



# HIV, HBV AND HCV INFECTION AND LINKAGE TO CARE IN MIGRANTS: THE IMMIGRANT TAKE CARE ADVOCACY (I.Ta.C.A.) EXPERIENCE IN PALERMO

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# DISCLOSURES

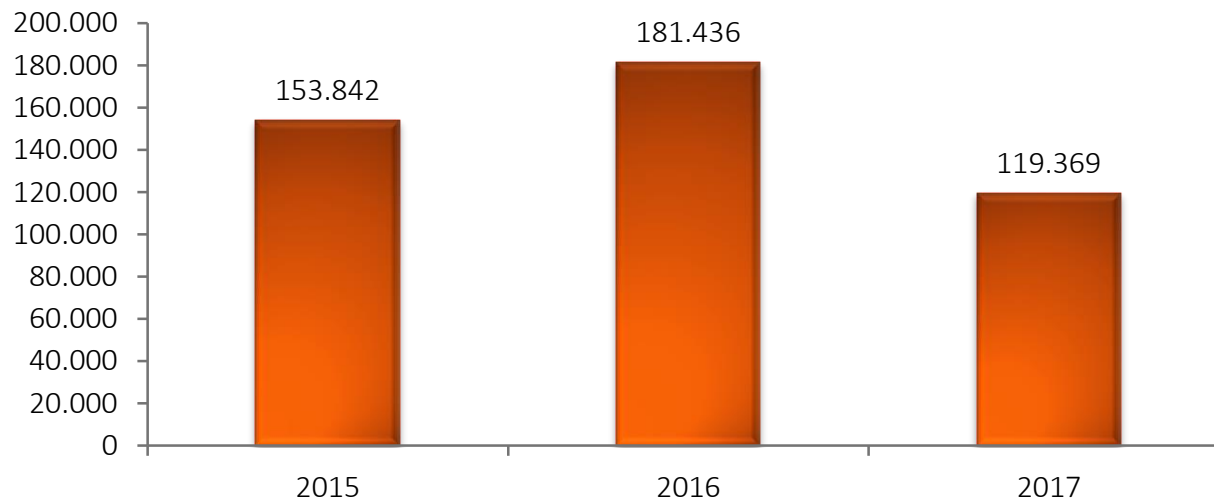
- Nothing to disclose



## BACKGROUND

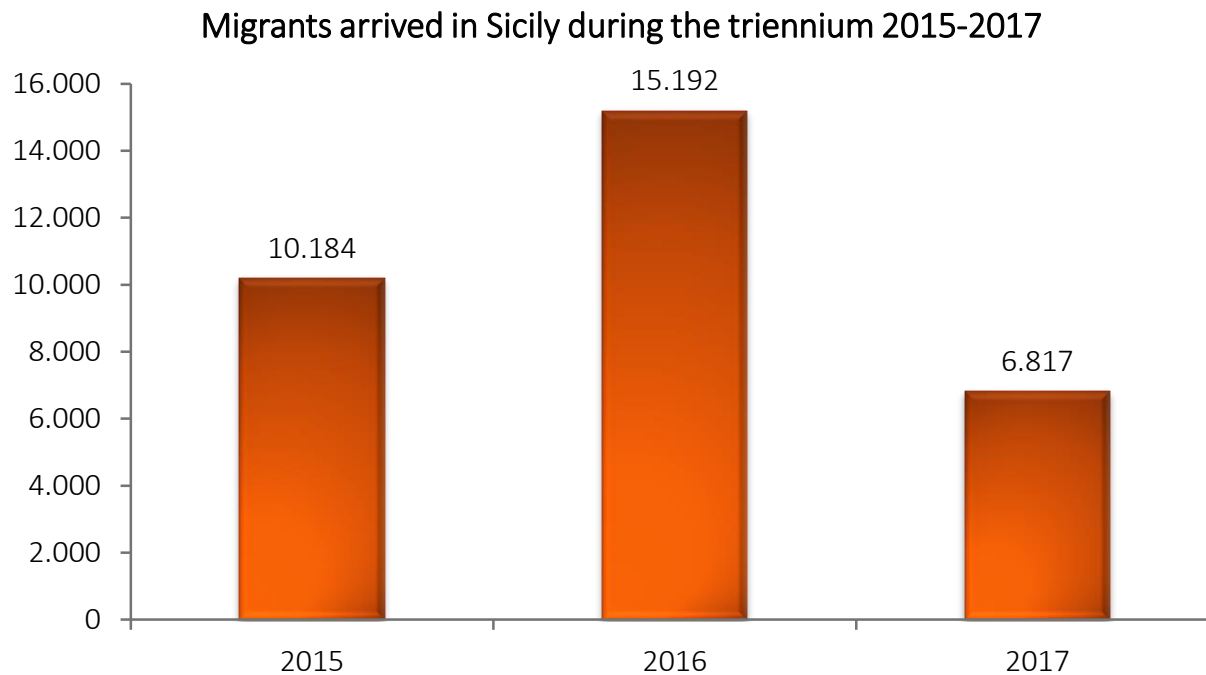
- The massive and persistent boost of migration from the Mediterranean coasts highlighted critical issues in the health care management chronic infectious diseases related to HIV, HBV and HCV infection in migrant population.

