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Trends of testing for HIV and syphilis in CBVCT in 2019-2022: are there people more at risk?

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Disclosures

- Milano Check Point received grant and donation from:
 - Gilead
 - ViiV Healthcare
 - Janssen
 - Viatrix

Background

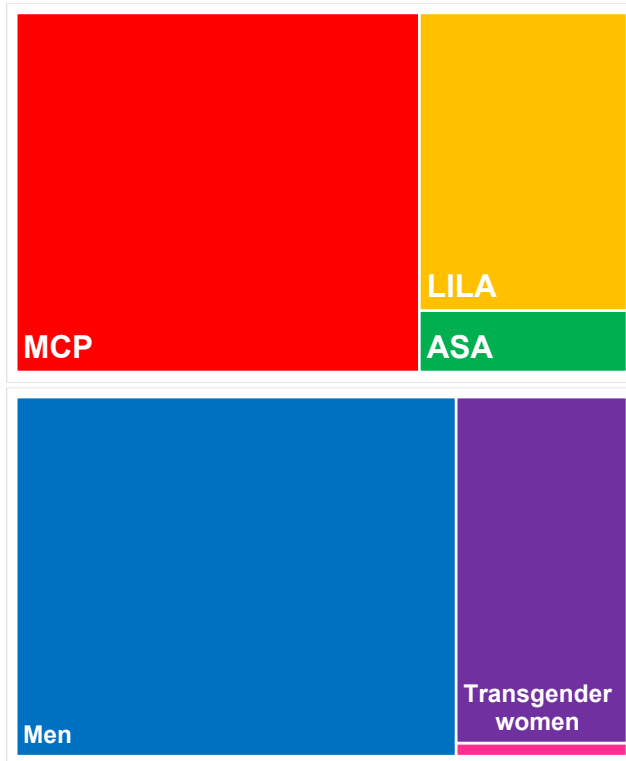
- Screening of HIV in informal contexts is a cornerstone of preventive strategies to reduce HIV transmission
- Community Based Voluntary Counselling and Testing (CBVCT) services play a key role as they can offer tests to «**hard-to-reach**» people who are «**at high-risk**»
- During COVID-19 pandemic, screening activities in official Sexually Transmitted Infections (STI) services have been reduced
- Here we present data on HIV and syphilis screening during the period 2019-2022, carried out in different informal settings

Methods

- Capillary point-of-care (POC) rapid HIV and syphilis tests
 - indoor screening sessions in the association site
 - outdoor offer during public events like Pride
 - amusement venues (cruising, sauna, disco, etc.)
- Anonymous questionnaire: attitudes and risks connected with sexual activity
- Data collected through a protected web platform: <http://cobatest.org> (Cobatest European CBVCT network)
- Statistical analysis: descriptive and multivariable logistic regression, to identify risk factors for having a positive HIV test result



Results

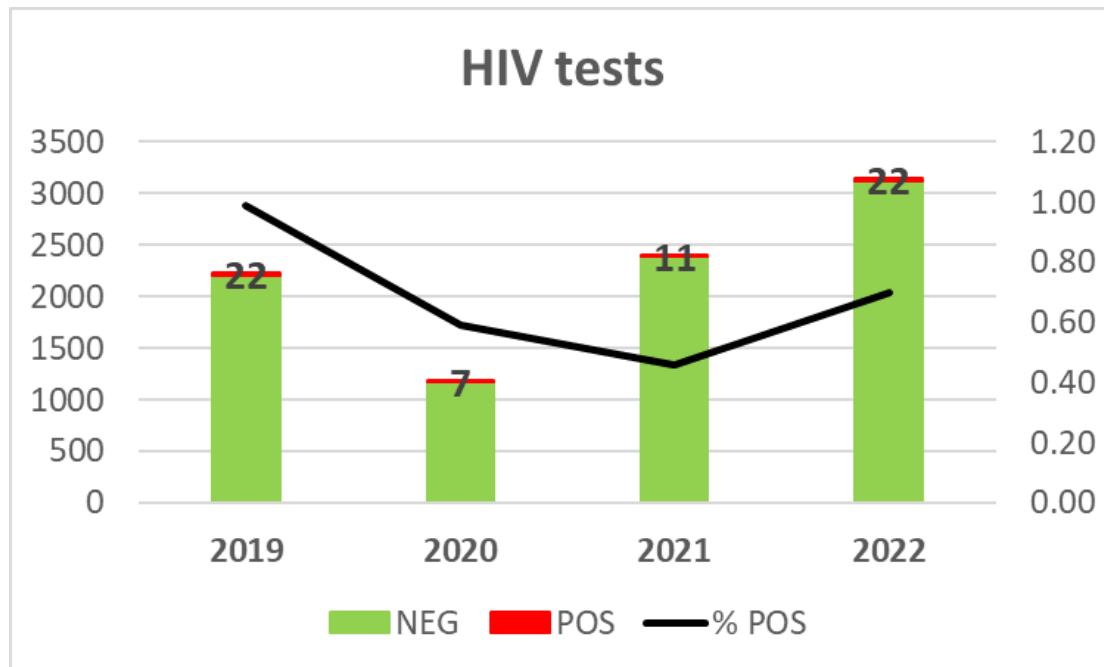


- In 4 years (2019-2022):
 - 9353 questionnaires
 - 8952 HIV tests
 - 6518 syphilis tests

