São Paulo and report the main causes of discontinuation of this prevention technology.

Methods: Data were collected between September 15, 2021, and May 31, 2025, and analyzed according to gender identity, education, race/color, age, and follow-up status. Data were tabulated using Microsoft Excel 97.

Results: Of the 461 users enrolled during this period, 228 were trans men (TM), 212 were trans women and transvestites (TWT), and 21 were non-binary/gender-fluid individuals (NBGF). Among them, 417 tested HIV-negative (potentially eligible for PrEP). Of these, 8.15% (n = 34) initiated PrEP at admission, identifying TWT as the most vulnerable group (70.6%), followed by TM (8.8%) and NBGF (20.6%). The mean age was 29 years; 50% had completed secondary education, 17% had started higher education, 29% had completed primary education, and 4% had incomplete primary education. Regarding race/color, 47% identified as White, 44% as Black or mixed-race, 6% as Asian, and 3% as Indigenous. 44% maintained regular adherence, while 56% discontinued PrEP. Seven participants reported no longer feeling vulnerable because they were in stable relationships or not sexually active; four discontinued due to nausea and other gastrointestinal discomforts; seven were lost to follow-up and reported difficulties in accessing the service; and one HIV infection occurred.

Conclusion: Many users did not use PrEP because they did not perceive themselves as vulnerable to HIV – either due to sexual inactivity, self-image issues, stigma, or a lack of risk perception – along with factors such as trust in partners, alcohol and drug use, or unawareness of this prevention technology. Integrating hormone therapy services with HIV prevention helps facilitate access and adherence. Increasing risk perception in this population remains challenging. It is important to develop additional forms of prophylaxis beyond the oral route. In this context, the advent of injectable PrEP strategies may revolutionize adherence in this population. The development of further studies is essential to reduce barriers and decrease HIV vulnerability in this group.

Keywords: Transgender people, Transgender health services, HIV, Pre-exposure prophylaxis.

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ANTHROPOMETRIC AND DYSLIPIDEMIC PROFILE OF CHILDREN AND ADOLESCENTS LIVING WITH HIV IN A TERTIARY PEDIATRIC HOSPITAL BETWEEN 2017 AND 2023 – AN EVOLUTIONARY ANALYSIS

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Introduction/Objectives: Although antiretroviral therapy (ART) has reduced morbidity and mortality among children living with the human immunodeficiency virus (HIV), its long-term use may cause adverse effects such as dyslipidemia. This study describes the metabolic and anthropometric data of patients under 15 years of age living with HIV in outpatient follow-up.

Methods: Observational and descriptive study of children and adolescents living with HIV followed at a tertiary outpatient clinic between 2017 and 2023. Anthropometric and metabolic parameters were analyzed at the beginning and end of follow-up (CAAE: 77960524.9.0000.5361).

Results: Among 34 included cases, 52.94% were female, reflecting the feminization of the epidemic. At admission, 100% had detectable viral load (VL), and 11.76% had CD4 T-cell counts below 200 copies/mL. At transition to adult care at age 15, VL was undetectable in 70.59% of cases. CD4 T-cell counts were below 200 copies/mL in 2.94% and between 200–350 copies/mL in 11.76%, all due to poor ART adherence. Analysis of the body mass index (BMI) of children over 2 years old showed normalization in 71.43% and a 62.5% reduction in underweight cases. Regarding lipid profiles, elevated triglycerides and cholesterol rates decreased from 47.05% to 17.06% and from 23.52% to 11.76%, respectively, while low HDL cholesterol decreased from 47.05% to 41.17%. The most common ART regimens were Tenofovir + Lamivudine + Lopinavir/ritonavir (32.35%) and Zidovudine + Lamivudine + Efavirenz (20.59%), reflecting national treatment guidelines in place at the time. Good adherence was observed in 52.94% of cases, while treatment failure occurred in 41.18%. Limited understanding of the disease by the pediatric age group and their parents, along with the adverse effects of ART, are challenges to adherence, an essential aspect of treatment that requires special attention.

