

Introduction:

- The Portuguese League Against AIDS (PLAA) was founded in 1990 and it is the oldest institution in Portugal, in the HIV area, providing care and support to patients infected or affected by HIV or any other Sexually Transmitted Infection (STI). The PLAA main project regarding Prevention, Diagnosis and Treatment of HIV and/or any other STI is the Mobile Screening Unit (MSU) “Saúde + Perto”.
- The MSU aims to facilitate access to testing, counselling, diagnosis, care and treatment of HIV and other STI among vulnerable populations (MSM, Drug Users, Homeless people, Sex Workers and their clients and Immigrants). This MSU was the first unit in Portugal performing screenings to all Sexually Transmitted Infections (STI), being an innovative project created by the Portuguese PLAA in 2013.

Methods:

- This mobile unit goes through the councils of Lisboa, Loures and Odivelas performing health screenings to HIV/AIDS and other sexually transmitted infections (STI). These screenings are all free of charges, confidential and anonymous. The MSU has a multidisciplinary team composed by:
 - A doctor, responsible for the clinical supervision and for assuring the quality of the available services. The doctor can provide medication to all patients with diagnosed infections that don't need laboratorial confirmation.
 - A Psychologist, responsible to perform pre-test information and post-test counselling, to perform psychoeducation on thoughts or behaviours that can put the health of the patient, or others in risk and to perform psychological support.
 - A technical of Screening Analyses, responsible for the screening tests: HIV/AIDS, Hepatitis B, Hepatitis C and Syphilis (all rapid tests). This health professional also can collect urine and blood samples for complete laboratorial analyses.
 - A Mediator, which is very important on this unit, to facilitate the interaction with patients, understanding the characteristics and needs of the population adjusting the intervention. The mediator can provide other types of support to this population (information, contraception methods)
- The following statistical analysis was performed with IBM SPSS, v. 25.0.

Results:

- From October, 1 (2014) to October, 31 (2019), the MSU performed a total of 5693 screenings. From these screenings, the following results were obtained:

Table 1. Results obtained by the MSU “Saúde + Perto”

STI	Spanning Head		
	Tested	Reactive/Positive	Referenced
HIV	5624 (98,8%)	146 (2,7%)	122 (83,6%)
Hepatitis C	4379 (76,9%)	199 (4,7%)	135 (67,5%)
Hepatitis B	4333 (76,1%)	112 (2,6%)	70 (62,5%)
Chlamydia	1847 (32,4%)	79 (4,2%)	28 (35,4%)
Gonorrhoea	1846 (32,4%)	15 (0,8%)	5 (33,3%)
Syphilis	2669 (46,9%)	50 (1,9%)	15 (30%)
Vaginal Candidiasis*	821 (35,9%)	161 (20,4%)	48 (29,8%)
Bacterial Vaginosis*	783 (34,3%)	236 (30,2%)	72 (30,5%)
Trichomoniasis*	817 (35,8%)	7 (0,9%)	3 (44,9%)
Human Papilloma Virus*	37 (1,6%)	6 (17,6%)	6 (100%)

* Only women were tested

- According to data analysis collected from the socio-demographic questionnaires:
 - 3302 patients were men (58%);
 - 2383 patients were women (41,9%);
 - 8 patients were transgender (0,1%).
- The average user of the Mobile Screening Unit is aged 40,7 (sd=15,55), from Lisbon (43,2%), Immigrant (58,6%) and 56% know how HIV is transmitted.

Figure 1. Mobile Screening Unit “Saúde + Perto”



Discussion;

- From this results, considering the total number of screening tests and the reactive/positive results we can say that:
 - 1 in each 38,5 screened patients had a reactive result to HIV;
 - 1 in each 5,5 men screened patients had a reactive/positive result to, at least, one STI;
 - 1 in each 5.6 women screened patients had a reactive/positive result to, at least, one STI.
- In this period, there was a total of 21 co-infections (HIV + HCV or HIV+HBV), from which 11 were Men (52,4%) and 10 were Women (47,6%). The average age of these patients is 44,9 years old (sd=7,92). During the intervention informative (brochures) and preventive materials (male and female condoms) are given to all patients.
- Due to several factors, such as stigma and discrimination, some patients still refuse treatment or referral to the Health Systems (46 patients diagnosed with HIV, HCV or HBV) and some never come back to pick the test results despite being contacted (55 patients diagnosed with HIV, HCV or HBV).

Conclusions:

This project gave us some key learnings throughout the years. Meeting different people in different social contexts need different and adjusted approaches.

Vulnerable populations with no access to health care centres or hospitals consider the opportunity of having medical appointments with the doctor inside the MSU (with prescription and administration of medication without the need to go to the hospital unless the diagnosed infection needs confirmation) a great asset. The presence of the psychologist is also considered very important to provide information and counselling before and after the tests. This MSU has a constant need of adaptation of the intervention places and spots, according to the needs of the target populations and involving all the social partners.

The articulation of this project with the Psychosocial Care Centers also allows a better intervention with the diagnosed patients, providing them the possibility of having social, psychological, nutritional or legal support in a short period of time, directly contributing to a better treatment compliance, to maximize the quality of life and to improve health literacy among these patients.

The results gathered since 2013 in Lisboa, Loures and Odivelas are directly contributing to the 95-95-95 goals and the global results achieved in Portugal are only possible also thanks to this health initiative and to the partnerships established with the councils, the hospitals, the health centres and other local institutions involved in the Fast Track Cities initiative.

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