Migrants arrived in Italy during the triennium 2015-2017



# BACKGROUND

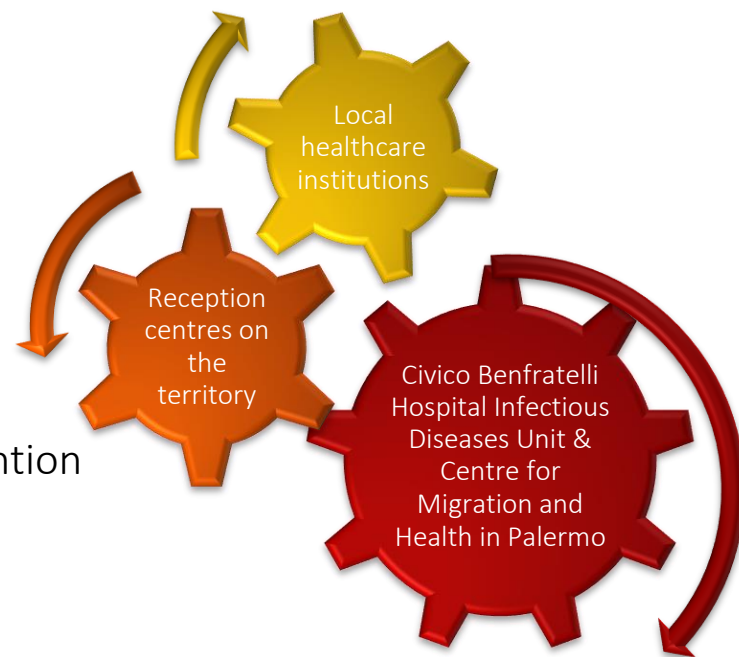
- Due to geographical, political and socio-economical reasons, Sicily is highly involved in the mediterranean sea migratory phenomenon



# METHODS

- Inclusion in I.Ta.C.A. Team, a not formal network connecting:

- Screening for HIV, HBV and HCV
  - 4 to 6 weeks after arrival
  - Proper transcultural counselling intervention
  - Program of diagnosis and cure



- A retrospective analysis was performed in order to understand the prevalence of those chronic infections in migrants



