



Social and behavioural science, marginalized groups, community aspects and community surveys

P 173 HIV RAPID TESTING OUTSIDE HEALTHCARE FACILITIES: DIAGNOSTIC AND EDUCATIONAL TOOL

P. Meli¹, M. Messina², P. Pesenti Bolognini³, M. Arlati⁴, M. Gotti⁵, R. Carissoli⁴, F. Maggiolo⁶

¹Caritas Bergamasca & Comunità Emmaus, ²Consiglio di Rappresentanza dei Sindaci & Assessorato alle Politiche Sociali del Comune di Bergamo, ³Croce Rossa Italiana - Comitato di Bergamo OdV, ⁴ARCIGAY & Cives ARCIGAY Bergamo, ⁵Associazione La Melarancia, ⁶ASST Papa Giovanni XXIII, Bergamo

Background: Treatment as prevention (TasP) is a cornerstone in the attempt to reduce the HIV epidemic. To be effective this measure should be expanded at the maximum, that is include and retain most PLWHIV in the cascade of care and treat them effectively. Current experiences in Italy indicate that a weak knot of the care cascade is still the proportion of PLWHIV that ignore to be infected.

Methods: A year ago, our township joined the Fast Track City Initiative (FTCI). One of the goal of our project was to expand the accessibility of HIV test outside the healthcare structures. While waiting for the independent city Check Point (recently opened) a place for test, audit, counseling and self-help for PLWHIV and their relatives, we concentrated on spot events where HIV tests were performed in an anonymously and without any copay. In all cases, a rapid blood test combining both antibodies and antigens for a more sensitive diagnosis was used. Events were both directed toward the general population of our area or specifically designed for target populations. All persons that decided to perform a test were asked for a written informed consent and were invited to complete a 13 item standard questionnaire previously agreed among all partners in the FTCI that was used to drive the counseling.

Results: At January 2020, according to our calculation the estimated number of PLWHIV was 3314 of whom 207 (6.5%) unaware of their infection. Although the yearly rate of new infections lowered in the last years (figure), the epidemic relevance of these 6.5% of PLWHIV should not be underestimated. In the last year, we performed 700 HIV test in 28 different spot events. Four of these were directed toward the general population, while 22 were specifically oriented to well defined targets such as University students, young people frequenting social centers, young people at recreational facilities, gay men frequenting saunas or cruising venues, intravenous drug users at their gathering points. Overall 70% of test were performed on men. Fifty percent of subjects defined themselves as straight, 40 % as gay or lesbian and 10% as bi-sexual. Interesting, for most of people performing the test the reason to perform it was curiosity (33.8%), followed by the need to perform secure sex (15%) (figure), while a perceived risk was a reason far less reported (only 6.7%). This seems quite in contrast with the described sexual behaviors, if we consider that 17% of tested people reported to have had, in the past year more than 10 different sexual partner either males or females (figure). The rate of positive tests was 0.28%.

Conclusions: These preliminary data, based exclusively on spot events, indicate that curiosity is the strongest driver for people to be tested. Differently the perceived risk for HIV infection seems rather low. The test, performed under these circumstances acquires therefore a strong connotation as vehicle of information and appears as a possible educational tool.

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