

PS2.010**Prevalence of six neglected tropical diseases among immigrants in five Italian reference centres: a cross-sectional study**

C. Di Girolamo¹, G. Martelli², M. Morandi³, A. Angheben⁴, L. Zammarchi⁵, G. Verucchi², P. Viale², E. Vanino², G. Monteiro⁴, N. Bazzanini⁶, M. Gobbo⁷, A. Ciannameo¹, B. L. Marta¹, F. Cacciatore¹, M. Parisotto¹, S. Caligaris⁸, L. Urbinati⁸, N. Galizzi⁸, A. Bartoloni⁵, M. Spinicci⁵, A. Mantella⁵, M. L. Moro³, F. Castelli⁸, C. Scarcella⁹, I. El-Hamad¹⁰, C. Fausti¹⁰ and E. Nava¹⁰

¹Centre for International Health, Department of Medical and Surgical Sciences, University of Bologna, Bologna, Italy; ²Infectious Diseases Unit, Department of Medical and Surgical Sciences, University of Bologna, Bologna, Italy; ³Social Health Agency of Emilia-Romagna Region, Bologna, Italy; ⁴Centre for Tropical Diseases, Hospital Sacro Cuore – Don Calabria, Negrar-Verona, Italy; ⁵Infectious Diseases Unit, Department of Experimental and Clinical Medicine, University of Florence, Florence, Italy; ⁶Unit of Infectious Diseases and Hepatology, Azienda Ospedaliero-Universitaria of Parma, Parma, Italy; ⁷Service of Epidemiology and Laboratory for Tropical Diseases, Hospital Sacro Cuore – Don Calabria, Negrar-Verona, Italy; ⁸Infectious and Tropical Diseases Unit, Spedali Civili General Hospital, Brescia, Italy; ⁹Direzione Generale ASL di Brescia, Brescia, Italy; ¹⁰Ambulatorio migrante del Servizio di Medicina del Disagio dell'ASL di Brescia, Brescia, Italy

INTRODUCTION Neglected Tropical Diseases (NTDs) are a motley group of infections mainly endemic in low and middle-income countries and usually associated with poverty. Due to international movements, NTDs are present in Europe where they can be confused with ubiquitous diseases; some of them can be transmitted via blood or organ donation, from mother to child or reactivate during immunosuppression.

In Italy, despite a rapid increase in migration, little is known about the NTDs burden. The objective of this study, funded by the National Centre for Disease Prevention and Control, was to estimate the prevalence of 6 infections among immigrants in 5 Italian centres (Bologna, Brescia, Florence, Rome, Negrar-Verona).

METHODS People who attended outpatient services or were admitted to Infectious Diseases wards and met the inclusion criteria (≥ 18 years, coming from an endemic country, sufficient level of Italian/availability of a linguistic mediator) were eligible.

After signing an informed consent form, they underwent different sets of serological test according to: country of origin (strongyloidiasis, schistosomiasis, Chagas disease) or country of origin plus presence of eosinophilia (toxocariasis, filariasis) or presence of specific symptoms (leishmaniasis). Socio-economic data were collected through a questionnaire. Seropositive individuals were offered the treatment and followed up.

RESULTS 1083 individuals were enrolled (51.6% men, 46.9% women, 1.5% transgender; mean age: 38.8 years). 11.2% of them were diagnosed with at least one NTD; among the 130 diagnosed infections, the most common was strongyloidiasis (43.1%), followed by schistosomiasis (26.9%), toxocariasis (15.4%), filariasis (6.9%), Chagas disease (6.2%), leishmaniasis (1.5%). The prevalence of each infection varied across the centres, presumably as a result of diverse migration patterns. Seropositive subjects were more likely to be male, aged ≥ 40 years, with low educational level. Proportions of screened people with at least one NTD according to region of origin (Geosentinel classification) were: 15.3% from South America, 15.2% from Sub-Saharan Africa, 8.8–10.3% from Asian regions, 5.3% from East Europe, 3.2% from Northern Africa.

CONCLUSIONS Despite its limitations, in particular the selection bias, the study showed that the burden of NTDs among immigrants is not negligible and underlined the need for control strategies and education programmes, particularly in the field of transplant medicine.

DISCLOSURE Nothing to disclose.