

ORAL COMMUNICATION

HIV epidemiology and testing promotion

OC 1 Measuring HIV knowledge and attitudes in the healthcare setting: Italian results from an ECDC/EACS survey

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ABSTRACT

Background: ECDC and the EACS promoted an online survey (August-November 2023) translated in 38 languages for 58 countries to investigate knowledge in HIV prevention/control, behaviours, and discrimination towards people living with HIV (PLWH) among health-care providers in Europe and Central Asia. Herein, the data for Italy are presented.

Methods: Answers from the Italian respondents were anonymously collected and analysed for descriptive statistics and comparisons by healthcare-related characteristics.

Results: 438 people completed the survey (Table 1 for main features). Education in "Consenting, privacy, confidentiality" and "Infection control" was reported by 77.6% and 73.5% of respondents, while <50% received training on "Equity, diversity, inclusion" and "HIV stigma/discrimination". 17.4% of respondents disagree with "undetectable=untransmittable" (U=U) message. The 23.4% and the 39.8% of respondents were not aware of the possibility of preventing HIV acquisition through post-exposure and pre-exposure prophylaxis (PEP and PrEP), respectively. Awareness about these 3 pillars of HIV prevention was significantly lower among non-HIV care providers and in professionals employed from less than 5 years (p<0.001 for all, Fig.1A). The perceived risk of potentially acquiring HIV through touching patient's clothes, dressing wounds, collecting blood, and measuring temperature was significantly more common among specialties other than infectious diseases, in respondents working in institutions not providing HIV care and in those working for less than 5 years (p<0.05 for all): e.g., 60.0% of doctors from other specialties vs 26.6% of HIV care providers (p<0.001) had from minimal to high concerns of acquiring HIV by drawing blood. Similarly, improper preventive measures (Fig.1B) were more common in physicians with other specialties than HIV/infectious diseases (p<0.001 for all), amongst physicians working in institutions not providing HIV care (p<0.001 for all), and among respondents with less than 5 years of

work (p<0.05 for all). More than 20% of respondents were not aware of the existence of standardized procedures/protocols aimed at reducing HIV acquisition and regulating PEP access at their workplace. The 21.9%, 27.9%, 17.6%, and 12.5% of respondents reported at least one episode of unwillingness to care for PWH, discriminatory remarks about PLWH, poorer quality of care provided to PWH compared to persons without HIV, and of disclosure of a person's HIV status without their consent at their workplace. **Conclusions:** The survey suggests that in Italy mainstream concepts of HIV prevention (PrEP, PEP, U=U) are still limited in the setting of HIV/infectious disease care. Training on HIV control measures and education on HIV stigma/discrimination is still poor, leading to improper practices, misconduct, and discrimination towards PWH. Therefore, persistent information and cultural promotion initiatives must be implemented. Broader non-specialized education for healthcare providers and at earlier career stages in each professional path must be implemented.

