

INNOVAZIONE E RICERCA
PER LA PRATICA CLINICA

XIII Workshop Nazionale

**TERAPIE INNOVATIVE
DELLE EPATITI
CRONICHE VIRALI
E DELLE
INFEZIONI VIRALI**

FIRENZE
10-11
GENNAIO
2022



Centro Congressi Hotel Londra

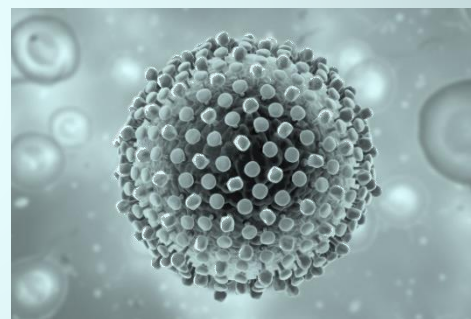
14.15-16.00

I SESSIONE

**HCV: L'EMERSIONE DEL SOMMERSO
AL TEMPO DEL COVID**

Moderatori: *A. Chirianni (Napoli), L. Guarneri (Enna)*

Lo screening nelle popolazioni speciali



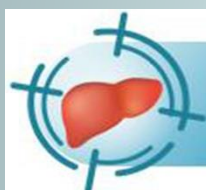
Elena Salomoni

SOC Malattie Infettive
Azienda USL Toscana Centro
Ospedale S.M. Annunziata

Micro-elimination – A path to global elimination of hepatitis C

Jeffrey V. Lazarus^{1,2,*}, Stefan Wiktor³, Massimo Colombo⁴, Mark Thursz⁵,
on behalf of the EASL International Liver Foundation

¹Barcelona Institute for Global Health (ISGlobal), Hospital Clínic, University of Barcelona, Barcelona, Spain; ²CHIP, Rigshospitalet, University of Copenhagen, Copenhagen, Denmark; ³Department of Global Health, University of Washington, USA; ⁴Clinical and Research Center Humanitas, Rozzano, Italy; ⁵Division of Digestive Diseases, St Mary's Hospital, Imperial College London, London, UK



Micro-elimination approaches break down **national elimination targets** into **smaller, more manageable goals** for individual population groups

Macro-elimination

Micro-elimination



treatment and prevention interventions can be delivered more quickly and efficiently using targeted methods.

Endemic areas
(Taoyuan, Chidong, Chikan)

Hemodialysis centers
(18 sites)

90.9% of HCV treatment rate
among HCV viremic patients

FAST TRACK ENDING THE AIDS EPIDEMIC BY 2030

Ending the AIDS epidemic—four words that hold such hope and promise. Thanks to global commitment and clear goals, spurred by community activism and scientific breakthroughs, the world has halted and reversed the track of the epidemic. So much so that today we can say these words with confidence—we will end the AIDS epidemic by 2030.

But there will be no ending the AIDS epidemic without putting people first. The AIDS response has to be fast-tracked in key locations and populations. People in need must have full access to life-saving HIV treatment and prevention services.

Fast-tracking the end of the AIDS epidemic is possible by working together—by fostering innovation, securing sustainable financing, strengthening health systems and communities, ensuring commodity security, promoting human rights and ensuring access to HIV prevention and treatment services.



WHO WE ARE

FOCUS AREAS

PROGRAMME AREAS

WHERE WE WORK

RESOURCES

Fast-Track strategy to end the AIDS epidemic by 2030



FAST-TRACK

ENDING THE AIDS EPIDEMIC BY 2030

Table 1. Examples of Micro-Elimination Target Groups.

Patients with advanced liver disease



Haemophilia patients



Prisoners

Children



Patients engaged with drug treatment units

Migrant communities from high prevalence regions

People who inject drugs in networks

Men who have sex with men

Generational cohorts of high prevalence

Geographically defined areas



Key populations

Carcerati

- ✓ Scarsa consapevolezza (gap culturale/ conoscenza delle modalità di trasmissione)
- ✓ Scarso accesso alle strutture ospedaliere → azione TERRITORIALE (Covid!)
- ✓ Scarsa accettazione dei prelievi di screening
- ✓ Scarsa compliance nel follow-up post screening

Migranti

Senza
fissa
dimora

Rapid diagnostic tests (RDT)



Screening
sierologico

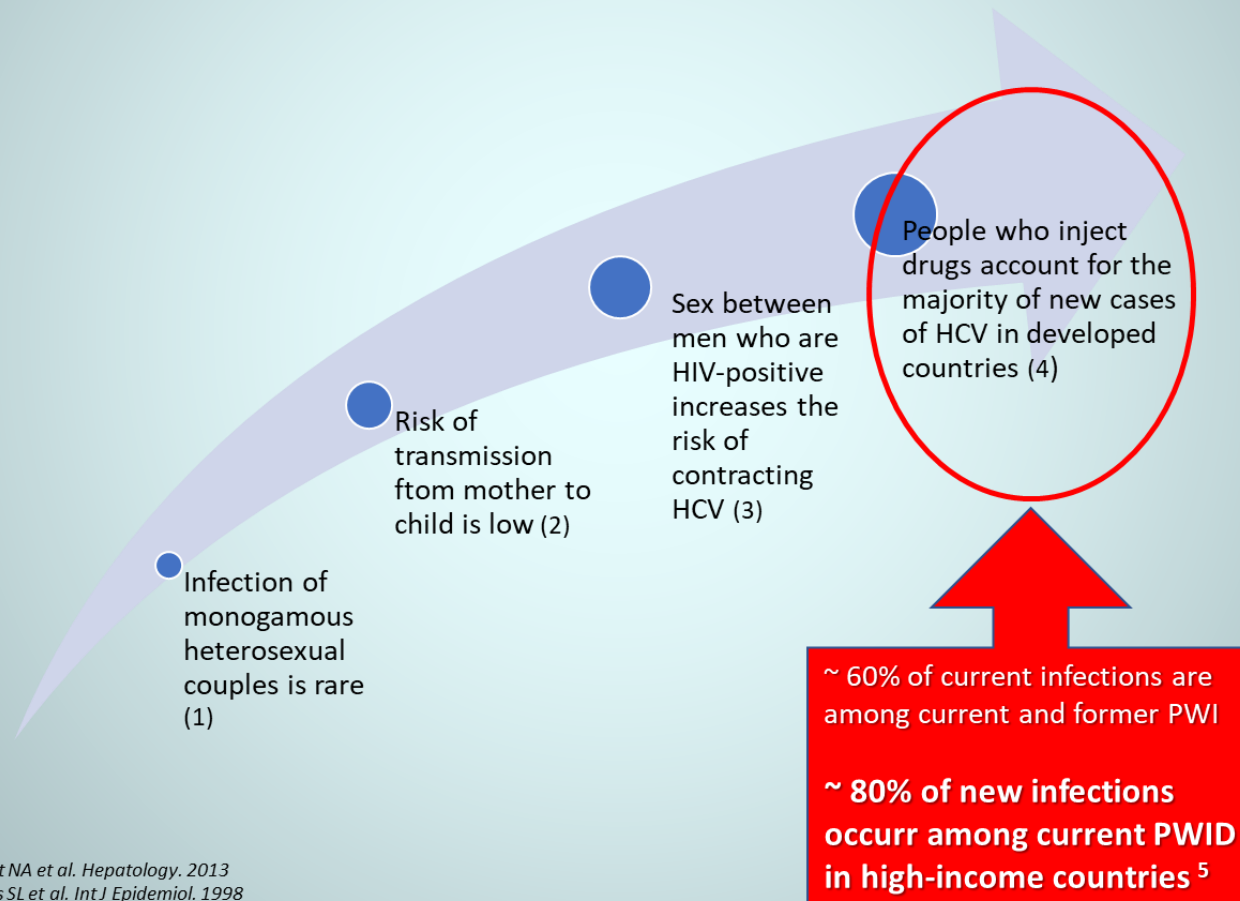


Determinazione
carica virale

Key populations



PWID represent the core of the HCV epidemic



1 Terrault NA et al. *Hepatology*. 2013

2 Thomas SL et al. *Int J Epidemiol*. 1998

3 Larsen C et al. *Plos One*. 2011

4 Shepard CW et al. *Lancet*. 2005

5 Grebely J and GJ Dore. *Antiv Research*. 2014



Villa Maraini Point Of Care Testing: HCV elimination among People Who Use Drug in Rome outside the hospital setting is possible.

