High burden of blood-borne and sexually transmitted infections among people experiencing homelessness –
First results from a pilot study in Berlin, Germany

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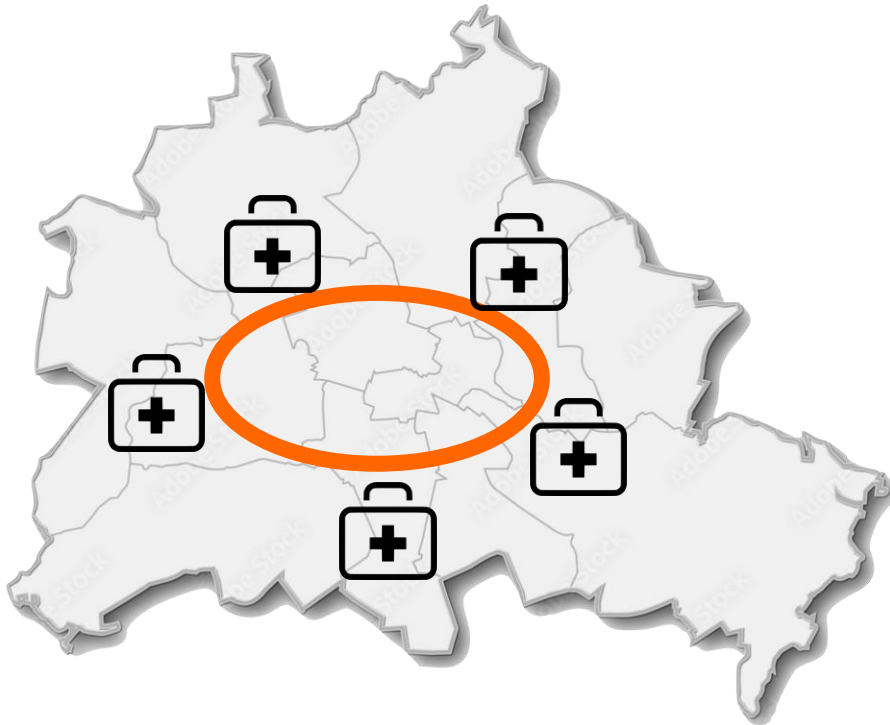INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

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Background I

⦿ More than 400,000 people in Germany are affected by homelessness in 2018, and the trend is rising

⦿ People experiencing homelessness

- Are affected by poverty and social exclusion

- Lacking of basic needs such as secure housing, food, clothing and hygiene

- Are living in the precarious living conditions with associated risk factors (e.g. drug/alcohol use, sexual risk behaviour, imprisonment)

- Lacking of health insurance coverage and other reasons such as stigmatisation or language barriers leads to inappropriate medical care

→**leading to high vulnerability to HCV, HBV, HIV, Syphilis and other STIs**

Background II

➢ Testing and prevention services for HIV, HBV, HCV, Syphilis/STI are available in the field of addiction service or MSM test projects

➢ No testing and prevention service addresses the needs of PEH

➢ No data on infectious diseases among homeless people in Germany

Study setting

5 centers for PEH with basic medical care in Berlin

Data collection: May - June 2021

Inclusion criteria: >18 Jahre

Study objective: Prevalence study on sexually or blood-borne infections among homeless people in Germany

Funding: Berlin State Office for Health (LaGeSo), Paritätischer Wohlfahrtsverband Berlin, Robert Koch Institute Berlin

Study design

Oureach and enrolling

Questionaire -based interviews

Venous blood sample

Urin sample

Physical examination

86 questions:
- Demographics
- Behavior
- Health Issues

Serologie:
Syphilis
HIV: HIV-Ab

HCV: HCV-Ab
HBV: HBsAg, HBs-Ab,HBc-Ab

Tuberculosis: TB-IGRA
SARS-CoV2: Ab, IGRA

NAAT
Chlamydia trachomatis
Neisseria gonorrhea

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Results

N=213	State/region of Origin	n	%
	Germany	57	(26.8)
	Eastern Europe, EU	116	(54.5)
	Eastern Europe, non-EU	24	(11.3)
	Western Europe, EU	5	(2.3)
	Middle East/Africa	11	(5.2)

N=212	Duration of homelessn	n	%
	<1 year	63	(29,7)
	1-3 years	66	(31,1)
	4-5 yrs	25	(11.8)
	6-10 years	33	(15.6)
	> 10 years	25	(11.8)

