

#### RESEARCH and CARE: FROM BENCH, TO BEDSIDE, TO COMMUNITY

Presidenza del Congresso: A. Cingolani, A. Di Biagio, M. Farinella, G. C. Marchetti







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

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### Disclosure

Dr. Paolo Meli

Cooperativa Don Giuseppe Monticelli has received funds in support of projects (#cHIVuoleconoscere-Test&Go and Bergamo leaves no-one behind) from Gilead Sciences in 2023.

Bergamo fast-track City has received funds in support of the project FriendlyTest from Gilead Sciences, ViiV Healthcare in 2023.



## 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 to standard health care system.

Standardized data collection can inform interventions and outreach projects.

In Italy, in recent years, two movements have emerged:

- a growing number of organizations have joined the Cobatest network,
- a growing number of cities have joined the global FTCI network.

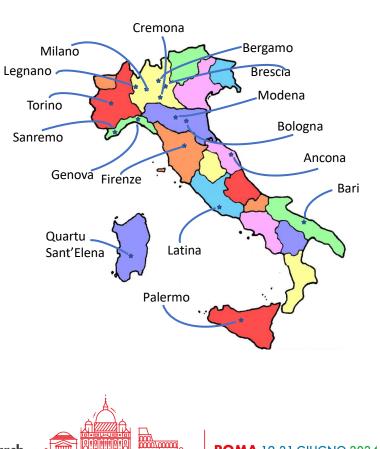
To a large extent, the two movements overlap.



#### Italian Fast-track Cities vs Organizations participating in cobatest

situation as of January 1, 2024: 16 FTC vs 24 Cobatest

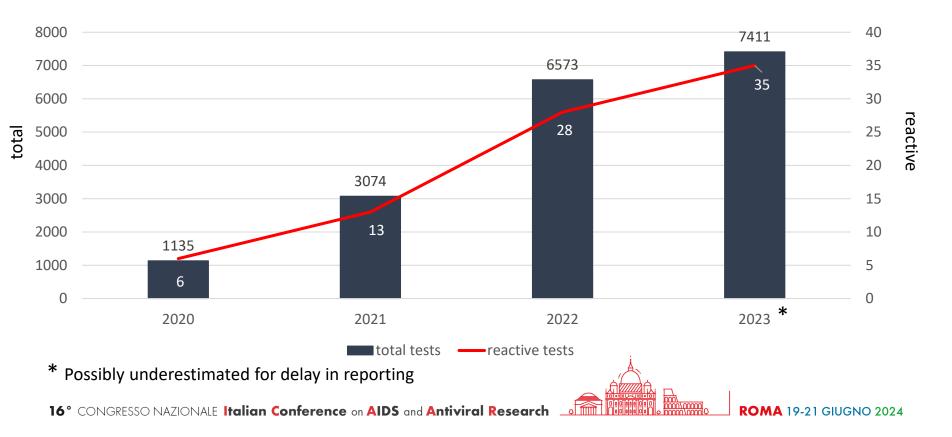
N.	Italian City adered at Cobatest Network	N. Associations adered at Cobatest Network	Italian Fast Track Cities
1	Ancona	1	x
2	Arezzo	1	
3	Bergamo	1	х
4	Caserta	1	
5	Catania	1	
6	Ferrara	1	
7	Firenze	1	x
8	Latina	1	x
9	Genova	1	х
10	Milano	3	х
11	Modena	1	х
12	Napoli	3	
13	Padova	1	
14	Palermo	1	x
15	Pavia	1	
16	Roma	1	
17	Salerno	1	
18	Siena	1	
19	Torino	1	х
20	Trieste	1	
TOT.	20	24	9



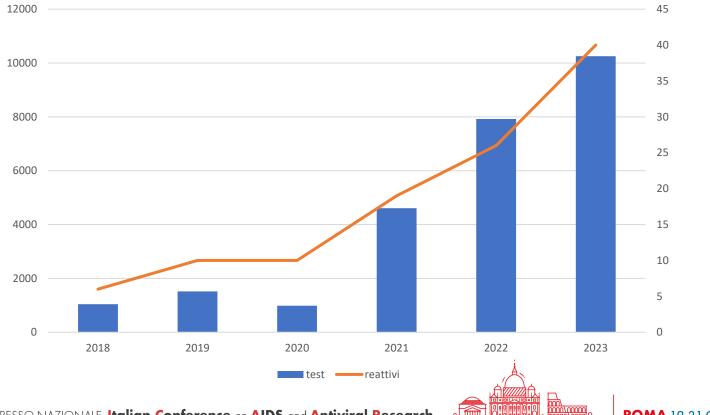
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## Increasing number of HIV tests performed at Italian CBVCT centers adhering to cobatest network