E. Teti¹, L. Sarmati¹, T. Mulas¹, L. Ferrari¹, G. De Simone¹, D. Checchi¹, M. Compagno¹, M. Iannetta¹, B. Coladarco², P. Sammarco², D. Masci², G. Rodoquino², G. Sandri², T. Di Giovanni², E. Rossi², M. Andreoni¹, M. Barra²

¹ UOC Malattie Infettive, Policlinico Tor Vergata, Roma, Italy

² Fondazione Villa Maraini, Roma, Italy



Figure 1. Open air screening activities according to COVID19 procedures.

Fig

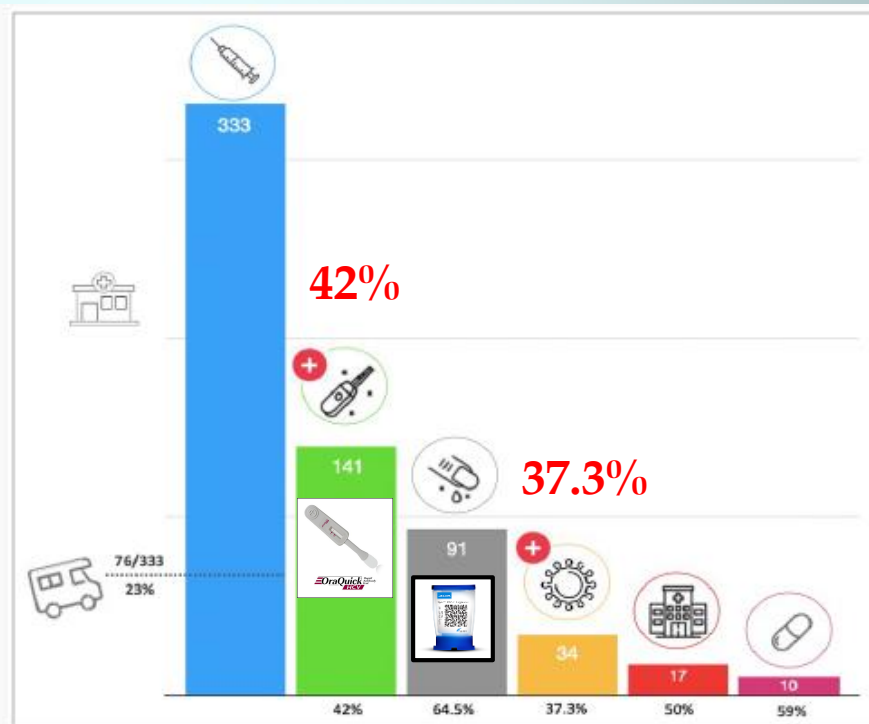


Figure 4. Villa Maraini HCV Care Cascade.



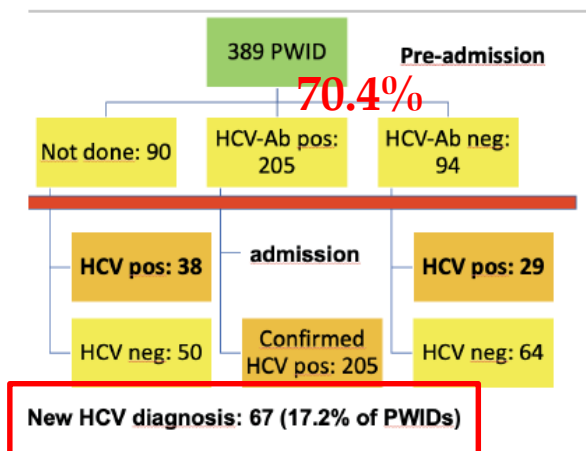
HCV knowledge and awareness among injecting drug users in the direct acting antivirals era



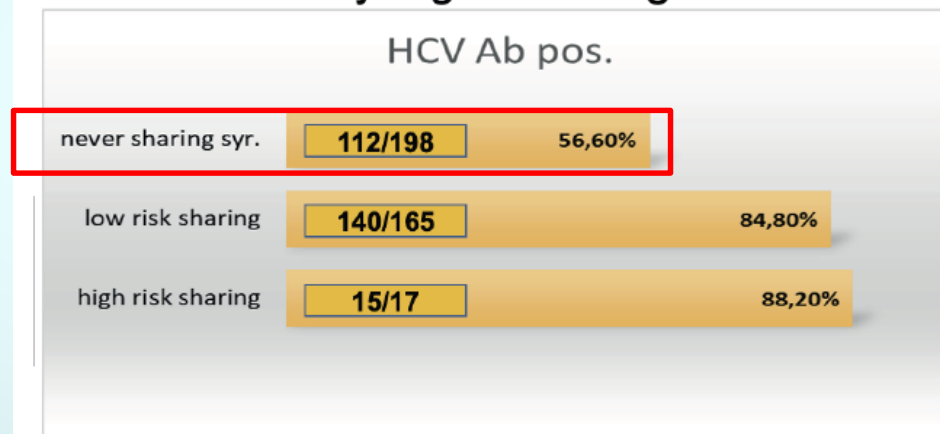
Boschini A 1, Piselli P 2, Smacchia C 3, Poletti R 1, Begnini M1, Ottogalli P 1, Cimaglia C2, Parracino MP2, Girardi E2.

(1 San Patrignano Therapeutic Community, Rimini; 2 INMI "L. Spallanzani" IRCCS, Rome; 3 Servizio Dipendenze Patologiche Verona)

HCV-Ab screening



Prevalence of HCV pos serology by syringes sharing



Results and Conclusions

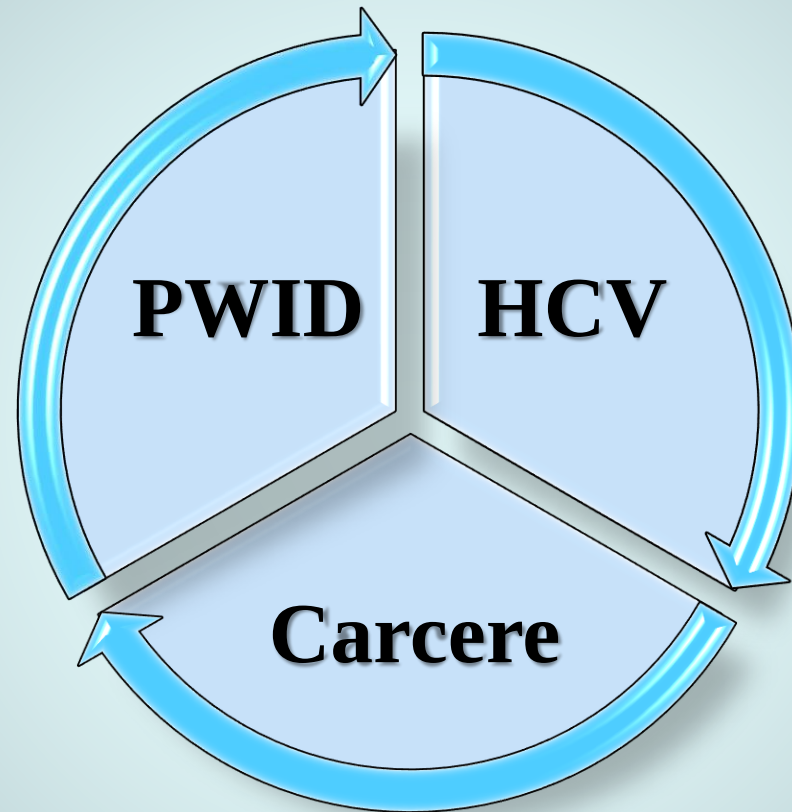
HCV infection remains highly prevalent in PWID (70%), also in those referring never sharing of syringes (56%).

