

SCREENING FOR INFECTIOUS DISEASES IN AT-RISK POPULATIONS: PRELIMINARY DATA FROM AN EMERGENCY SHELTER IN LISBON FOR HOMELESS PEOPLE WITH ADDICTIONS

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Background: The COVID-19 pandemic increased the challenge for at-risk populations. The Municipality of Lisbon implemented several Emergency Shelters to answer the increase of homeless people. The Emergency Shelter -CAEM Sta Bárbara- started operating in September 2021 and acted mainly as a housing structure to the homeless with active drug and alcohol abuse -that would not be suited for other available shelters - under the scope of a harm reduction intervention. Ares do Pinhal and VITAE co-manage the shelter, sponsored by the Municipality of Lisbon. Present work reports on 5-months of infectious diseases (ID) screening.

Description of model of care/intervention: All the users provided written signed informed consent forms, authorizing access to epidemiological data and substance use records. Screening for ID as part of the routine practice at the CAEM. Therefore, this was an observational study.

Effectiveness: From September 2021 to January 2022, 200 homeless were housed in CAEM. From 117 screened for ID, of these, 79% were male (n=92) and 21% were female (n=25), 74% were Portuguese (n= 86), averaging 44 years old. From our sample, 11 presented reactive test results for HIV -being referred for treatment. Concerning HCV, after 41 reactive tests, all were referred for RNA testing. Only fifteen were tested, and from these, six had positive results - 4 are currently under treatment at local healthcare public services, and 2 waiting for treatment. Of the 26 that did not perform RNA testing, 10 were lost to follow-up and 16 left the shelter.

Conclusion and next steps: Current results show the importance of the harm-reduction approach at the CAEM, since most homeless have active drug and alcohol use. The low-threshold approach enables the housing of homeless that would not fit other services. The CAEM will continue screening and diagnosis efforts, providing referrals to public healthcare facilities for patients with an active disease requiring treatment.

Disclosure of Interest Statement:

The authors have no conflicts to declare