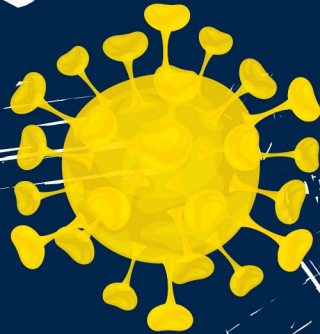


# CROI ICAR

CROI Affiliated Event for  
Italian Young Investigators

# AWARDS 2024



CHAIRS:

**F. Kirchhoff**

(Ulm, Germany, EU)

**D. Margolis**

(Chapel Hill, North Carolina, USA)



**Denver, Colorado**

**March 4<sup>th</sup>, 2024**

**h 06.00 - 07.30 pm**

**CROI** 31<sup>st</sup> CONFERENCE ON  
**Retroviruses and Opportunistic Infections**  
MARCH 3-6 2024 DENVER, COLORADO

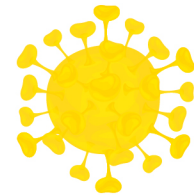
**ICAR** 16<sup>th</sup> NATIONAL CONGRESS  
**Italian Conference on AIDS and Antiviral Research**  
JUNE 19-21 ROME, ITALY



# CROIICAR AWARDS 2024

CROI Affiliated Event for  
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CHAIRS: **F. Kirchhoff** (Ulm, Germany, EU), **D. Margolis** (Chapel Hill, North Carolina, USA)



## A Model to Eliminate Viral Hepatitis Infection in Migrants: A Prospective Study in Southern Italy

Antonio Russo  
*MD, PhD student*

# Conflict of interest

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- This study was funded by Gilead

