

Introduction

- Infectious diseases (IDs) in drug users are a public health concern.
- The Mobile Outreach Program (MOP), Drug Consumption Room and the Homeless Shelter managed by Ares do Pinhal in Lisbon (Portugal) develop Harm reduction programs to promote timely screening, diagnosis, ID treatment.
- It has identified the importance of specialized consultations –namely hepatology- to improve clinical outcomes.
- Since March 2023, Ares do Pinhal has implemented a decentralized consultation in hepatology in all projects;
- It resulted from a formal partnership with Centro Hospital Universitário Lisboa Central (CHULC), providing gastroenterology consultations for the users followed at Ares do Pinhal.

Methods

- Written informed consent was obtained to access individual medical records.
- This was an observational study in which results are based exclusively from the data available at the medical charts available in the program since the implementation of the decentralized consultation (March 2023 – March 2024).

Results



**Screened patients** – 393 active users from all Ares do Pinhal projects



**Screening 2023-2024:**

Fifty-eight percent (58%) presented HCV Ab+  
Out of these, 40% had active disease



**Outcomes 2023-2024:**

50% initiated therapy concerning their HCV status.  
12 were waiting for treatment for HCV  
20 were pending blood collection to initiate treatment.

Most users with IDs are males (90%), averaging 41 years old



Migrants represent 39% of screened users



All screens were confirmed by Cepheid, GenExepert

Conclusions

- The influx of migrants in Lisbon led to a shift in the target population, with a noticeable increase in Asian migrants over the last years.
- This led to an increase in the complexity of IDs management due to language and cultural barriers that must be addressed in both a clinical and a psychosocial approach.
- These migrants are younger, and had a fragile working status, housing issues, and socioeconomic constraints, underlining the need for a more effective, inclusive and adaptative intervention.
- Decentralized consultation was key to improving treatment adherence and clinical outcomes in IDs.

Disclosure of Interest Statement

The authors report no conflict of interest related to the work depicted here.

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