HCV screening in PWID is still insufficient: 67/271 (24.7%) of new HCV diagnosis at entry screening.

There is a lack of knowledge about HCV transmission pathway, that can explain the high risk of HCV infection, and reinfection, in PWIDs. About 50% of PWID are unaware of the risk of HCV-transmission through paraphernalia other than syringes sharing and by dividing doses through front-loading of dissolved drug.

Key populations

Carcerati, PWID



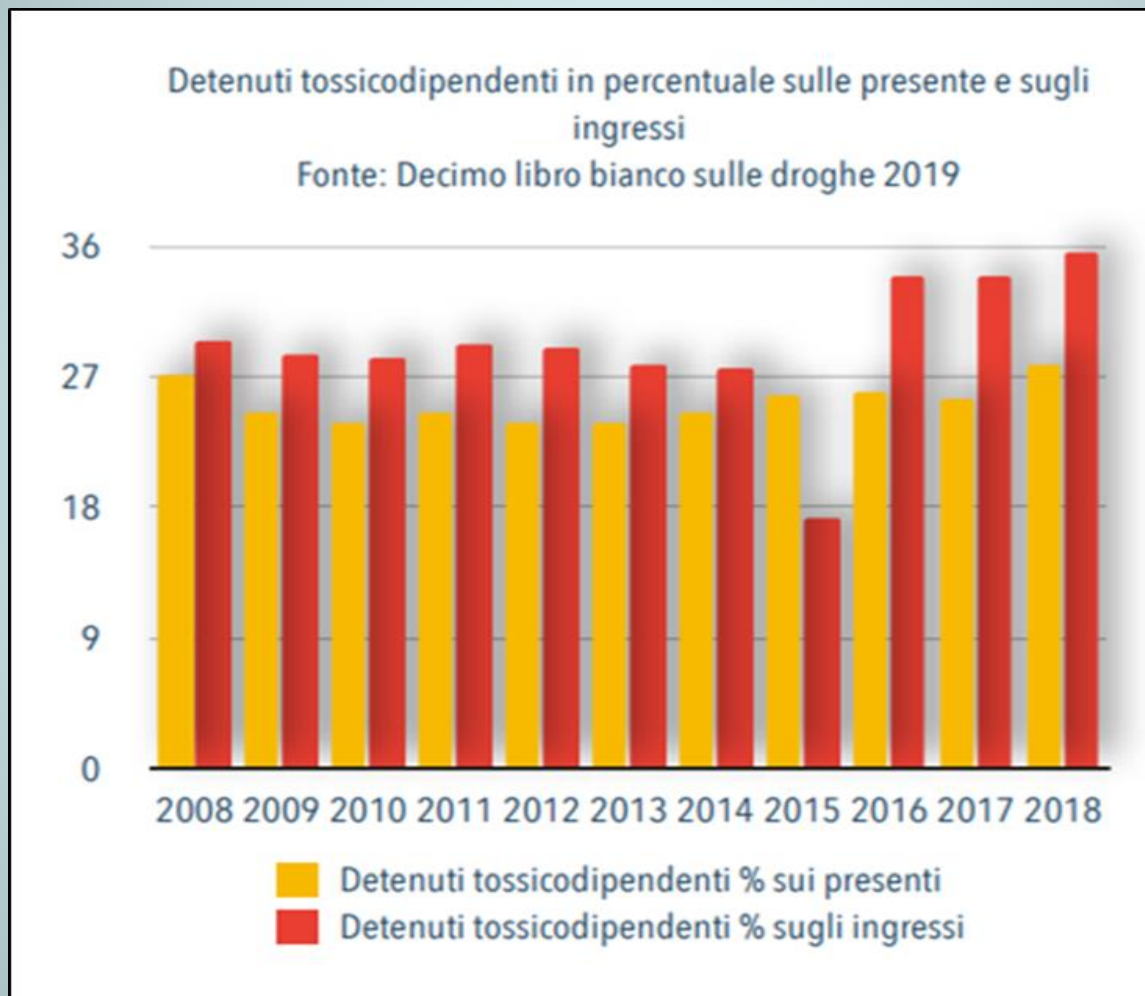


Table 1 Hepatitis C virus prevalence in different studies on prisoners

Ref.	Year of screening	Country	Type of study	Number screened/total	Type of screening	HCV prevalence
Adjei <i>et al</i> ^[21]	2004/5	Ghana	C-S 8 prisons; inmates vs staff	1336/7652 vs 445/2139	C + Q	18.7% vs 18.7%
Almasio <i>et al</i> ^[14]		Italy				38%
Alvarez <i>et al</i> ^[29]	2009/13	United States	C-S	2788	C + Q + Clinical records	10.1%
Babudieri <i>et al</i> ^[42]		Italy	C-S 8 prisons	973		38%
Barros <i>et al</i> ^[30]	2007/8	Brazil	C-S	148/150	C + I	6.1%
Brandolini <i>et al</i> ^[27]	2006	Italy	C-S	695/965	HCV History + C	22.4%
Hennessey <i>et al</i> ^[36]	1999/2000	United States	C-S	1292 HIV-positive	Stored blood + medical records	13%
Kazi <i>et al</i> ^[33]	2007/8	Pakistan	C-S	357	C + Q	15.2%
Kheirandish <i>et al</i> ^[37]	2006	Iran	C-S	454/499	C + I	80%
Luciani <i>et al</i> ^[24]	2005/9	Australia	Prospective cohort study	210 HCV Ab -	C + Q + payment+ follow- up	Incidence 14.8 per 100/yr
Macalino <i>et al</i> ^[22]	1998/2000	United States		4269/5390		23.1%
Mahfoud <i>et al</i> ^[38]	2007/8	Lebanon	C-S	446 incidence study 580/35500	Random+ C + Q	0.4 per 100/yr 3.43%
Marco <i>et al</i> ^[41]		Spain	Observational and C-S 18 prisons	371	Q	22.7%
Meyer <i>et al</i> ^[14]	2002	Germany	C-S	1125/1176	C + I post screening	8.6%
Mohamed <i>et al</i> ^[19]		Egypt	C-S	500/1200	Random sampling + C + Q	15.8%
Nokhodian <i>et al</i> ^[40]		Iran	C-S	160	C + I	4.4%
Prasetyo <i>et al</i> ^[21]	2009	Indonesia	C-S 4 prisons	375/375	C + Q	34.1%
Reekie <i>et al</i> ^[28]	2004	Australia	C-S	588	C + Q	33.3%
	2007		C-S	536	C + Q	31.6%
	2010		C-S	618	C + Q	23.2%
Rosa <i>et al</i> ^[27]	2010/11	Brazil	Descriptive study	195/386	Random + C + Q	9.7%
Sagnelli <i>et al</i> ^[36]		Italy	C-S 9 prisons	2241/3468	Peer-to-peer education + C	22.8%
Saiz de la Hoya <i>et al</i> ^[25]	2008	Spain	C-S 18 prisons	378		22.7%
Santos <i>et al</i> ^[18]	2009/10	Brazil	C-S 2 prisons	422/519	C + Q	3.1%
Semaille <i>et al</i> ^[24]	2010	France	C-S 27 prisons	1876	Q + medical records	4.8%
Solomon <i>et al</i> ^[10]	2002	United States	C-S	3914	Educational information, C + or counseling	29.7%
Taylor <i>et al</i> ^[23]	2010/11	Scotland	C-S 14 prisons	4904/6565	C + Q	19%
Tresó <i>et al</i> ^[22]	2007/9	Hungary	C-S 20 prisons inmates vs staff	4894/14331	C + Q	Incidence > 1% 4.9% vs 0.5%