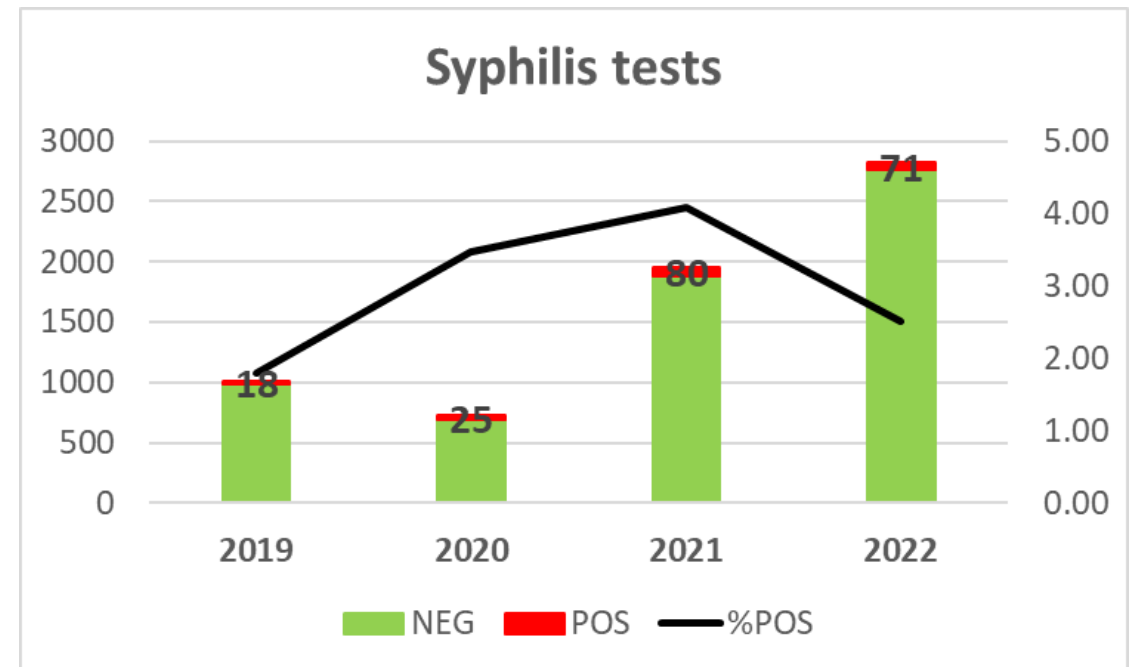
- Median (IQR) age:
 - men 32 (26-41) y.
 - women 27 (23-35) y.
 - transgender women 29 (24-37) y.

Trends of HIV & syphilis

HIV
62 / 8952 = 0.69%



Syphilis
194 / 6518 = 2.98%



Characteristics of subjects tested positive for HIV

Characteristics	HIV positive test N/total (%)	P
Gender		<0.0001
Men	51/6457 (0.79%)	
Women	8/2451 (0.33%)	
Transgender women	3/59 (5.08%)	
Unprotected anal sex		0.015
Yes	24/2271 (1.06%)	
No	38/6710 (0.57%)	
Concomitant syphilis		<0.0001
Yes	11/186 (5.91%)	
No	27/6241 (0.43%)	
Foreigners		<0.0001
Yes	23/1447 (1.59%)	
No	37/7346 (0.50%)	
Previous sexually transmitted infections		<0.0001
Yes	14/795 (1.76%)	
No	43/7945 (0.54%)	
Sex worker		<0.0001
Yes	9/289 (3.11%)	
No	52/8569 (0.61%)	
Prison		0.036
Yes	6/396 (1.51%)	
No	53/8363 (0.63%)	
Intravenous drug use		<0.0001
Yes	4/63 (6.34%)	
No	57/8858 (0.64%)	
Men having sex with men		0.001
Yes	44/4522 (0.97%)	
No	18/4459 (0.40%)	
Testing site		0.009
Needle exchange service or amusement venues	15/1176 (1.27%)	
CBCVT office or public outdoor campaign	46/7694 (0.60%)	

