

18° CONGRESSO NAZIONALE



Italian Conference
on **AIDS** and **Antiviral**
Research

Presidenza del Congresso
Paolo Maggi, Enna
Giuseppe Nunnari, Catania
Ilenia Pennini, Padova
Carlo Federico Perno, Roma



Promosso da
 **SIMIT**
Società Italiana
di Malattie Infettive
e Tropicali



CATANIA
20|22 Sheraton Hotel
maggio Catania Four Points

2026

**Embrace
Treatment**

**Empower
Prevention**

**Advance
Innovation**





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Hepatitis and HIV testing: addressing care gaps for migrants and underserved. The Test in the City experience

Paolo Meli

Referente Bergamo Fast-track City

Declaration of potential conflicts of interest



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President of Don Giuseppe Monticelli Social Cooperative Society which manages the following projects:

- *#CHIVuoleconoscere 2024/2025 and 2025/2026 editions*, funded by the Community Award Program of Gilead Sciences.
- Together for Health, funded by the Zeroing In: Migrant and Mobile Population Grant of Gilead Sciences.
- CONCRETO, funded by the RHIVolution 2025 Call of ViiV Healthcare.
- Take and Test: Do It Yourself, Do It for You! — which received sponsorship from Gilead Sciences.

«Test in the City» project (SLTC proactive)



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The **first Italian Project** which involved the **National FTCs Network** in order to proactively support the healthcare system in **identifying undiagnosed patients with viral hepatitis (HBV, HCV, HDV) and HIV**, and in facilitating their linkage to care by:



Reaching high-prevalence populations

- **migrants:** communities from Eastern Europe (Romania, Moldova, Albania, Ukraine), the Czech Republic, the Slovak Republic, Pakistan, Bangladesh, Mongolia, Ecuador, India, Sub-Saharan Africa, North Africa, Latin America, China;
- people using drugs (**PUD**);
- people **over** the age of 55.



Engaging key field stakeholders

- third sector organizations (e.g., Caritas, Red Cross, CUAMM),
- CAS (Extraordinary Reception Centers), CPIA (Provincial Centers for Adult Education), Italian language schools
- SMI (Integrated Multidisciplinary Services), SerD (Drug Addiction Services),
- low-threshold proximity service management entities
- institutional representatives (Consulates/Embassies) and community leaders



The project is promoted by Gilead Sciences

Programming 2025



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Action has been planned on several fronts according to the peculiar territorial realities, through the following steps:

Step 1
(end of 2024)



Onboarding and analysis of the identified partner organizations (FTC) and the specific contexts for planning the required activities/supplies.

Step 2
(January - February 2025)



Website launch and start of the **communication campaign** with multilingual information in collaboration with HCPs.

Step 3
(February - December 2025)



Testing in the cities involved during dedicated events and in contexts frequented by the target populations

Step 4
(December 2025)