3.1% - 38%

- Area geografica
- Etnia
- Percentuale di tossicodipendenti



Lo stato di salute dei detenuti toscani – La IV rilevazione (2008-2018)

Regione Toscana



Distribuzione (%) delle diagnosi infettive e parassitarie nella popolazione detenuta in Toscana – anni 2009-2017

Malattie infettive e parassitarie	2009 (N=2.985)	2012 (N=3.329)	2014 (N=3.403)	2017 (N=3.100)
Epatite C	9,1	6,9	6,1	5,3
Epatite B	2,2	1,2	1,9	5,6
TBC	0,4	0,9	1,6	3,1
HIV	1,4	1,2	1,5	0,9
Epatite A	0,7	0,1	0,6	0,4
Micosi della cute e annessi cutanei	0,4	0,2	0,4	0,1
Sifilide	0,5	0,6	0,3	0,3
Condiloma acuminato	0,1	0,2	0,1	0,1
Infezioni da <i>Herpes simplex</i>	0,2	0,1	0,1	0
Altre epatiti	0,1	0,2	0,1	0
Altro	0,3	0,1	0,3	0
Totale	15,9	11,1	11,4	16,2



Prevalenza HCV CC Sollicciano 10%

- Stranieri presenti: **67%** vs 48.4%
- Dipendenza da SS: **31%** vs 18%

Table 31: Average length of imprisonment(during 2017)

Country	Total number of inmates	Total number of days spent in penal institutions	Average number of inmates	Total number of admissions into penal institutions	Indicator of the average length of imprisonment, in months (based on the total number of days spent in penal institutions)	Indicator of the average length of imprisonment, in months (based on the stock)	Total number of days spent in penal institutions for non-sentenced offenders	Average number of detainees in pre-trial detention	Total number of admissions before final sentence	Indicator of the average length of pre-trial imprisonment, in months (based on the total number of days spent in penal institutions)
variable code	3B	31A	31B	23A	31C	31D	31E	31F	23B	31G
	see Table 3		31A/365	see Table 23	31B/23A*12	3B/23A		31E/365	see Table 23	31F/23B*12
Albania		18 190	49.8	66	9.1	8.2	8 082	22.1	29	9.2
Andorra	45									
Armenia	3 536	NA	NA	NA	NA		NA	NA	NA	NA
Austria	8 960	3 263 540	8 941.2	11 582	9.3	9.3	645 686	1 769.0	8 216	2.6
Azerbaijan	23 319	NA	NA	7 426	NA	37.7	NA	NA	7 373	NA
Belgium										
BH: BiH (total)										
BH: BiH (st. level)										
BH: Fed. BiH										
BH: Rep. Srpska	863	283 240	776.0	1 391	6.7	7.4	35 770	98.0	1 372	0.9
Bulgaria	6 988	NA	NA	6 387	NA	13.1	NA	NA	1 762	NA
Croatia	3 190	NA	NA	8 221	NA	4.7	NA	NA	NA	NA
Cyprus	643	240 407	658.6	6 402	1.2	1.2	NA	NA	999	NA
Czech Rep.	22 159	8 176 062	22 400.2	11 084	24.3	24.0	675 922	1 851.8	4 202	5.3
Denmark	3 653	1 259 214	3 449.9	11 312	3.7	3.9	468 441	1 283.4	NA	NA
Estonia	2 525	948 660	2 599.1	1 832	17.0	16.5	146 933	402.6	1 123	4.3
Finland	2 815	1 029 789	2 821.3	5 401	6.3	6.3	NAP	***	1 917	***
France	69 596	25 183 813	68 996.7	95 959	8.6	8.7	8 272 988	22 665.7	55 167	4.9
Georgia	9 407	NA	NA	6 064	NA	18.6	NA	NA	5 254	NA
Germany	64 193	23 271 209	63 756.7	100 298	7.6	7.7	NA	NA	NA	NA
Greece	10 036	3 560 575	9 755.0	9 706	12.1	12.4	1 111 425	3 045.0	3 648	10.0
Hungary										
Iceland	163	50 561	138.5	145	11.5	13.5	8 444	23.1	136	2.0
Ireland	3 844	1 357 996	3 720.5	9 509	4.7	4.9	217 573	596.1	3 531	2.0
Italy	58 087	20 753 190	56 858.1	48 144	14.2	14.5	7 218 256	19 776.0	37 730	6.3
Latvia	3 765	NAP	***	***			NAP	***	***	***
Liechtenstein	12	4 783	13.1	73	2.2	2.0	2 077	5.7	67	1.0
Lithuania	6 599	2 442 945	6 693.0	7 375	10.9	10.7	437 635	1 199.0	4 875	3.0
Luxembourg	684	255 321	699.5	1 015	8.3	8.1	118 748	325.3	679	5.7
Malta										
Moldova	7 635	2 786 775	7 635.0	4 594	19.9	19.9	160 920	440.9	1 341	3.9
Monaco	32	11 266	30.9	125	3.0	3.1	4 938	13.5	13	12.5

Microeradicazione di HCV?