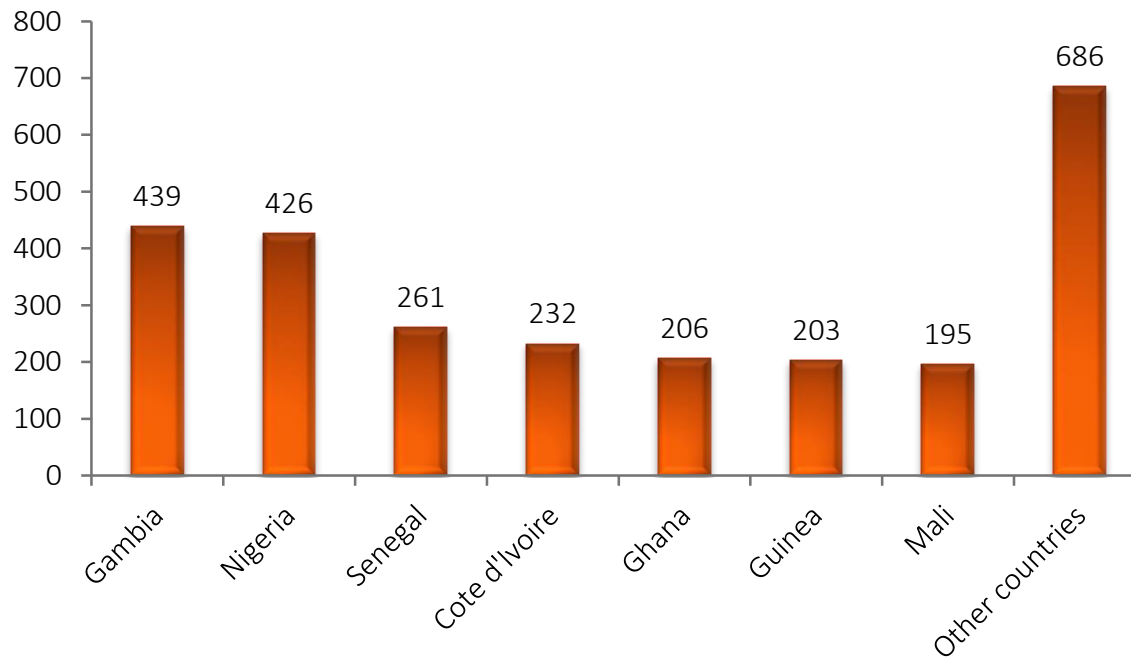
# METHODS

- 41 centers involved:
  - 28 in Palermo
  - 6 in Trapani
  - 7 in Agrigento



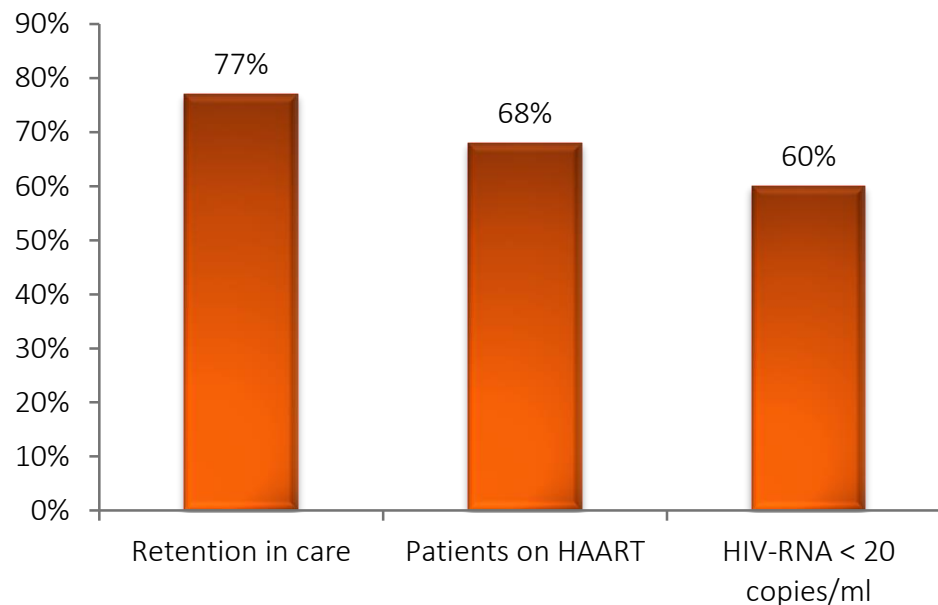
# STUDY POPULATION CHARACTERISTICS

- 2.639 people
- 28% women and 72% men
- Medium age of 24 years
- Country of origin:



# HIV INFECTION

- HIV infection was diagnosed in 57/ 2.639 cases (2,2%)
- All the patients followed the diagnostic procedures according to the national guidelines for diagnosis and treatment of HIV