Data collection, analysis and presentation of results

Territorial distribution

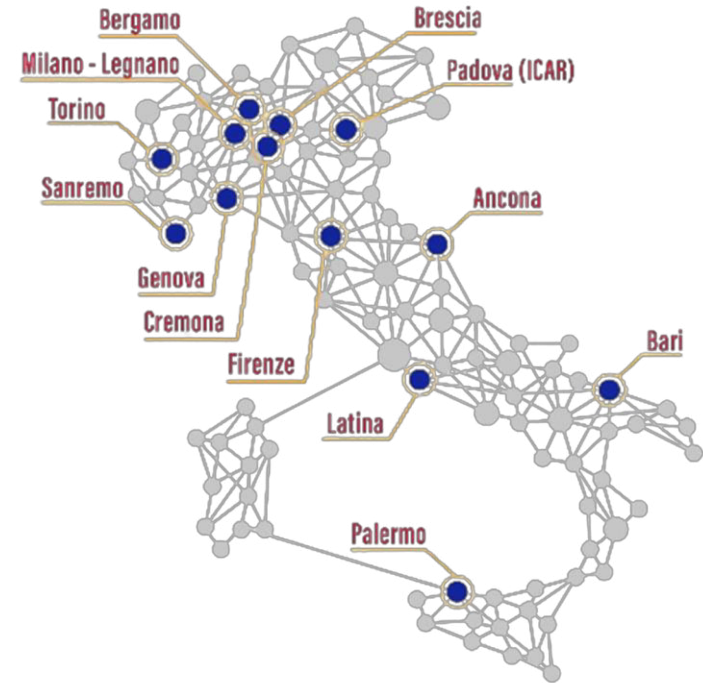


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In 2025, the Project has been activated in **13 Italian Fast Track Cities** and in **Padova**, venue of the Icar 2025 congress.

In 2026, 4 more cities were involved in the continuation of the project: Desenzano del Garda, Sassari, Terni, Viterbo.

Others 6 are joining: Brindisi Catanzaro, Cagliari, Massa Carrara, Modena, Roma, Verona.



Project Tools



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Outreach & Awareness

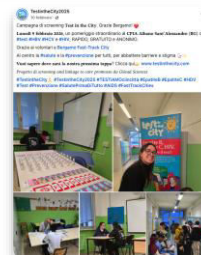
- Dedicated website (www.testinthecity.com) and social media
- **Brochures and posters**
- **Videos** in 14 languages
- **Social campaign** on FB and Instagram
- City-specific **digital cards**

Data Collection

- Paper informed consent for test performance
- Data collection tool (Cobatest questionnaire / Google Form)
- Summary tables of tests performed and reactive results
- Referral document to nearest STI center for confirmatory testing and follow-up

Coordination & Best Practices

- Regular meetings among all participating cities
- **Experience sharing, discussion of challenges, development of new ideas**



Types of testing activities organized



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Ad Hoc Events in Specific Contexts

- CPIA (Provincial Adult Education Centres) and Italian language schools
- Embassies
- CAS (Extraordinary Reception Centres)
- SAI Project (Reception and Integration Systems)
- Community Centers
- Outpatient clinics and proximity services
- Dormitories and Solidarity Canteens
- Sporting and social events organised by foreign associations



Continuous Testing in Structured Contexts

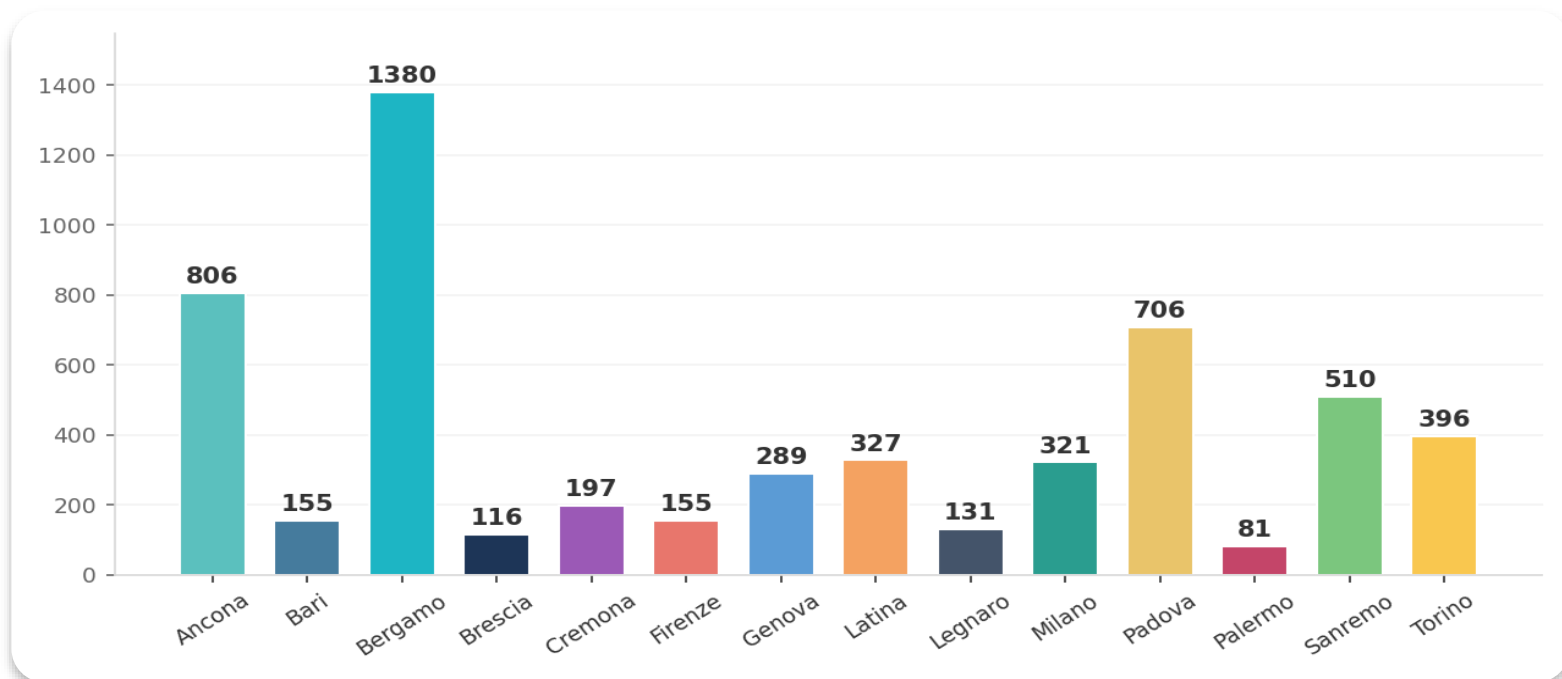
- City checkpoints
- Drop-In / Low-Threshold Services
- SerD / Addiction Services

