

# HIV AND HCV CARE CONTINUUM THROUGH TESTING IN THE ETET OEIRAS/CASCAIS

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## Background

When the strategic goals (95-95-95) were announced by UNAIDS, the treatment cascade (diagnose-refer-treat/cure) for HIV and HCV infections acquired a new relevance. This approach allowed looking and intervening with specific populations, congregated or gathered in specific settings (such as hospitals, health centres, prisons and ET - Specialized Technical Treatment Team that offers ambulatory treatment for people with alcohol, drugs and gambling problems). The municipalities of Cascais e Oeiras are both fast-track cities, focused on ending the HIV epidemic and eliminating Hepatitis C by 2030. The results presented in this poster are the product of the articulated work between two partners involved in this strategy (SER+ and ETET Eixo Oeiras/Cascais).

## Goals

The aim of this project was to test, at least once a year, the population accompanied at the ETET Eixo Oeiras/Cascais (ET), to refer the reactive results to treatment structures (linkage to care) and to refer or reconnect to treatment people who were already diagnosed with HIV or HCV who had abandoned treatment (engagement to care).

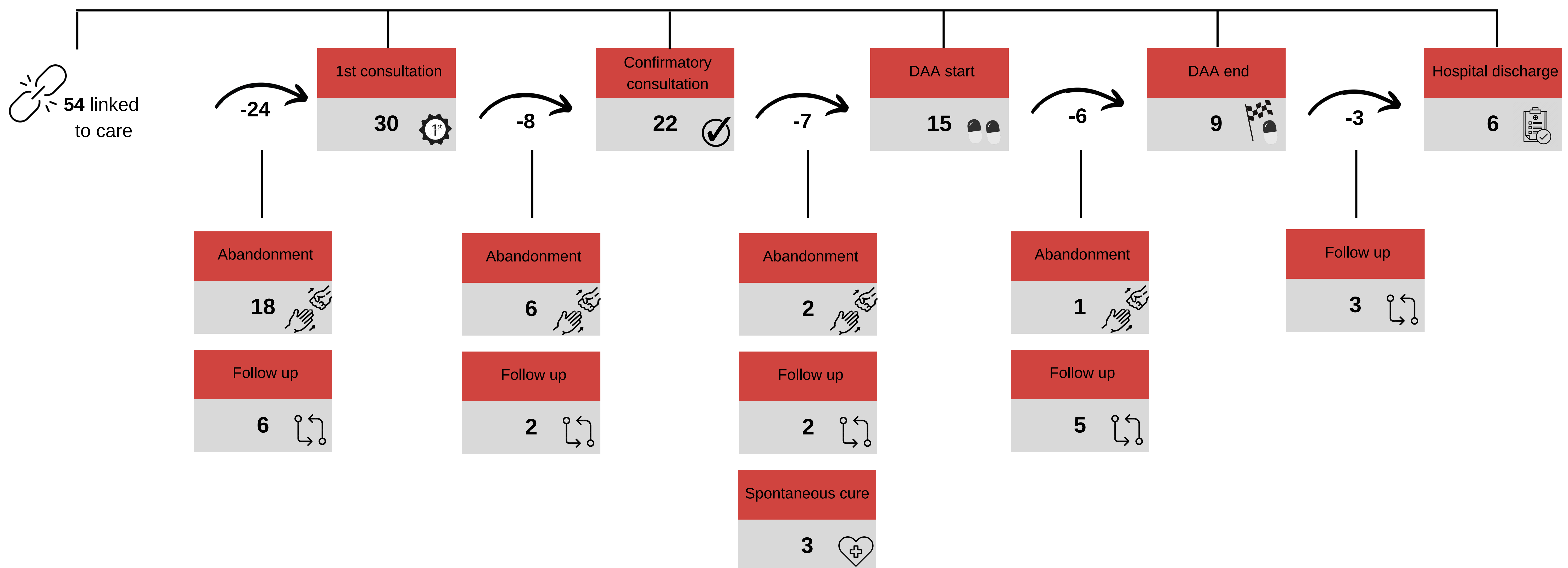
## Method

The screenings (voluntary, anonymous and free) were performed between 05/2021 and 07/2022 and were carried out at the ET's facilities (ET Carcavelos) and SER+ Mobile's Unit (at ET Carcavelos' car park). The testing started with the population followed in the Opioid Maintenance Treatment (OMT) and was later extended to other programs (n=1390 – 975 Cascais and 415 Oeiras). The program was presented individually to all the people undergoing methadone treatment and the information was delivered on paper. Clients from other OMT programs were also informed. Everyone involved in the program signed a declaration of informed consent to authorize the sharing of information between SER+ and ET. During this period, the partners from ET and SER+ articulated frequently, both informally and in regular meetings. People with reactive test(s) were referred to treatment facilities – linkage to care. People already diagnosed with HIV and HCV who had abandoned treatment were linked to health care – engagement to care. Referral and (re)connection to care was carried out by SER+, who was also responsible for scheduling the appointments. To promote adherence to care, psychosocial and peer support was proposed in the follow-up to consultations (offered by SER+). All information regarding the previous serological status of the individuals was based on their own reports.

## Results

### HVC

- The 54 people with indication for referral to treatment agreed to be accompanied by SER+, which means they had an appointment for their first medical consultation.
- 29/54 people (53.7%) withdrew from the follow-up and 22/54 (46.3%) adhered.
- Of the 22 people who adhered, 8/22 (36.3%) were cured and 14/22 remain retained.



### HIV

- Of the 247 performed tests, none was reactive.
- 37 people were not tested – 1/37 reported not having HIV and 36/37 were already aware of their positive HIV status. 31/37 reported being on ART and 5/31 requested follow-up and were reconnected with the support of SER+ and remain in follow-up.

## Conclusions

We managed to understand that this intervention is extremely useful to increase people's knowledge of their serological status and to achieve retention in healthcare. Furthermore, there was a high acceptance rate of rapid tests by methadone treatment clients. We could also state that the networking and cooperation among SER+ and ET was very important to strengthen the intervention. There were substantial health gains by linking to care, relinking to care and cures.