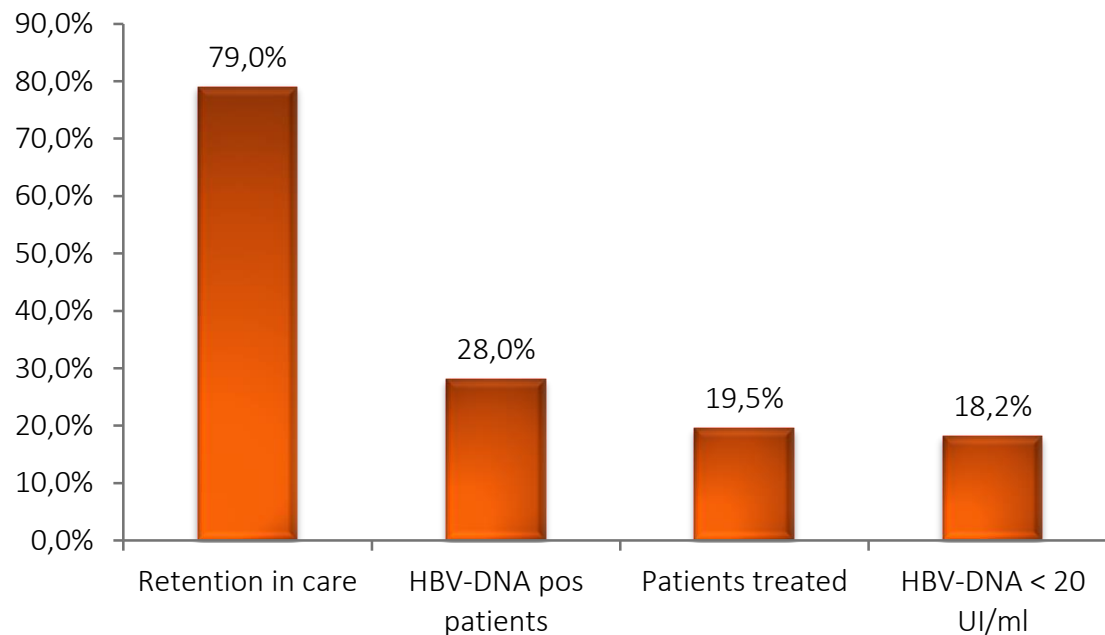
# HIV PREVALENCE AND PERMANENCE IN LIBYAN CAMPS

Year	HIV prevalence	Stay in Libya (weeks)
2015	0.7%	11 (8-13)
2016	0.9%	10 (8-12)
2017	4.9%	50 (10-72)



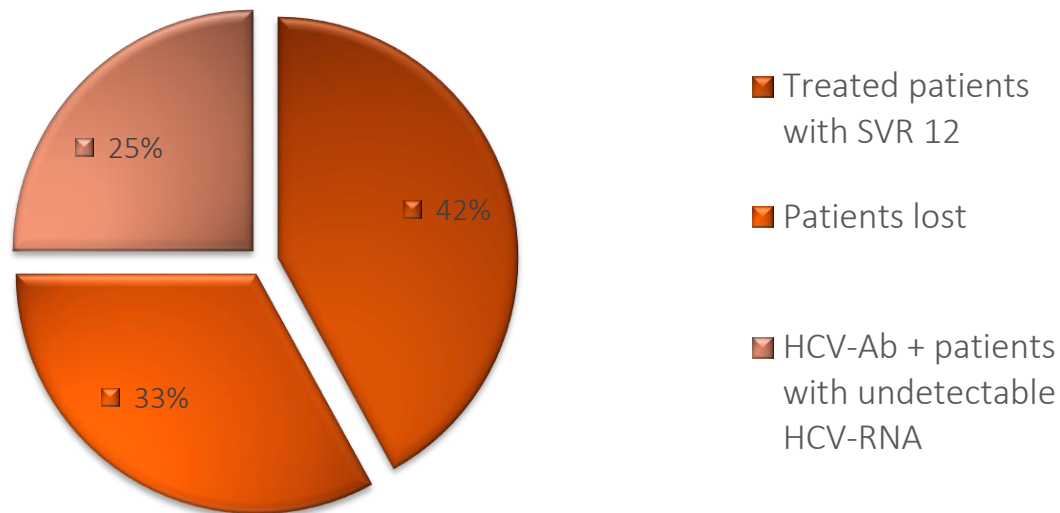
# HBV INFECTION

- HBV infection was diagnosed in 257/ 2.639 cases (9,7%)
- HBV infection without hepatic disease was observed in 185 patients
- Coinfection HBV/HIV was found in 51 patients (20.20%)



# HCV INFECTION

- Positivity for HCV antibodies was found in 24/ 2.639 cases (0,9%)
- 6 anti-HCV antibody positive subjects did not present any viral replication (HCV-RNA undetectable), HIV coinfection was found in only 1 patient



## CONCLUSIONS

- In the last three years, the migration phenomenon took on our territory a not negligible number of people with chronic viral infections that in the vast majority of the cases needed a pharmacological treatment
- This screening and treating experience was possible since in Italy the access to health care is universal, extended even to illegal migrants
- We consider essential the elaboration of working schemes that can make easier the use of the healthcare system for this population, with the objective to guarantee the right to health to every single migrant and to hold the spread of HBV, HCV and HIV in the society





Thanks for your attention!

## ACKNOWLEDGEMENTS

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