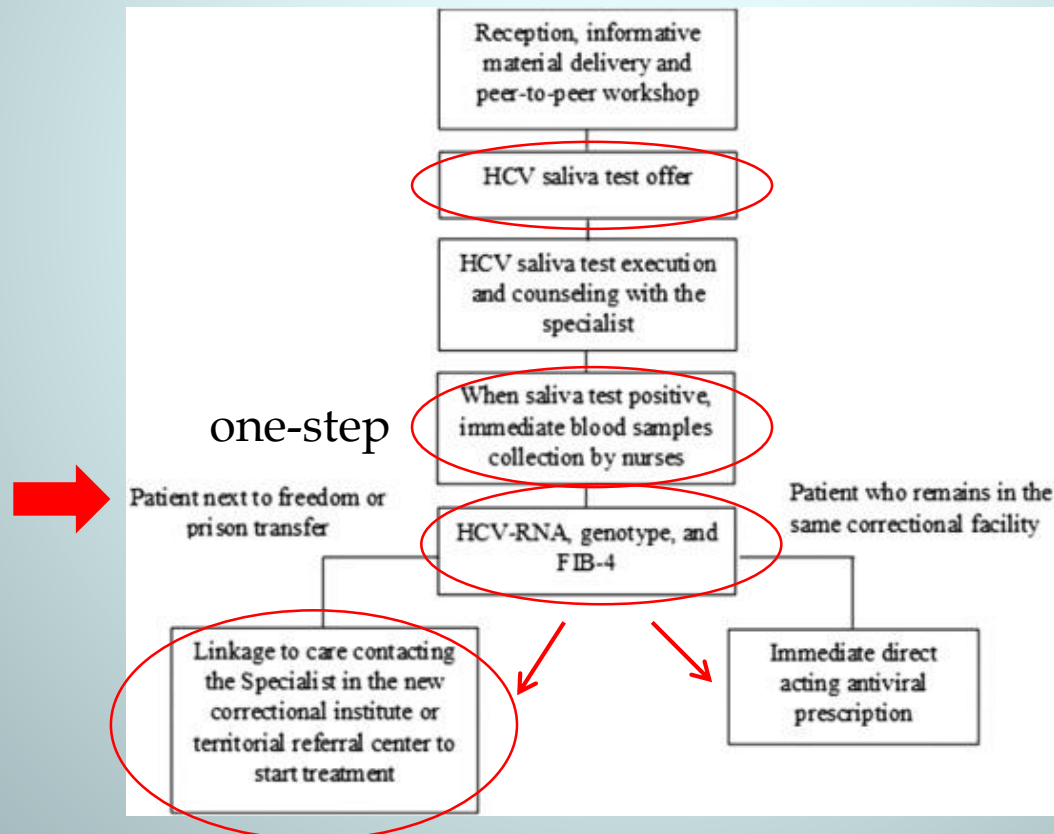
Individuazione, Stadiazione ed Eliminazione
di HCV per gruppi di detenuti in Italia

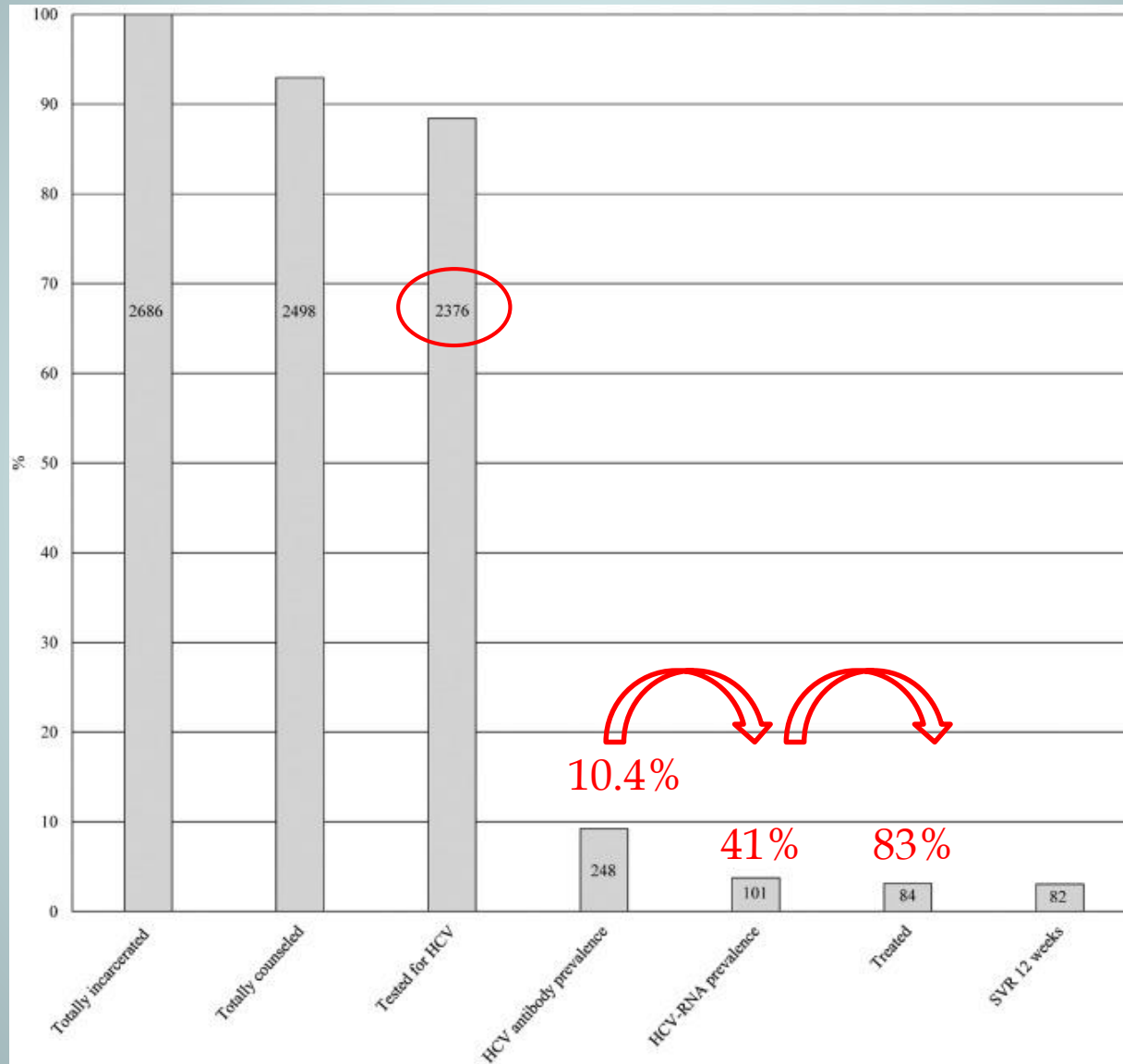
5 regioni italiane
8 Istituti penitenziari

Research Paper

HCV testing and treatment initiation in an Italian prison setting: A step-by-step model to micro-eliminate hepatitis C

Vito Fiore ^a, Giuseppe De Matteis ^b, Roberto Ranieri ^c, Laura Saderi ^d, Emanuele Pontali ^a, Alberto Muredda ^f, Anna Maria Ialungo ^g, Rosa Caruso ^b, Giordano Madeddu ^a, Giovanni Sotgiu ^d, Sergio Babudieri ^{a, h, g, i}





Key populations

Carcerati, PWID



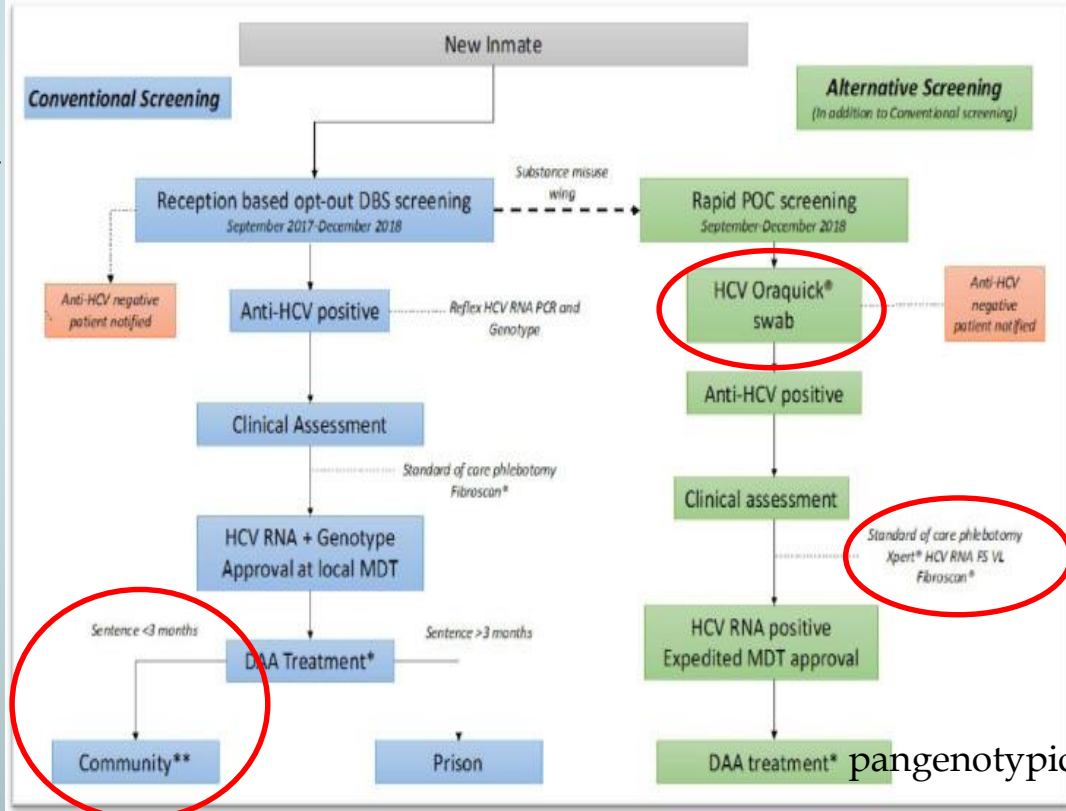
International Journal of Drug Policy
Volume 75, January 2020, 102608



