

ORAL COMMUNICATION

HIV epidemiology and testing promotion

OC 3 HIV testing in Italian community and outreach sites: COBATEST network, 2020-2023

Authors

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ABSTRACT

Background: Testing as many people as possible is one of the pillars for achieving the 95-95-95 UNAIDS target, as undiagnosed people living with HIV contribute to spreading the infection. Since vulnerable groups have difficulties in approaching healthcare facilities, Community-Based Voluntary Counseling and Testing (CBVCT) services represent a fundamental alternative. Standardized data collection can inform interventions and outreach projects.

Methods: In this retrospective study, two specific aspects of Italian CBVCT services that are members of the COBATEST network were analyzed: 1. characteristics of clients referring to different CBVCT centers; 2. number of clients needed to observe 1 reactive test. The COBATEST network links organizations across Europe and Central Asia that offer community-based voluntary counselling and STI/HIV testing services, and promotes testing, early diagnosis and linkage to care in at-risk populations. COBATEST offers a common instrument to gather information on clients and offers a comprehensive database from which data for this study were extracted.

Results: For the first aspect (clients' characteristics), 2023 data were analyzed and marked differences were found (figure 1). As an example, MSM counted for 62% of clients referring to the Milano Checkpoint, but were only 18% of those tested at Bergamo and Ancona Checkpoints, that are part of two Fast-Track cities. Bergamo was also the setting with the highest proportion of female clients, while tests performed by LILA Milano included the highest proportion of migrants as compared to the lowest, observed at Arcigay Palermo (figure 1). For the second aspect (# of clients needed to observe a reactive test), a comparison between 2020 and 2023 data was made. Overall, this risk indicator significantly raised from 189 in 2020 to 617 in 2023. Similarly, considering clients over the age of 25, the respective numbers increased from 168 to 405. The differences in the two years were consistent across the different clients' characteristics (figure 2), but older clients showed a higher risk (lower number needed) irrespective of the grouping variable.

Conclusions: Our results indicate the heterogeneity of clients according to the type of organizations running CBVCT services. This may be viewed as an enrichment of the national testing offer other than healthcare facilities. The fact that the number of patients needed to observe 1 reactive test was higher in 2023 than in 2020 may depend on several aspects. More testing opportunities may be a possible

explanation as people with a lower risk profile could have accessed HIV tests. It could also represent a positive progress, reflecting greater attention to own sexual health. A second, more optimistic explanation, would indicate that overall prevalence of undiagnosed infections is reducing little by little, paving the path towards the 95-95-95 UNAIDS goal.

Figure 1: HIV tests performed by Italian CBVCTs: COBATEST network in 2023

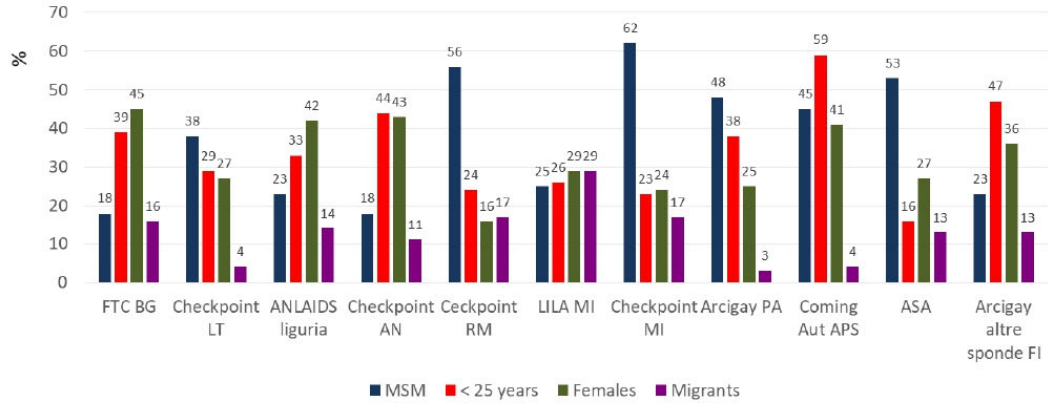


Figure 2: tests for HIV performed in 2020 and in 2023 from the different organizations which joined the COBATEST network. The number needed to observe e reactive test is reported for the overall population, for different subgroups and for people of older age.