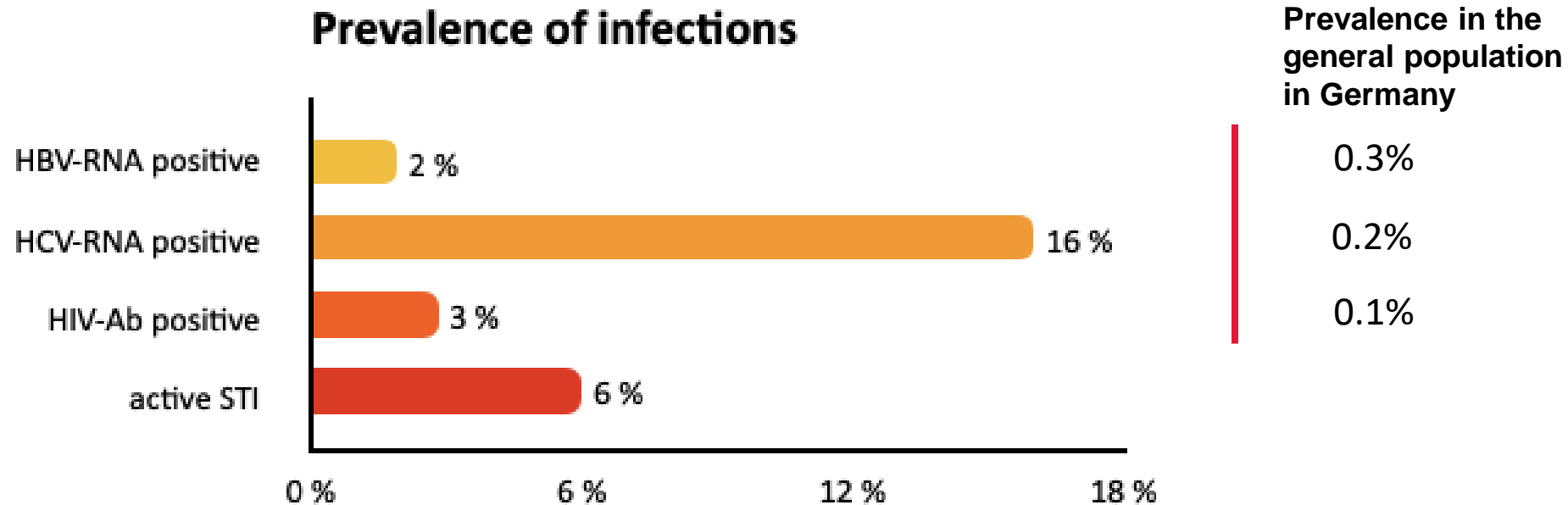| N=216	Type of homelessness	n	%
	roofless	109	(50.5)
	houseless	63	(29.2)
	insecure	18	(8.3)
	inadequate	21	(9.7)
	other	5	(2.3)

216 participants were included in the analysis.

► Mean age 41 (range: 19-68)

► **88,4%** (191/216) were male

► **54,5%** (116/213) origin from Eastern Europe (EU)

► **60,8%** (129/212) experience homelessness less than 3yrs

► **50,5%** (109/216) were rough sleeper.

► **56.9%** (123/216) had no health insurance.

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Consumption, imprisonment and sexual behaviour

drug use ever in live	**72%**	154/215
IV drug use past 30 days	**47%**	102/216
imprisonment at least once	**71%**	153/214
tattoos made in non-professional settings	**48%**	101/210
sexually active past 12 month	**58%**	122/210

Bloodborne and sexually transmitted Infections

Prevalence of infections

HBV-RNA positive — 2 %

HCV-RNA positive — 16 %

HIV-Ab positive — 3 %

active STI — 6 %

0 % | 6 % | 12 % | 18 %

Prevalence of infections with hepatitis B (HBV, n = 212), hepatitis C (HCV, n = 213), human immunodeficiency viruses (HIV, n = 213) and bacterial sexually transmitted infections (STI, syphilis (n = 213), Chlamydia trachomatis (n = 198), Neisseria gonorrhoeae (n = 198)).

Prevalence in the general population in Germany

0.3%

0.2%

0.1%

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Conclusion

► High burden of blood borne and sexually transmitted infectious disease among PEH

► There is a need to improve awareness and access to treatment and care for this population group

► Networking between addiction, homelessness and infectious diseases services need to be strengthened.

► HCV prevention and elimination efforts must be supported and strengthened for this population group

► Furthermore, we propose to extend the study to other cities in Germany to verify the results.

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