Research Paper

Time matters: Point of care screening and streamlined linkage to care dramatically improves hepatitis C treatment uptake in prisoners in England

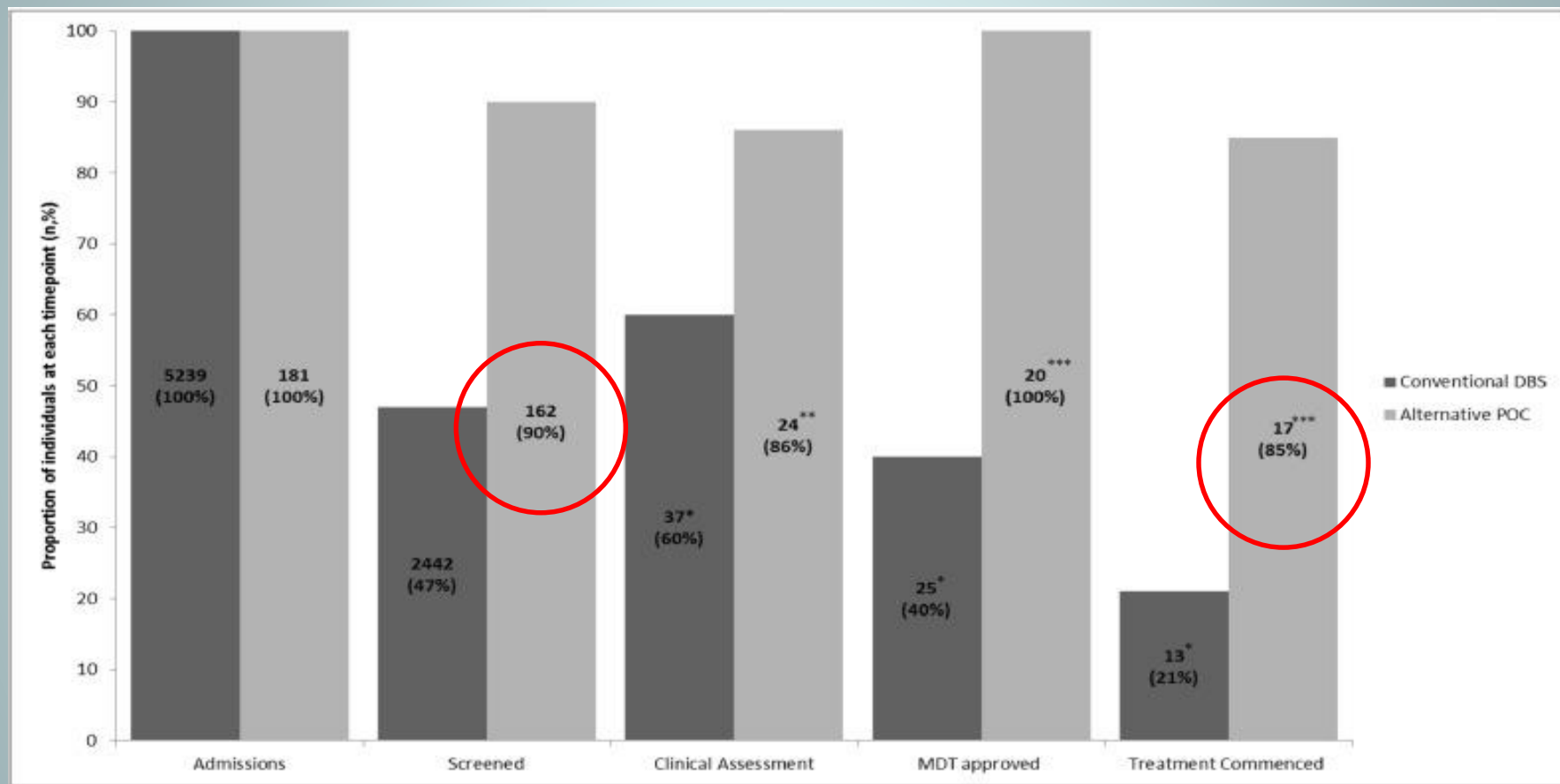
Zameer Mohamed ^{a, *}, Deyaa Al-Kurdi ^b, Margaret Nelson ^b, Yusuke Shimakawa ^c, Nowlan Selvapatt ^a, Janine Lacey ^a, Mark R Thursz ^a, Maud Lemoine ^a, Ashley S Brown ^a



3 months

1 week

pangenotypic



Key populations



RESEARCH ARTICLE

The Seroprevalence of Hepatitis C Antibodies in Immigrants and Refugees from Intermediate and High Endemic Countries: A Systematic Review and Meta-Analysis

Christina Greenaway^{1,2,3*}, Ann Thu Ma⁴, Lorie A. Kloda⁵, Marina Klein⁶, Sonya Cnossen², Guido Schwarzer⁷, Ian Shrier^{2,3}

Table 2. Pooled HCV seroprevalence overall and stratified by migration status, region of origin, and age. Abbreviations: CI, confidence interval.