Testing - 2025



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People tested: 5,572 · Target population: 5,020



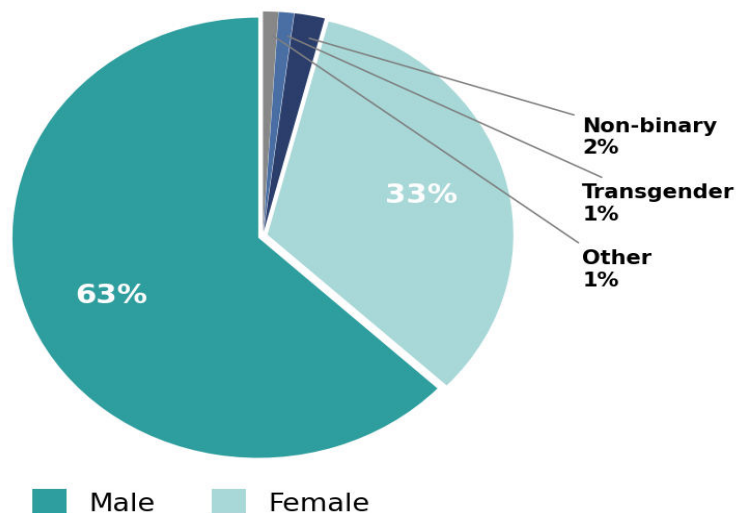
The People Tested



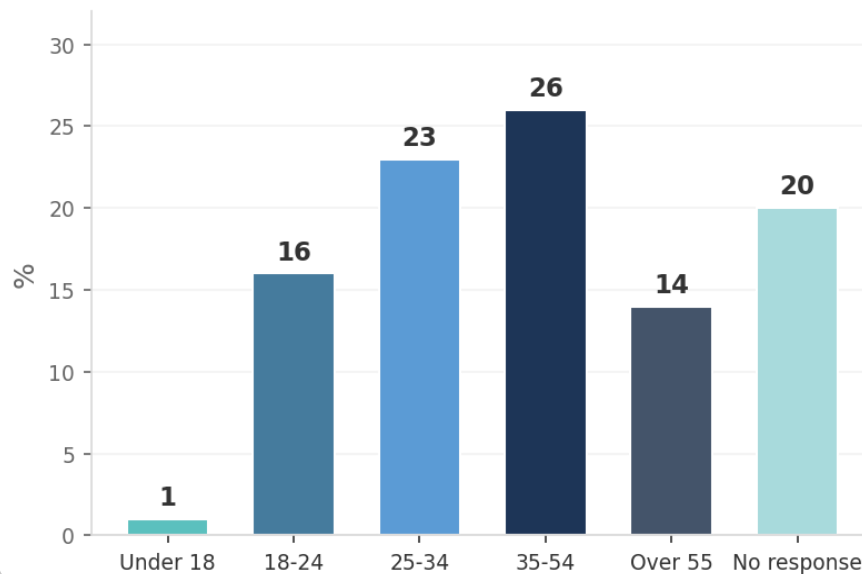
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5,020 questionnaires analyzed related to the target population