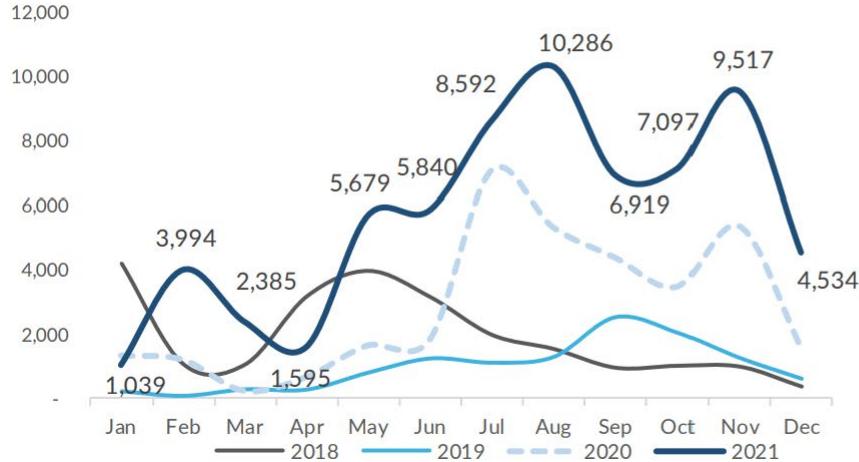


# Background



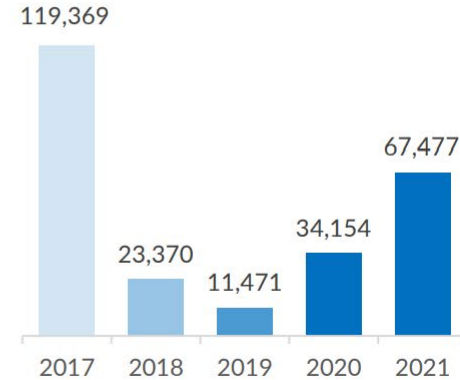
## Monthly sea arrivals

January 2018 to December 2021



## Yearly sea arrivals

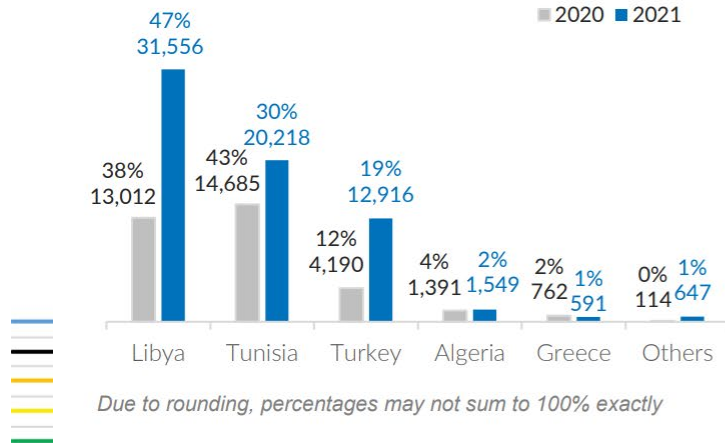
January to December, 2018-2021



# Background

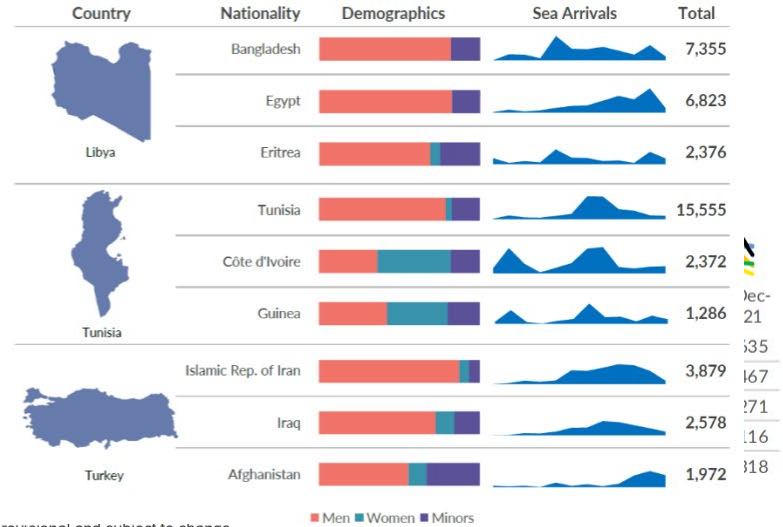


January to December 2020 - 2021



\* All data are based on official Ministry of Interior figures shared with UNHCR. All figures are provisional and subject to change.

Top 3 nationalities by country of embarkation, January to December 2021



# Background

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Migrants born in intermediate and high HBV and HCV-prevalence countries are likely to be at an increased risk for HBV and HCV infection. Data on HCV and HBV prevalence in migrants living in Italy are scanty and there are few screening and linkage-to-care programs for this target.

So our **AIM** was to create a screening and linkage to care program for HCV, HBV, HIV infection in migrants



# Materials and Methods

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A prospective, multicenter, based on the long-term active cooperation between two 3rd level units of Infectious Diseases and four 1st level clinical centers in southern Italy.

The study started in June 2018, was stopped in February 2020, and was resumed in February 2021 until November 2021 (due to COVID-19).

All migrants > 18 years old consecutively evaluated for clinical consultation at one of the first-level centers were enrolled.

An anonymous serological screening was offered to seek HIV, HBV and HCV.

The participants who were positive for a viral hepatitis infection and or for HIV were referred for linkage to cure at one of the tertiary units.



# Materials and Methods

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The four first level centers were made up of clinics located in aggregation centers for migrants where a doctor and a nurse provided healthcare assistance two times a week.