	N studies	N subjects	Seroprevalence % (95% CI)	I ² % (95% CI)
Overall	50	38 635	1.9 (1.4, 2.7)	96.1 (95.5, 96.7)
Overall (without children)	41	36 183	2.2 (1.6, 3.2)	96.7 (96.1, 97.2)
Age^a				
≤ 18 years	11	3767	0.8 (0.4, 1.6)	63.8 (30.8, 81.1)
19–29 years	15	9172	2.0 (1.3, 3.1)	88.5 (82.7, 92.4)
≥ 30 years	9	6370	5.6 (3.7, 8.5)	93.6 (89.9, 95.9)
Population category				
Children ^b	9	2452	0.6 (0.3, 1.3)	16.1 (0, 58.2)
Pregnant Women	8	8347	2.0 (1.3, 3.1)	85.5 (73.3, 92.1)
General Population	33	27838	2.3 (1.6, 3.5)	96.8 (96.2, 97.3)
Migrant status				
Immigrants	29	17 800	2.3 (1.5, 3.5)	95.9 (94.9, 96.7)
Refugees	11	5186	1.3 (0.8, 2.2)	69.4 (42.9, 83.6)
Other ^c	10	15 649	2.2 (1.2, 3.9)	95.8 (93.9, 97.1)
Region of origin				
Latin America & Caribbean	13	5240	0.7 (0.5, 1.1)	19.6 (0, 57.6)
Eastern Europe & Central Asia	25	7505	2.2 (1.3, 3.8)	89.3 (85.5, 92.1)
Middle East & North Africa	11	2681	1.4 (0.8, 2.4)	38.3 (0, 69.6)
Sub-Saharan Africa	15	4446	4.4 (2.6, 7.4)	91.5 (87.7, 94.2)
South Asia	4	354	4.8 (0.9, 21.3)	69.7 (12.7, 89.5)
East Asia & Pacific	7	1007	1.6 (0.9, 2.7)	0 (0, 53.5)
Combined Africa	9	2095	4.6 (2.7, 7.7)	79.2 (61.1, 88.9)
Combined Asia	10	1107	3.8 (2.3, 6.3)	39.4 (0, 71.1)
Setting for screening				
Adopted kids	7	1350	0.7 (0.4, 1.5)	0 (0, 0.6)
Migrant screening	15	14 060	1.3 (0.9, 2.0)	80.5 (68.7, 87.8)
General clinics	28	23 225	2.9 (1.9, 4.2)	96.7 (96.0, 97.3)
Decade of publication				
1990–1999	14	7655	2.8 (1.6, 4.7)	93.2 (90.3, 95.3)
2000–2009	27	22518	1.6 (1.0, 2.3)	90.9 (88.0, 93.1)
2010–2013	9	8462	2.4 (1.3, 4.6)	96.8 (95.4, 97.8)
EIA test generation				
1 st generation	1	88	2.3 (0.6, 8.6)	-
2 nd generation	12	6632	2.2 (1.4, 3.5)	86.9 (78.9, 91.8)
3 rd generation	37	31915	1.8 (1.2, 2.8)	96.8 (96.2, 97.3)



from January 2019 to December 2019

HBV and HCV onsite screenings at different charities and shelters:

- three meal centers in the cities of Florence (Caritas center), Prato (La Pira center) and Sesto Fiorentino (Misericordia center);
- the S. Vincenzo school of Italian for foreigners recently arrived to Italy, located in Prato.



The healthcare personnel team included a physician, three biologists and a nurse. The nurse was a native Arab speaker while other members of the team spoke fluent English and French

The screening campaign involved 381 subjects: 256 from the meal centers, 125 from the school

From Gragnani L et al. Submitted

Site	Tested subjects	M/F	Mean age (yrs)	anti-HCV Ab+	Mean age (yrs)	HBsAg+	Mean age (yrs)
Caritas Center	131	121/10	44	8(6.1%)	49	11(8.4%)	42
La Pira Center	98	87/11	45	5(5.1%)	43	5(5.1%)	39
Misericordia Center	27	21/6	44	1(3.7%)	57	1(3.7%)	51
School for foreigners	125	51/74	37	1(0.8%)	38	7(5.6%)	35
Total	381	280/101	43	15(4%)	47	24(6.3%)	41



Two subjects had an HCV and HBV coinfection

National prevalence: 2.3% for HCV and < 1% for HBsAg

2019



Sabato 30 novembre ore 9.00
Brunelleschi - Palagio di Parte Guelfa, Piazza della Parte Guelfa - Firenze

VINCENZO LUCCHETTI	Presidente - Fondazione Solidarietà Caritas onlus
ANDREA VANNUCCI	Assessore Welfare e Sanità, accoglienza e integrazione, associazionismo e volontariato - Comune di Firenze
MASSIMO DI PIETRO	Coordinatore Malattie Infettive - Azienda USL Toscana-Centro
ALESSANDRO BARTOLONI	Direttore Unità Malattie Infettive e Tropicali - AOU Careggi
SABRINA BELLINI	Presidente - LILA Toscana a nome del Tavolo Coordinamento HIV degli enti del Terzo Settore
MARIA STAGNITTA	Componente del Comitato Tecnico Sanitario Sezione M (HIV/AIDS) - Ministero della Salute - CAT coop sociale
BERTRAND AUDOIN	Vice Presidente - Global Health Initiatives at IAPAC
DARIO NARDELLA	Sindaco - Comune di Firenze

Firenze continua il percorso ...

CERIMONIA
PER L'ADESIONE
DI FIRENZE
A FAST-TRACK CITIES



- **Screening:**
 - LGBT
 - Sex workers
 - Mense per i senzatetto
 - Ambulatorio medico per i migranti
 - Unità di strada

HIV e HCV CAMPAGNA DI SCREENING GRATUITI



**MEDICI
CON L'AFRICA**
CUAMM

**18 E 19 MAGGIO 2021
FIRENZE**

I servizi di testing per l'HIV e HCV sono la porta di accesso alla prevenzione, al trattamento e alla cura di queste infezioni. Per questo, il 18 e il 19 maggio abbiamo coinvolto un'equipe medica che somministrerà test salivari in luoghi diversi della città garantendo gratuità, anonimato e professionalità delle prestazioni.

Per poter effettuare correttamente il test, è necessario non aver assunto cibo o bevande, masticato gomme/ caramelle, fumato o utilizzato prodotti per l'igiene orale da almeno 30 minuti.

MARTEDÌ 18 MAGGIO 2021

Dalle 14:00 alle 17:00

Il Giardino dei Ciliegi
Via dell'Agnolo 5
(aps Associazione Progetto Arcobaleno)

MERCOLEDÌ 19 MAGGIO 2021

Dalle 9:30 alle 12:00

La mensa di Via Baracca
(Centro Caritas Baracca)

Dalle 14:00 alle 20:00

Parco delle Cascine
(Unità di Strada Vivian Love e Outsiders,
C.A.T. Coop. Sociale)

Con il patrocinio di:



FIRENZE CITY FAST-TRACK

In collaborazione con:



Key populations

Migranti, senzatetto, MSM

European Testing Week (ETW) e World AIDS Day (WAD)

22-29 novembre 2021; 1 dicembre 2021

EUROPEAN HIV/HCV TESTING WEEK 2021

KNOW YOUR STATUS

Con un semplice test è possibile effettuare la ricerca di anticorpi specifici di HIV e epatite C:

DAL 22 NOVEMBRE AL 1° DICEMBRE

FATTI UN TEST

Scopri le date e le sedi dove potrai avere il tuo test gratuito su firenze-fast-track-city.it

Il risultato del test viene comunicato **in 20 minuti** e può essere:

NON REATTIVO

non è avvenuto contatto con l'HCV o l'HIV nei tre mesi precedenti al test

REATTIVO

DEVE essere eseguito un esame su campioni di sangue in laboratorio

A chi ne avrà necessità verrà fissato un appuntamento presso gli ambulatori di Malattie Infettive degli Ospedali per effettuare il test di conferma e parlare con medici specialisti

CALENDARIO E SEDI DEI TEST

AMBULATORIO STENONE

Via del Leone 35, Firenze
22-23-24-25-26 Novembre 2021
h. 15.00 alle 17.00

POLO UNIVERSITARIO NOVOLI

23 novembre 2021, h. 14.30 - 18.30
Con il contributo della Fondazione Cassa di Risparmio

POLO UNIVERSITARIO BRUNELLESCHI

26 novembre 2021, h. 14.30 - 18.30
Con il contributo della Fondazione Cassa di Risparmio

EXFILA*

Via Monsignor Leto Casini, 11,
50135 Firenze FI
Mercoledì 24 Novembre 2021
h. 16.00-20.00