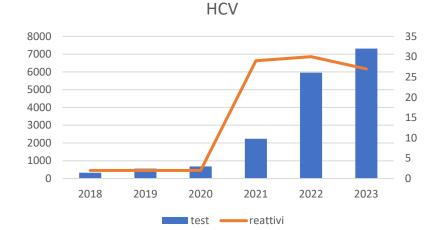


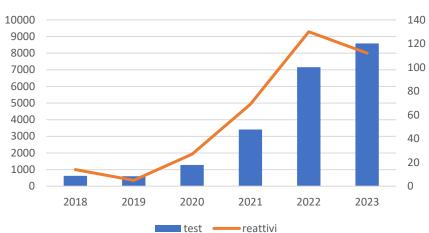
## Increasing number of HIV tests performed at Italian centers adhering to FTCI



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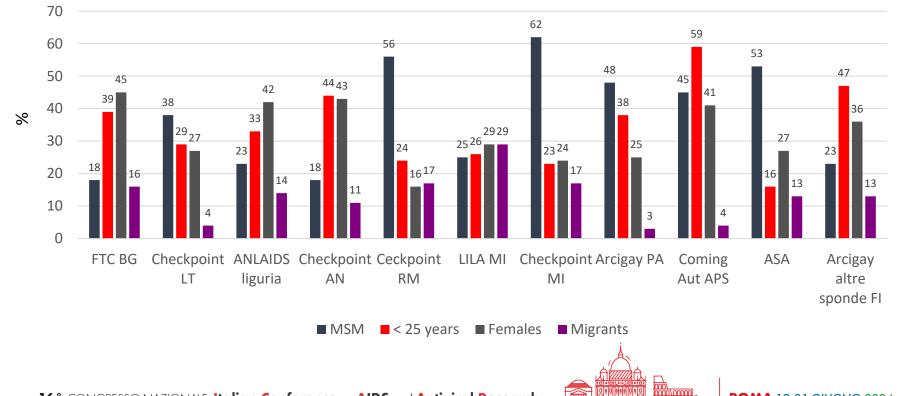
In this retrospective study, two specific aspects of Italian CBVCT services that are members of the COBATEST network were analyzed:

1. characteristics of clients referring to different CBVCT centers in 2023;

2. number of clients needed to observe 1 reactive test, comparing the 2020 data with that of 2023.



## Proportion of clients screened in the CBVCT centers with more than 100 tests for HIV in 2023



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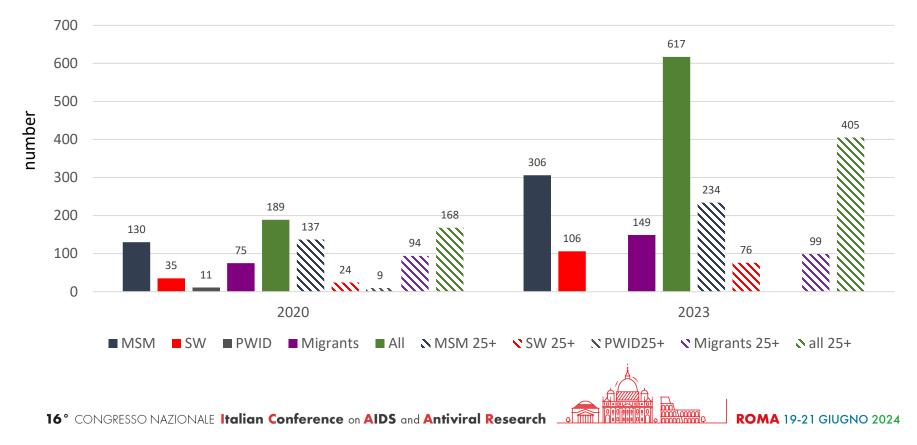
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## **Results 1**

- For the first aspect (clients' characteristics), 2023 data were analyzed and marked differences were found.
- 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.



# People needed to be screened to find a reactive test (total and older clients)





- For the second aspect (number 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.

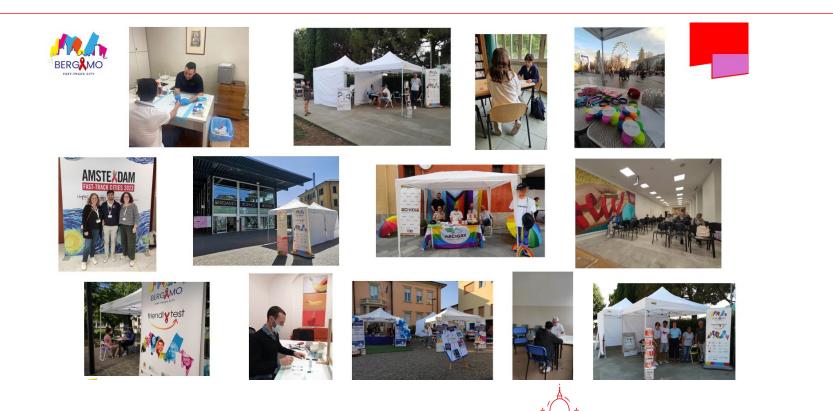


## Conclusions

- 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.
- In any case, the action of third sector organizations, volunteers and activists is producing significant results which deserve greater institutional support.



## **THANKS!**



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