Gender



Age



Elements of the analyzed population



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11.67%

report no access to NHS

16.4%

report having no home
in the last year
(9.18% as a current condition)

2.40%

sex workers

12.71%

use psychoactive substances

127

nationalities detected
(85% of foreign origin)

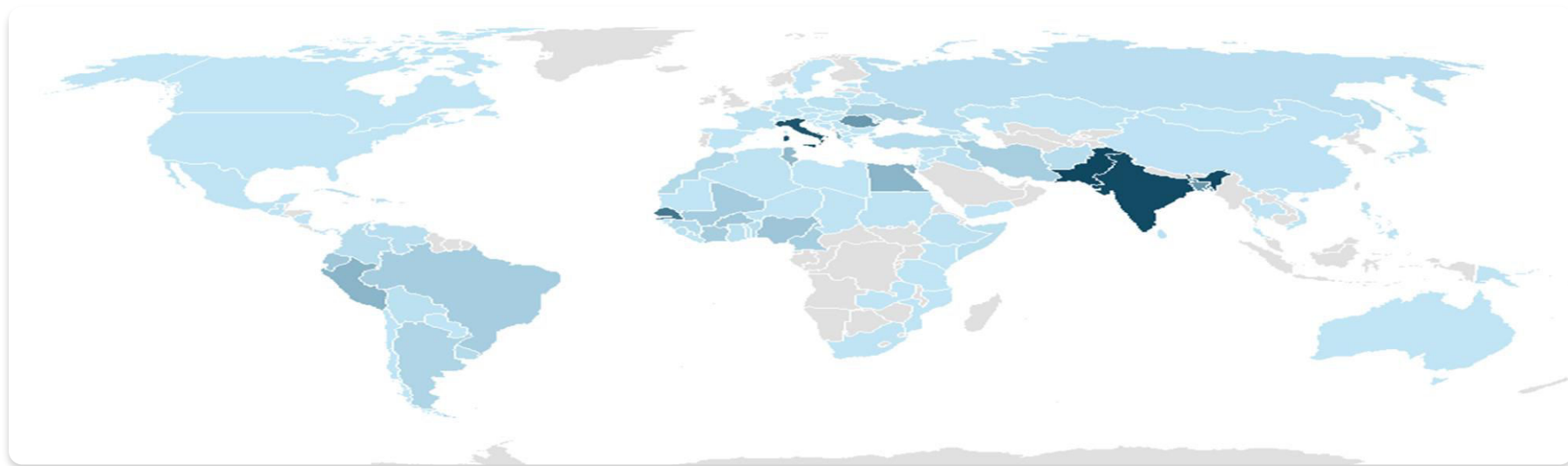
127

nationalities met

85% of foreign origin · 5,020 people tested



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TOP NATIONALITIES TESTED

Pakistan
12.0%

India
11.8%

Senegal
8.4%

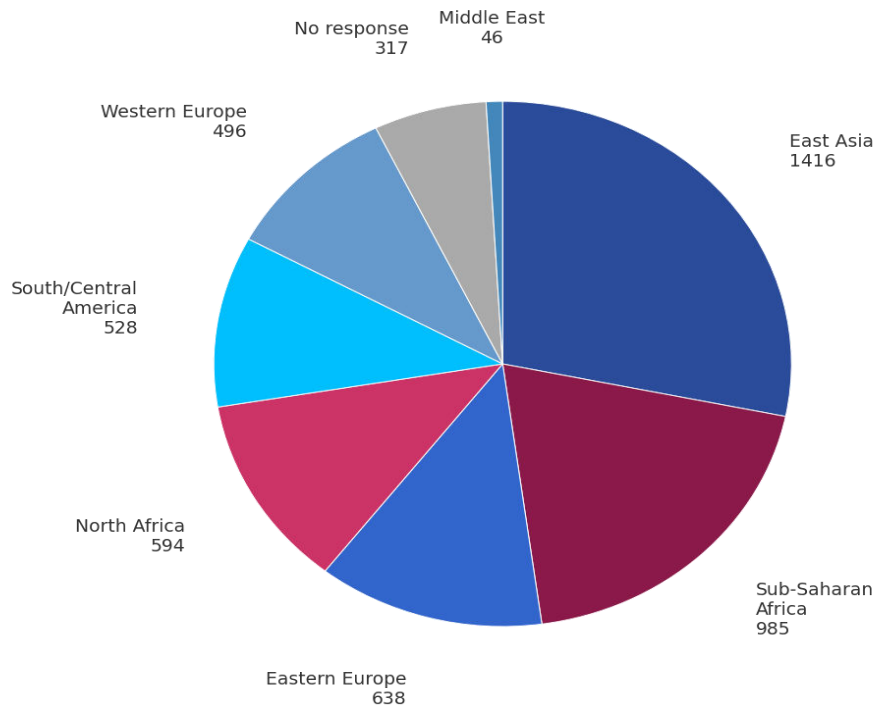
Romania
5.9%

Bangladesh
5.9%

Geographical distribution of the origin of the persons tested



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In particular:

12% Pakistani origin

11.8% Indian Origin

8.38% Senegalese

5.92% Romanian Descent

5.92% Bangla origin

4% Moroccan origin

3.70% Egyptian origin

Top nationalities tested by geographic area



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EAST ASIA

1,416

Pakistan 36.1% • India 35.4%
Bangladesh 17.7%

SUB-SAHARAN AFRICA

985

Senegal 35.2% • Nigeria 10.2%
Burkina Faso 9.3%

EASTERN EUROPE

638

Romania 39.3% • Albania 28.1%
Ukraine 9.7%

NORTH AFRICA

594

Morocco 38.4% • Egypt 26.4%
Tunisia 23.1%

LATIN AMERICA

528

Peru 29.5% • Ecuador 18.0%
Brazil 14.2%

Screening results: prevalence and reactivity