IREOS

Via dei Serragli 3, Firenze
23 e 30 Novembre 2021 h. 17.30-20.30

CENTRO JAVA

Piazza Salvemini, Firenze
23 Novembre 2021, h. 16.00 - 19.00

PORTE APERTE

Via del Romito 19, Firenze
24 Novembre 2021, h. 16.00-20.00

CASCINE

P.zza Kennedy (pressi passerella)
1 Dicembre 2021, h. 16.00-20.00

CIRCOLO ARCI NOVOLI*

Via di Novoli, 9/R, 50127 Firenze FI
Giovedì 25 Novembre 2021 h. 16.00-20.00

ARCI SAN NICCOLÒ*

Via di S. Niccolò, 33, 50125 Firenze FI
Domenica 28 Novembre 2021,
h. 16.00-20.00

*necessaria prenotazione:
salute@arcigayfirenze.it

TESTIAMO C*i*

Iniziativa della European Testing Week nell'ambito del Progetto

FIRENZE CITY

SCREENING CONGIUNTO HCV/HIV



In collaborazione con
Croce Rossa Italiana
Comitato di Firenze

Con il contributo non condizionante di
abbvie



Croce Rossa Italiana
Comitato di Firenze

Firenze, prevenzione Epatite C e HIV: test gratuiti e gazebo informativi alle Piagge

Con il patrocinio del Comune di Firenze
e il contributo incondizionato di AbbVie

Dal 25 al 27 novembre dalle 09:30-18:30, di fronte al centro commerciale Le Piagge di Unicoop, Croce Rossa Firenze offrirà a chiunque la possibilità di effettuare gratuitamente test rapidi e gratuiti per la ricerca di anticorpi specifici di epatite C e HIV.



con il patrocinio di:



con il contributo di:





46 test – 0 reattivi



25 test – 0 reattivi



16 test – 0 reattivi



75 test – 2 reattivi HCV



63 test – 2 reattivi HCV



90 test – 1 reattivo HCV

Tot. 315 test

0 reattivi HIV
5 reattivi HCV



A pilot intervention for HCV elimination among MSM in Rome: preliminary results

P. Piselli¹, M. Giuliani², M. Farinella³, C. Cimaglia¹, A. Latini², F. Carduccelli³, C. Ancona², O. Bruzzi¹, G. De Carli¹, R. Esvan¹, F. Gili¹, M. Marra³, N. Orchi¹, E. Piscitelli¹, S. Pittalis¹, A.R. Garbuglia¹, A. Amendola¹, S. Meschi¹, S. Cicalini¹, M. De Palo¹, E. Grilli¹, G. Scarfò¹, A. Puleio¹, A. Antinori¹, M.R. Capobianchi¹, A. Cristaudo², G. D'Offizi¹, V. Puro¹, E. Girardi¹

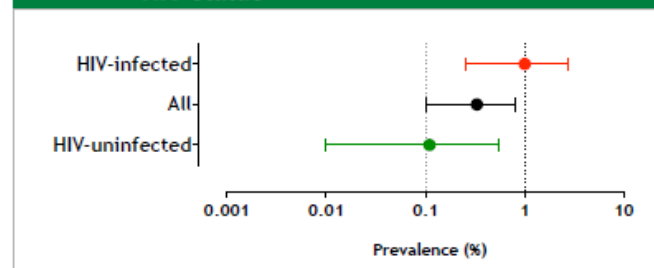
¹ Istituto Nazionale per le Malattie Infettive (INMI) "L. Spallanzani" IRCCS, Rome; ² Istituto Dermatologico San Gallicano (ISG), IRCCS, Rome; ³ Circolo di Cultura Omosessuale "Mario Mieli", Rome, Italy.

n=1213

Adult (>18 years old) males reporting same gender-sex in the previous 12 months attending HIV/STI (Sexually Transmitted Infections) outpatient clinics in two clinical center in Rome (INMI - the clinical coordinating Center - and ISG) or through outreach activities for MSM run by an NGO (Circolo Mario Mieli), have been invited to undergo, after providing informed consent, a free-of-charge rapid HCV Antibody test (OraQuick HCV®) (Figure 2).

- Overall, 4 MSM (all of them enrolled in a clinical center) were found to be reactive at rapid test, resulting in an overall prevalence of 0.33% (95% Confidence Intervals, CI: 0.10 - 0.79) (Figure 5).
- Three out of four were HIV-infected: prevalence among HIV-pos was 1.00% (3/301, CI: 0.25%-2.69%) and 0.11% among HIV-neg/unknown (CI: 0.01%-0.54%) (Figure 5).

Figure 5. Prevalence of HCV-infection according to HIV-status



- All cases were newly discovered HCV infection (two of them with a previous negative test), and all were confirmed been viremic (range 1.7×10^6 - 23.7×10^6 UI/mL) harboring HCV genotype 1a (3 cases) or 4 (1 case)

Figure 4. ZeroC campaign to advertise the project



<http://www.progettozeroc.it/>

2019



Firenze continua il percorso ...

CERIMONIA
PER L'ADESIONE
DI FIRENZE
A FAST-TRACK CITIES



Sabato 30 novembre ore 9.00
Brunelleschi - Palagio di Parte Guelfa, Piazza della Parte Guelfa - Firenze

VINCENZO LUCCHETTI	Presidente - Fondazione Solidarietà Caritas onlus
ANDREA VANNUCCI	Assessore Welfare e Sanità, accoglienza e integrazione, associazionismo e volontariato - Comune di Firenze
MASSIMO DI PIETRO	Coordinatore Malattie Infettive - Azienda USL Toscana-Centro
ALESSANDRO BARTOLONI	Direttore Unità Malattie Infettive e Tropicali - AOU Careggi
SABRINA BELLINI	Presidente - LILA Toscana a nome del Tavolo Coordinamento HIV degli enti del Terzo Settore
MARIA STAGNITTA	Componente del Comitato Tecnico Sanitario Sezione M (HIV/AIDS) - Ministero della Salute - CAT coop sociale

- **Screening per:**
LGBT
Sex workers
Mense per i senzatetto
Ambulatorio medico per i migranti
Unità di strada
- **Potenziamento attività PrEP (prevenzione HIV)**



PreP experience at Milano Checkpoint: promoting health and well-being through the integration of complementary skills

Authors: A. Bianchi¹⁻², A. Tavelli³, P. L. Vinti², D. Calzavara², A. Antonino¹⁻², F. Rossi¹⁻², M. Massa², M. Lanza¹, A. De Bona³, D. Rossotti⁴, S. Bossolasco⁵, D. Canetta⁵, A. Foschi⁶, D. Tesoro³, R. Repossi¹⁻², E. Garavaglia¹⁻², C. Ferrara¹⁻², D. De Cia Warzanowski², M. Cernuschi¹⁻²⁻⁵.

• HCV, syphilis, and - since February 2019, after service's merging into Milano Checkpoint - ct and ng rapid tests are also offered at the same time.

Pre-Exposure Prophylaxis (PrEP) though the SARS-CoV-2 pandemic period: the experience of the dedicated service of Tuscany Region in S.M. Annunziata Hospital, Florence

E. Salomoni¹, C. Costa¹, L. Attala¹, B. Romanin¹, M. Paoletti¹, M. Brizzi¹, M. A. Di Pietro¹, F. Vichi¹

- Users performed a baseline screening for renal function, HIV, HAV, HBV, HCV, Syphilis and other sexually transmitted infections (STIs), and received a counseling for PrEP evaluation.

HCV: screening basale e follow-up trimestrale



**World Health
Organization**



Grazie per l'attenzione