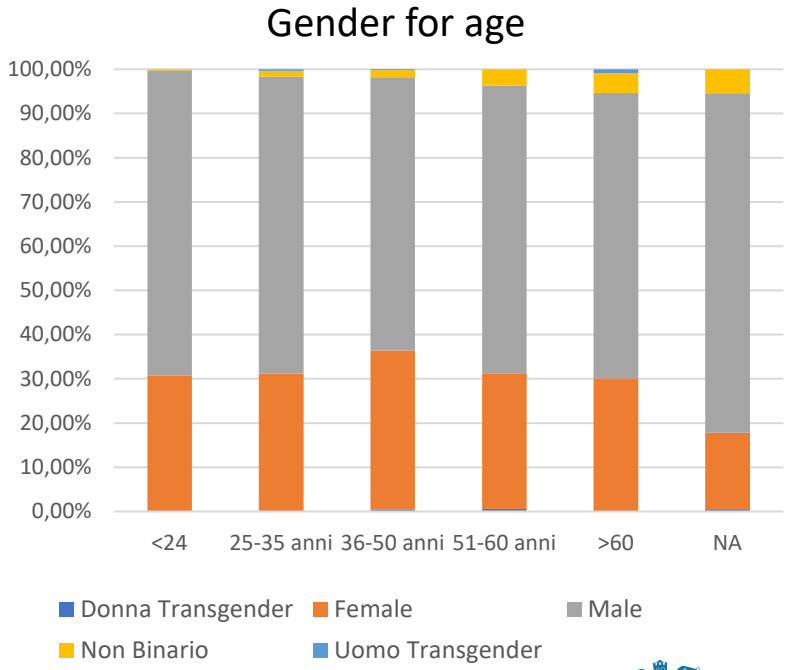
Where we tested people:

- Cultural Association
- CPIA / italian literacy school
- Checkpoint
- DropIn
- Embassy
- Temporary Reception Centre/ SAI Project
- SerD/Addiction Service

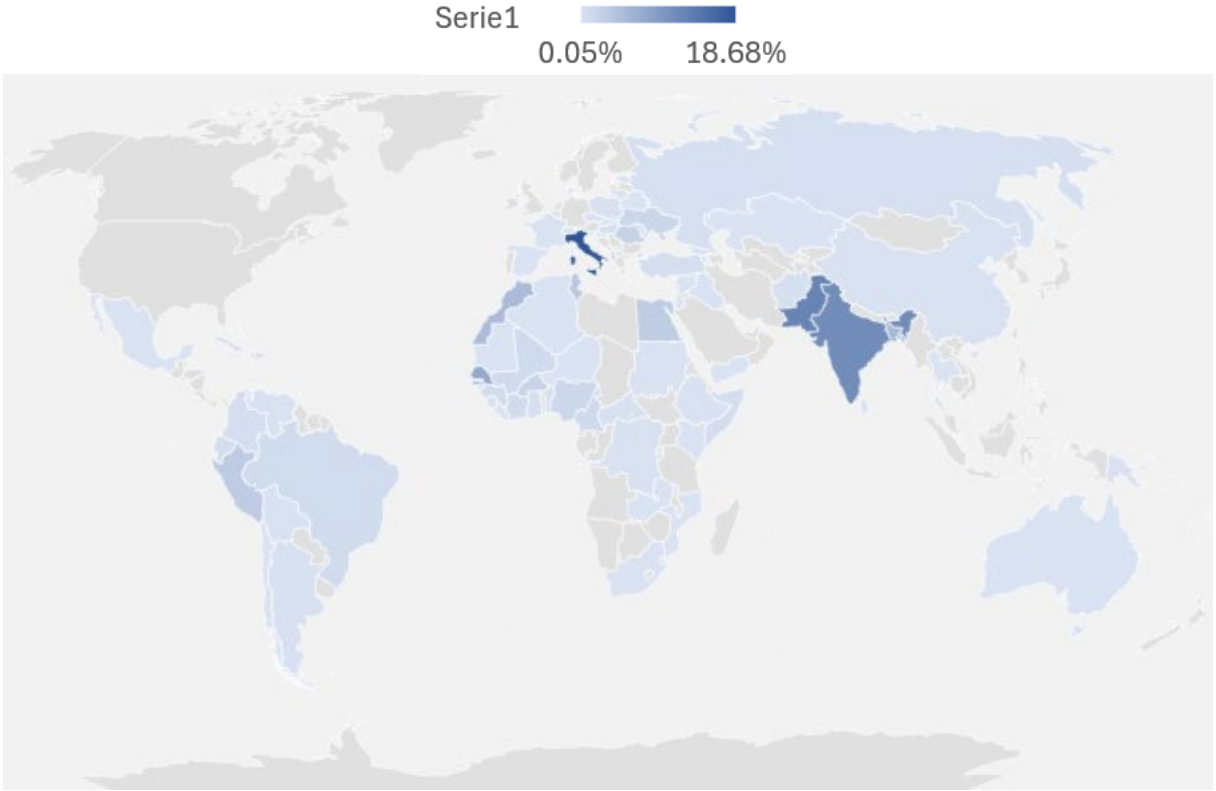
Demographic Overview of the Patient Population



66.95% Male
30,68% Female
1,94% Non binary
0,22% FtM
0,22% MtF



Demographic Overview of the Patient Population



84 Encountered Nationalities

32% Africa
32% Asia
29% Europe
7% Americas

18,7% Italy
12,43% Pakistan
11,36% India
7,48% Senegal
5,71% Bangladesh
5,11% Morocco
3,55% Tunisia
3% Perù

Results of the testing activities

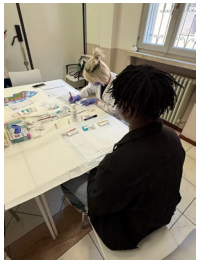
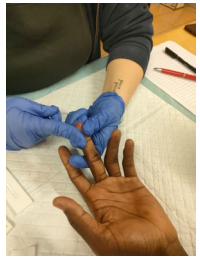
1858 people tested					
STIs	**HIV**	**HCV**	**HBV**	**Syphilis (Bergamo FTC)**	**TOT.**
N. Test	1858	1858	1858	644	5574
N. Reactivity	**7** (3 known yet)	**32** (21 known yet)	**35** (2 known yet)	**3**	**48** (new reactivity)
Incidence	**0,21%**	**0,59%**	**1,78%**	**0,46%**	**2,58%**
Linkage to Care	100% did confirmatory test and start therapy	1 lost at confirmatory test; 2 HBV- at the confirmation; 2 are pending for the treatment	13 complete treatment; 5 lost and 6 pending at confirmatory test; 7 are waiting for the results	1 is waiting for the confirmatory test; 2 did the treament	

Conclusion: preliminary analysis

- A key feature of the project is the **heterogeneity of the initiatives implemented**, which is also reflects by the consistently strong participation across all involved settings;

- Preliminary data on test reactivity are beginning to emerge: while some results confirm initial expectations, they also seem to **highlight new areas for reflection:**
    - **54%** of HCV+ were from Pakistan
    - **72%** of HBV+ were from Subsaharian Africa
    - **No HDV+** founded
    - **75%** HIV+ were DU (3 out of 4)
    - Incidence of all infections in DU population: 3,83%

- Some challenges have arisen, especially related to the **bureaucratic procedures involved in confirmatory test**, which have caused delay in linkage to care;

- The fact that screening for hepatitis, HIV, and sexually transmitted infections (STIs) is still **not offered in a structured and standardized way** within migrant reception contexts or dedicated services represents a serious gap—not only in terms of individual health, but also in terms of public health

Thank you!