

Proactive testing for sexually transmitted and endemic diseases at an open access clinic for migrants

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Background

- Migrants are susceptible to Infectious Diseases (ID) and have worse health outcomes than the host population.
- According to the ECDC, screening for active and latent tuberculosis (Tb), HIV, HBV, HCV, schistosomiasis and strongyloidiasis should be offered to people coming from countries with high ID prevalence.

Study Design

- The study was conducted between September 2023 and March 2024.
- Adult migrants seeking medical attention for any reason at a weekly free access outpatient setting were screened for HIV (HIV Ab), HBV (HBsAg, HBcAb, HBsAb), HCV (HCV Ab), T. pallidum (TPHA, VDRL) and latent Tb (IGRA).
- Testing for N. gonorrhoeae, C. trachomatis (NAT) and S. haematobium (serology and urine cytology) was also offered to symptomatic patients.
- Screening was accompanied by medical counselling.

Cohort

- We enrolled 77 migrants, comprising of 53 (69%) males and 24 (31%) females. Median age was 38 (IQR 18-62). 37 (48%) originated from Africa, 26 (33.7%) from South America, 7 (9%) from Eastern Europe and 7 (9%) from Asia. The average time from arrival in Italy was 56 months.
- A total of 66 people (85.7%) followed through, while 11 didn't show up for testing.

Table 1: Demographic and epidemiological characteristics (N=77)

Sex	
M	53 (69%)
F	24 (31%)
Continent of origin	
Africa	37 (48%)
South America	26 (34%)
Eastern Europe	7 (9%)
Asia	7 (9%)
Age (years), median	38 (IQR 18-62)
Duration of stay in Italy (months), median	56 (IQR 3-384)

Results

2 people tested positive for HIV (3%), 2 for syphilis (3%) and 7 for LTBI (10.6%). One patient with urinary symptoms resulted positive for S. haematobium Ab. 11 patients (16.6%) had a previous HBV infection (HBcAb+ and HBsAb+), 13 (19.7%) were vaccinated (HBsAb+ and HBcAb-) and 42 (63.6%) had negative HBV serology.

Table 2: Results of screening (N=66)

HIV Ab positivity	2 (3%)
Syphilis positivity	2 (3%)
Latent Tb Infection	7 (11%)
HBV	
• HBsAb - / HBcAb -	42 (64%)
• HBsAb - / HBcAb +	11 (17%)
• HBsAb + / HBcAb -	13 (20%)

Retention in care

All patients with positive tests were treated accordingly. In particular, newly diagnosed HIV individuals had CD4+ T cells 410/uL (20%) and 81/uL (4%), with HIV RNA 4110/uL and 306.000/uL. Both were treated with bictegavir/emtricitabine/tenofovir alafenamide fumarate and are currently retained in care.

Conclusions

- Screening for sexually transmitted diseases and latent Tb in migrants referred to our clinic from a weekly access outpatient setting was feasible and effective.
- The average time for the population analyzed before getting tested since entering the country was over four years
- Over half of the population analyzed was not vaccinated for HBV, but given the current legislation couldn't undergo vaccination.
- These elements highlight the necessity of increasing accessibility to the Healthcare system in order to close the gap between arrival and medical care.

Possible future developments

- Migration route tracing.
- Implementation of screening tests for *Strongyloides stercoralis*, schistosomiasis and *Trypanosoma cruzi* in asymptomatic patients coming from endemic areas.
- Building a direct line for vaccination access.
- Contact tracing after diagnosis

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