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5020 people in target tested				
IST	HIV	HCV	HBV	TOT.
No. of target people tested	4967	4993	4983	5020 (14943 tests performed)
No. Reactive tests	17 (+19 known)	38 (+ 87 known)	85 (+16 known)	140 (+122 known)
Prevalence of new reactivity	0.34%	0.76%	1.72%	2.80%
Prevalence of known diagnoses	0.38%	1.74%	0.32%	2.43%
Total Head (new and well-known diagnoses)	0.72%	2.50%	2.04%	5.23%

Characteristics of people with infection*



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	HIV	HCV	HBV
Gender	male 63%	male 80%	male 92%
Age	35-54 (70%)	45-54 (28%)	under 44 (85.7%)
Origin	Italy 36% Sub-Saharan Africa 25% Latin America 16% Pakistan 13%	South Asia 32% Italy 30% Sub-Saharan Africa 20%	Sub-Saharan Africa 38% (Burkina Faso 11%) South Asia 20% (India 11%)
No health-care service access	32%	34%	28%
Homeless	45%	27%	23%
Co-infections	4.3%	4%	not relevant
Psychoactive drug use	39%	32%	5%

*The data presented take into account total reactivity, both new and already known

In-depth analysis: the project's targets



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The people tested in the target refer to*:

- **84.34%** to the migrant population
- **13.54%** to the population over 55
- **12.7%** to users of psychoactive substances (DU)

*It should be noted that within the calculation there are people who belong to more than one target.

