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Bringing screening closer to those most at risk: hepatitis and HIV testing through the "Test in the City" project

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OBJECTIVES

- **Setting**: 14 Italian cities, most in the Italian Fast-Track Cities network
- **Target populations**: people at increased risk of viral hepatitis and HIV, including migrants, people who use drugs and people aged over 55
- **Screening**: HBV, HCV and HIV (antibody tests for HIV and HCV, HBsAg for HBV)
- **Period**: January–December 2025, funded by Gilead Sciences, with third-sector organizations, healthcare providers and public institutions

Aim:

- assess effectiveness and transferability of a multicenter, community-based model
- reach people with limited access to healthcare, identify undiagnosed infections, facilitate referral and linkage to care
- investigate demographic and social factors associated with test reactivity to inform targeted interventions

METHODS

- **Coordinated multicentre model** implemented across the participating cities
- **Monthly meetings** to share strategies and best practices
- **Outreach** supported by a dedicated website and multilingual communication materials
- **Data collection** via a standardised tool based on a shortened version of the COBATEST questionnaire
- **Referral pathways** established by each city for individuals with reactive test results
- **Screening settings** selected locally: Italian language courses (CPIA), temporary reception centres (CAS), low-threshold and outreach services, embassies, addiction services and community settings

RESULTS

- **Participants**: 5,572 screened in 2025, 5,020 from target populations in 14 cities (Table 1)
- **Target populations**:
  - Migrants
  - People aged over 55
  - People who use psychoactive substances
- **Profile**: 84.34% foreign-born (127 countries of origin), 63% men, 14% aged over 55; age distribution broadly even across groups
- **Social conditions**: 16.4% homeless in the previous year, 12.71% psychoactive substance use, 11.67% no access to the National Health Service
- **Reactivity**: found for all infections, with many new HBV diagnoses (Table 2)
- **Sex**: male sex associated with reactivity, especially HBV and HCV
- **Age**: HBV highest at 25–44, HCV at 45–54, HIV at 35–54
- **Social determinants and origin**: no healthcare access and homelessness linked to HBV, HCV, HIV; substance use to HIV and HCV; significant associations with geographical origin (Table 3)
- **Overall**: age, origin and social determinants are key correlates supporting the project hypotheses

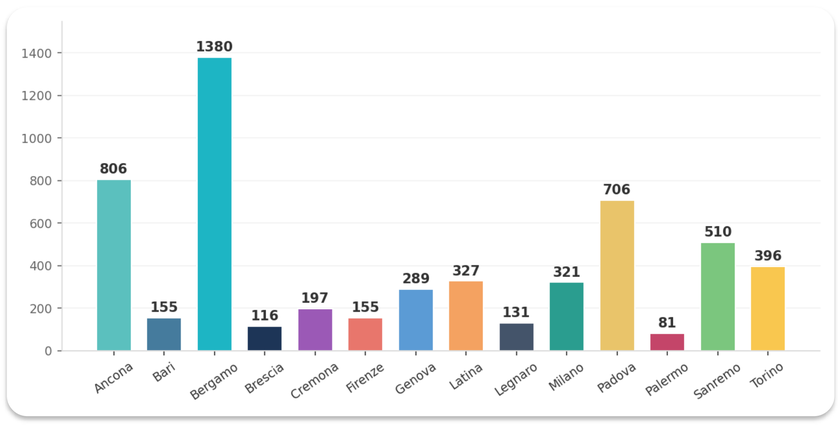

Table 1. *People screened in each participating city, 2025*

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%

Table 2. *Prevalence of HIV, HCV and HBV by target population: migrants, people who use drugs (DU) and people over 55*

	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%

Table 3. *Characteristics of people with infection (both new and already known)*

CONCLUSIONS

- **Access**: a multicentre, community-based model may contribute to the WHO 2030 elimination targets by reaching at-risk populations not served by conventional pathways
- **Implementation**: structured collaboration among healthcare services, public institutions and third-sector organisations, tailored to local contexts and needs
- **Sustainability**: requires organisational and financial support from the Italian National Health Service and formal recognition of voluntary organisations as complementary partners
- **Targeting**: the characteristics associated with test reactivity may inform the selection of appropriate settings and outreach strategies for identifying undiagnosed infections and facilitating linkage to care while minimizing the risk of discrimination and stigma.

REFERENCES

*The complete working group includes representatives from all 14 cities participating in the project: *Ancona, Bari, Bergamo, Cremona, Brescia, Firenze, Genova, Milano, Latina, Legnano, Padova, Palermo, Sanremo, Torino*