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Letter to the Editor

HIV infection should no longer be detected at late stages in Italy



Dear Editor,

In their recent manuscript, Micheli et al. [1] outlined that “late HIV presentation continues to carry a heavy mortality burden” and that there is a “urgent need to enhance early HIV testing and linkage to care” in Italy, where around 60% of cases are diagnosed late [2].

The estimated overall HIV prevalence in Italy is about 0.246% [3]. In Italian hospitals, including emergency departments, HIV testing is largely indicator condition-guided, and written consent is always required. Anonymous, voluntary, free-of-charge testing is available at infectious disease units and sexually transmitted infections (STIs) clinics; community testing services are available only in some cities. Yet few individuals truly at risk of acquiring the infection seek testing [4]. In the USA, routine, opt-out screening was recommended by the CDC in 2006, especially in emergency departments, urgent care centres, and primary care offices [5]; however, the implementation has been limited. In Portugal, an opt-out screening programme implemented over 3 years in the emergency department of a large hospital was associated with a significant reduction in the number of people with late HIV diagnosis [6]. Could an opt-out screening programme be applied in Italy, as suggested by the Italian Societies of Infectious Diseases and Emergency Medicine [7]? A model comparing health economic values of universal opt-out vs indicator condition-guided HIV testing, found that opt-out testing was cost-effective when the HIV prevalence was at least 0.25% [8], i.e. like the one in Italy.

An additional approach to increase early diagnosis could be self-testing (HIVST), which in sub-Saharan Africa, South and South-east Asia has been accepted, with very good uptake among at-risk populations, due to its ability to offer confidentiality, privacy and convenience, and to help to address barriers linked to stigma and discrimination [9]. In Italy, HIVST was legalised and made available for private purchase, predominantly in pharmacies, in 2016. The price is considerable and uptake has been limited; information is insufficient to support an individual to carry out the test correctly, and linkage to care in case of a reactive result is inadequate [10]. Efforts should be made to reduce the price, develop local and national strategies and increase awareness of, and access to HIVST especially by high-risk groups, e.g. men who have sex with men. Testing instructions and support for self-testers found to have the infection must be improved, and development of multi-tests for other STIs could help to increase utilization, as previously suggested [10].

Declarations of competing interest

The authors have no competing interests to declare.

Author contributions

All authors contributed to drafting, reviewing, and providing final approval of this letter.

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