

How relevant is working with key populations?

Davide Meli¹, Ilaria Mercurio¹, Paolo Meli¹, Franco Maggiolo², Caterina Pellegris³, Fabio Defendi⁴, Elisabetta Risi⁵, Marco Del Vecchio⁶

1 Coop. Don Giuseppe Monticelli, 2 Bergamo Fast-Track City, 3 Associazione Comunità Emmaus, 4 Patronato S. Vincenzo, 5 La Melarancia ODV, 6 Cooperativa Bessimo

Introduction/Summary

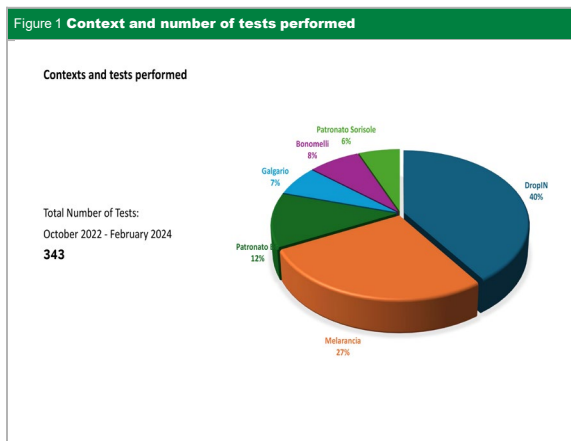
- On March 2019 Bergamo joined the global network of Fast-track Cities, a checkpoint was opened on June 2020. This offers HIV, HCV and syphilis screening.
- The network involves 6 public institutions and 13 NGOs.
- On June 2022 the project Bergamo Leaves No One Behind (BGLNOB) started with the purpose to screen people who live in vulnerable situations. The aim was also to offer support to PWH in linkage to care or in retention in care. Fragile populations is more often in trouble in entering to hospital facilities or to paying attention to STI prevention.
- BGLNOB was funded by Gilead in the “Zeroing In: Ending the HIV Epidemic” program

Methods

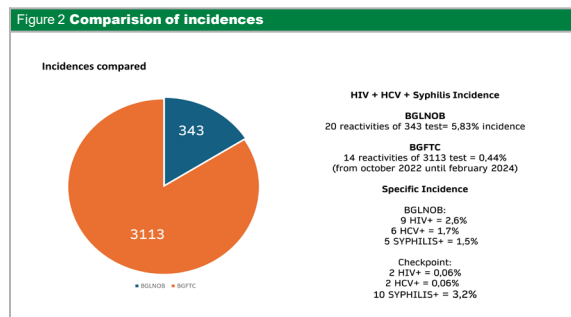
- Testing was done from October 2022 to February 2024.
- Data are collected through COBATEST network. COBATEST links organizations across Europe and Central Asia that offer CBVCT services for HIV and STIs, and promotes testing, early diagnosis and linkage to care in at-risk populations. COBATEST offers a common instrument to gather information on clients
- Informations that are collected: personal data, previous test, previous infections, possible risk incurred
- Tests are offered in six NGOs’s work places that deal with marginalized people
- Particular attention was paid to migrant populations for whom a flyer and videos were also created and translated into 22 different languages.

Results

- From October 2022 to October 2023, BGLNOB tested 343 people.
- Reactive tests were:
 - 9 for HIV (2,6%) with 7 PWHIV linked to care;
 - 6 for HCV (1,7 %), 5 linked to care;
 - 5 for syphilis (1,5%), all linked to care.
- Equally important are the persons already diagnosed but lost to follow-up that asked for help for a new engagement, to collect therapy, or interact with health facilities.
- In total, 48 people were supported in the linkage or retention in care:
 - 26 became autonomous,
 - 11 are actively helped,
 - 11 were lost to follow-u



In the same period 3113 tests were made at the checkpoint: 2 were positive for HIV (0,06%), 2 for HCV (0,06%), 10 for syphilis (0,32%) [TABLE 2].

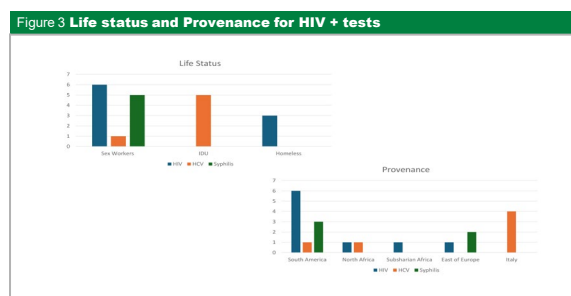


Results of 2

Specific Key Populations

Regarding people who had a new HIV diagnosis (11):

- 6 declared to be SW (5 out of 6 are transgender women, migrated from South America);
- 5 reactivity were found in people migrated from Africa (4) and from East Europe (1) [TABLE 3].



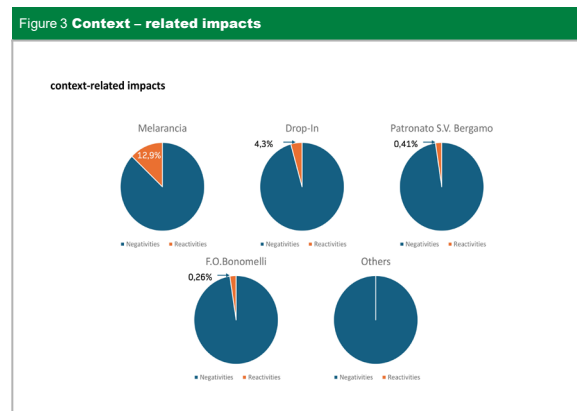
Where reactivities were found

A relevant aspect is the prevalence of reactive tests and the place where they were performed.

- HIV test, 6 were performed in apartments or on the streets with “Melarancia”, an NGO that take care of SWs, 2 were administered at the local Drop-In and 1 was performed in the ambulatory of “Patronato San Vincenzo”, that deals with refugees and migrants.

- HCV: 4 reactive tests were from Drop-In, 1 from “Fondazione Bonomelli” a shelter where homeless may spend the night and 1 from “Melarancia”;
- Syphilis: all 5 reactive tests were found with “Melarancia”.

Prevalence of positive tests performed at the Drop-In and from “Melarancia” is noteworthy. For the former, on 139 tests the positive ones are 6 (4,3%, mainly for HCV), for the latter, on 93 test there were 12 reactive ones (12,9% incidence).



Conclusion

- The incidence of positive tests in the BGLNOB population is high and would be significant in a cost-effectiveness analysis.
- This project has increased the ability to find positive tests in these specific key populations and to support their linkage and retention in care.
- A relevant are migrants, especially those who live in marginal situations.
- Another population at high risk are sex workers and this population is at higher risk of infection or abandonment of therapy
- The results collected demonstrate that the risk is much greater in these populations and that those who are most exposed to the risk of infection are especially SW and refugees without a residence permit.
- There were many difficulties in quickly receiving treatments, visits for foreign people without health insurance (despite having free and guaranteed access to treatment). These problems were often solved only thanks to the mediation of a social worker.
- For these reasons, it would be important to invest in specific projects to reach this key population. The social and health significance of these actions should be recognized by political decision-makers and should be adequately supported economically.