	Migrants			DU			Over 55		
Prevalence	Total	New diag.*	Known diag.	Total	New diag.*	Known diag.	Total	New diag.*	Known diag.
HIV	0.53%	0.33%	0.23%	2.36%	1.26%	1.10%	0.60%	0.00%	0.60%
HCV	1.89%	0.62%	1.27%	5.70%	1%	4.70%	5.60%	0.60%	5%
HBV	2.29%	1.91%	0.33%	0.80%	0.50%	0.30%	1%	0.60%	0.40%

Reactivity Prevalence in Key Migrant Communities



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Population	HIV	HCV	HBV
Indian	—	2.59%	2.19%
Pakistani	0.97%	3.50%	0.97%
Sub-Saharan African	0.76%	2.20%	3.90%

Reactivity prevalence (%) among tested individuals by community of origin. Dash indicates no reactive cases detected.

In-depth analysis of new HIV diagnosis*



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29%

tested at DropIn

76%

35-54 years old

18%

have a previous HCV diagnosis

29%

received a coreactivity
(75% at HCV)

47%

have no access to the NHS

47%

homeless people

87%

did not use a condom during
last intercourse

47%

use psychoactive substances
Main substance: cocaine
(40% by injection, 40%
snorted, 75% smoked)

*The percentages were made on the basis of the answers received to the specific questions

Profile of New HCV and HBV Diagnoses



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Characteristic	HCV	HBV
No access to national health service	75%	29%
Homeless	46%	25%
No condom use at last intercourse	63%	54%
Psychoactive substance use	20%	7%
Men who have sex with men (MSM)	53%	5%

Percentages among newly diagnosed individuals. HCV homeless: 43% currently homeless.

Linkage to Care*



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Cascade Step	HIV	HCV	HBV
New reactivities	17	38	85
Contact for confirmatory test	100% (17/17)	97% (37/38) · 1 no info	99% (84/85) · 1 no info
Confirmatory test completed	82% (14/17) · 1 linking, 2 no info	89% (33/37) · 4 lost	88% (74/84) · 10 lost
Confirmed reactivities	93% (13/14) · 1 pending result	87% (29/33) · 2 neg., 2 no info	93% (69/74) · 1 neg., 4 lost
Treatment / follow-up started	92% (12/13) · 1 lost	62% (18/29) · 4 lost, 2 declined, 5 upcoming	96% (66/69) · 3 awaiting visit

* Data includes HIV, HCV, and HBV screening cascade. Percentages calculated on the previous step. Color indicates the disease column.

■ ≥90% ■ 80–89% ■ <80%

We must add 3 people with HIV, 3 people with HCV and 1 person with HBV, all of whom are back on treatment.

To be continued...



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Project Expansion

10 new participating cities and new organizations and hospital facilities involved

Special activities: es. "Nave della Salute": from Ancona to Salonicco, New testing contexts: C.A.R.A. Bari and Crotone

SerD Engagement

Awaiting contacts from SerD referents for potential collaborations in the cities involved in the project

Scientific Output and Training

Abstract submitted to ICAR 2026, accepted as Oral Communication

Paper in indexed journal by end of 2026

Fierida 2026 Workshop in Termoli: collaboration with CPIA of Bergamo and Province

Institutional Endorsement

Scientific Societies: AISF, EpaC, FederSerD, ICAR, SIMIT



Conclusions



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Proximity screening is crucial to uncover undiagnosed cases the healthcare system misses, enabling early diagnosis and continuity of care



Personalized support breaks down cultural, economic and social barriers to healthcare access



The alliance between local healthcare facilities and third-sector organizations is key — combining rapid patient management with deep community expertise



Strong local networks are essential to understand community dynamics and reach target populations in the right settings



These public health efforts deserve greater institutional and policy-level support and recognition

Thank you!



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TAKE HOME MESSAGE

Proximity, personalization and networking: the formula for discovering the underground and guaranteeing the right to care for all, leaving no one behind.