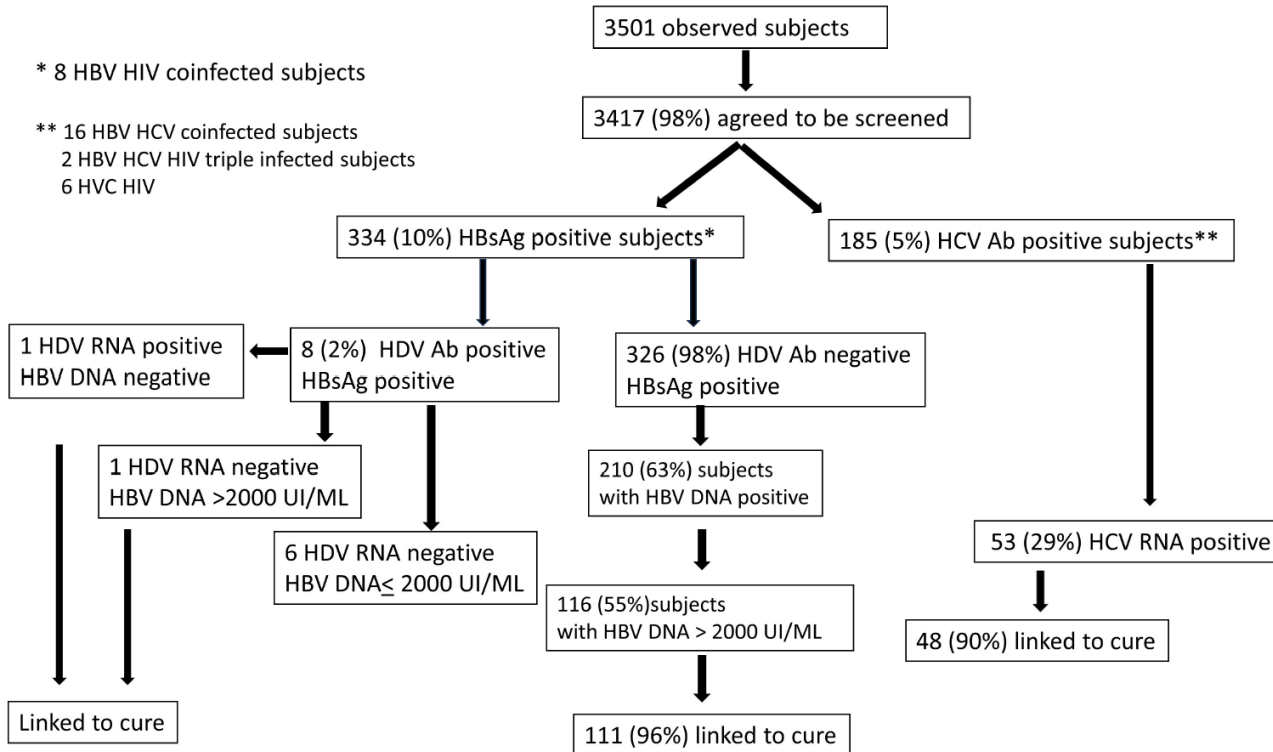
All patients who performed access were first treated for the pathology which they performed access. At the end of every visit the screening and linkage to care program were proposed.

if the patient, supported by a cultural mediator when requested, signed the consent, a questionnaire including demographic data and risk factor was carried out, then the sampling was collected in anonymous and then changes in behavior considered at risk for infection were recommended.





# Results: screening and linkage to care



# Results: HCV linked to cure

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Of these 48, 16 (33.3%) harboured HCV genotype 1b, 11 (22.9%) genotype 1a, 16 (33.3%) genotype 3, 3 (6.3%) genotype 4 and 2 (4.2%) genotype 2.

All the 48 HCV-RNA-positive patients started DAA-regimen with sofosbuvir/velpatasvir and completed the 12 weeks of treatment.

Of these 48 subjects, 47 (97.9%) showed a sustained virologic response (SVR) at 12 and at 24 weeks after treatment and one dropped-out in follow-up after finishing the DAA treatment.



# Results: risk factors for HCV infection

	HCV Ab negative (n° 2812)	HCV Ab positive (n° 100)	p- value
Age, years median (IQR)	27(22-34)	27(22-35)	0.713
Female, n° (%)	464(16.5)	13(13)	0.358
Months in Italy, median (IQR)	8(2-36)	6(2-33)	0.337
Years of study, median (IQR)	6(2-9)	6(4-10)	0.263
Number of roommates n°(%)	3(2-5)	4(2-7)	<b>0.026</b>
Occasional partner, n°(%)	1054(45.7)	36(48)	0.700
Use of condom, n°(%)	638(31.8)	26(35.1)	0.546
Drug addiction, n°(%)	59(2.7)	12(15)	<b>&lt;0.0001</b>
Previous surgery, n°(%)	464(18.6)	24(28.9)	<b>0.019</b>
Previous transfusions, n°(%)	22(0.9)	1(1.3)	0.758
Intramuscular injections, n°(%)	1845(75.3)	73(91.3)	<b>0.001</b>
Tattoo, n°(%)	361(15.8)	14(18.4)	0.534
Piercing, n°(%)	80(3.2)	7(8.4)	<b>0.010</b>
Tribal scars, n°(%)	304(26.8)	11(30.6)	0.613



# Conclusion

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After an educational phase on the route of transmission and treatment availability, nearly 98% of subjects agreed to be screened and evaluated for hepatitis virus infections, and the majority performed treatment. So, our model seems useful in the viral hepatitis screening, linkage-to-care and treatment in a difficult to manage population.