 TG
 BACK
 GRAI
 LOE
 PEA
 STI
 SW
 JAIL
 BWB & MSM

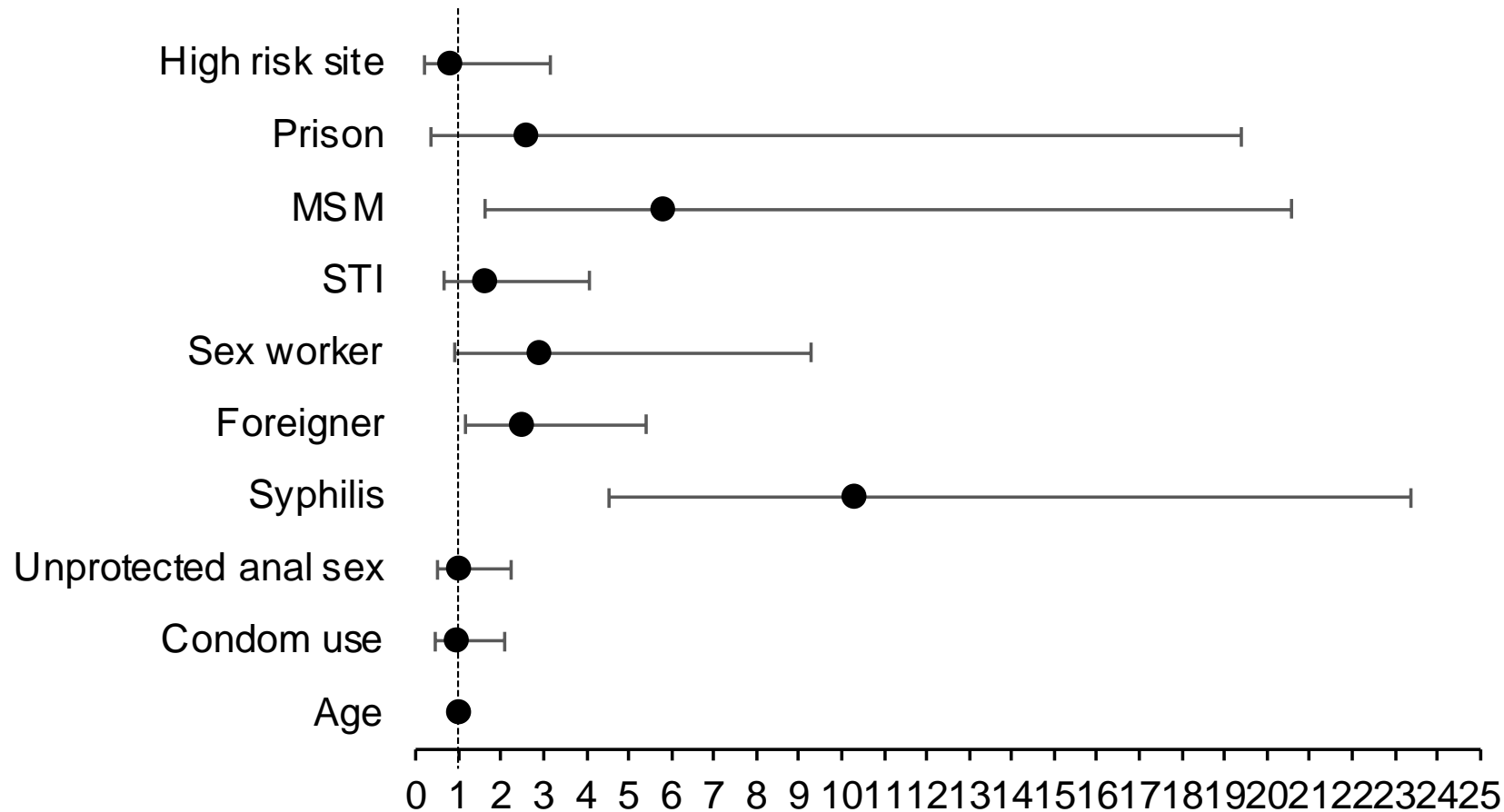
No correlations with

- age
- self-perceiving at-risk
- reported condom use

Univariate and multivariate analysis

	Univariate			Multivariate		
	Odds Ratio	95% Confidence Interval	p	Odds Ratio	95% Confidence Interval	p
Age	1.00	1.00-1.00	0.671	0.99	0.97-1.01	0.373
Condom use	1.06	0.64-1.76	0.804	0.98	0.46-2.08	0.964
Transgender women	8.05	2.45-26.44	0.001	10.88	1.07-110.84	0.044
Unprotected anal sex	1.87	1.12-3.13	0.016	1.03	0.48-2.21	0.943
Syphilis	14.47	7.06-29.63	<0.0001	10.32	4.55-23.38	<0.0001
Foreigner	3.19	1.89-5.38	<0.0001	2.49	1.15-5.39	0.021
Sex worker	5.26	2.57-10.79	<0.0001	2.90	0.91-9.26	0.073
STI	3.29	1.79-6.05	<0.0001	1.64	0.66-4.06	0.283
MSM	2.42	1.40-4.20	0.002	5.81	1.64-20.58	0.006
Prison	2.41	1.03-5.64	0.042	2.57	0.34-19.41	0.361
High risk site	2.15	1.19-3.86	0.011	0.82	0.21-3.18	0.772

Multivariate analysis: OR (95%CI) for positive HIV test



Conclusions

- CBVCT confirms a constant role in unveiling new HIV infections in people at risk, despite the decline in COVID years (2020-2021)
- Factors independently associated with a positive HIV test result were:
 - foreigner
 - MSM
 - transgender woman
 - a history of syphilis
- It is possible that the context of informal testing and outreach activities could intercept even «the hardest to reach», thus favouring linkage to care of submerged populations

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