Conclusion: Specialized outpatient follow-up proved effective in managing ART-related adverse effects on anthropometric and lipid parameters in children and adolescents living with HIV. These findings reinforce the importance of specialized care in transforming HIV infection into a controllable chronic condition.

Keywords: HIV, Pediatrics, Anthropometry.

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DESCRIPTION OF VULNERABILITIES AND SEROPREVALENCE OF HEPATITIS B AND C AMONG INDIVIDUALS SEEKING HIV PRE-EXPOSURE PROPHYLAXIS (PREP) AT A REFERENCE CENTER IN SÃO PAULO

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Introduction: Hepatitis A (HAV), B (HBV), and C (HCV) remain major public-health concerns. HBV is vaccine-preventable, with universal and free immunization implemented in Brazil since 2016. Understanding the epidemiology and seroprevalence of these infections among users of HIV pre-exposure prophylaxis (PrEP) is crucial to develop strategies that expand vaccination coverage.

Objective: To assess the seroprevalence of HBV and HCV among PrEP users and identify associated factors.

Methods: Cross-sectional study including individuals who sought PrEP between 08/2022 and 08/2024. Data were entered into REDCap and analyzed using STATA/MP 19. Seroprevalence of HBV and HCV was determined by the positivity of Anti-HBs (with or without Anti-HBc) and total antibodies for HCV, respectively. Associated factors were evaluated using prevalence ratios (PR) and 95% confidence intervals (CI). Variables significant in bivariate analysis were included in a Poisson regression model with robust variance.

Results: A total of 502 PrEP prescriptions were recorded: 249 (50%) White, 393 (78%) cisgender men, 357 (71%) men who have sex with men (MSM), mean age 29.5 years, 73 (15%) with prior PrEP use, 90 (19%) with prior PEP use, 136 (27%) reporting chemsex, and 269 (54%) with a history of STIs. Median follow-up time was 313 days (IQR: 158–511). Seroprevalence for HBV and HCV was 60.5% (302/499; 95% CI: 56.1–64.8) and 1% (5/500; 95% CI: 0.3–2.3), respectively, with only one case of active HCV (PCR-positive) and none of active HBV. In multivariate analysis, Anti-HBs prevalence was higher among individuals < 40 years (PR: 1.7; 95% CI: 1.2–2.3; $p < 0.01$) and those with a history of PEP (PR: 1.2; 95% CI: 1.0–1.4; $p = 0.009$). Anti-HBc antibody prevalence was 5.2% (95% CI: 3.4–7.6), associated with age ≥ 40 years (PR: 9.3; 95% CI: 3.19–57.99; $p < 0.001$) and transgender women/transvestite identity (PR: 8.7; 95% CI: 1.53–6.27; $p = 0.002$). Among those susceptible to HBV, 196 (39%) were referred for vaccination and 147 (75%) received at least one dose, yielding a vaccination coverage of 41% (95% CI: 32.8–49.2).

Conclusion: Continuous assessment of the serological profile for hepatitis among PrEP users is essential. Periodic review of HBV vaccination status is recommended, particularly for transgender individuals and those ≥ 40 years, who showed lower vaccination coverage, possibly due to unawareness of the vaccine's wide availability. Such measures are fundamental to reducing HBV incidence.

Keywords: Viral hepatitis, Seroprevalence, Pre-exposure prophylaxis, Immunization, Vulnerability.

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DESCRIPTION OF THE SEROLOGICAL PROFILE OF HEPATITIS A AMONG INDIVIDUALS SEEKING HIV PRE-EXPOSURE PROPHYLAXIS (PREP) AT A REFERENCE CENTER IN SÃO PAULO

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Introduction: Worldwide, nearly one million new sexually transmitted infections (STIs) occur daily. Viral hepatitis caused by the hepatitis A (HAV), B (HBV), and C (HCV) viruses represent a major public health issue and are considered STIs, primarily associated with unprotected sexual intercourse among men who have sex with men (MSM). Hepatitis A is globally prevalent, with approximately 1.4 million cases annually, and outbreaks among MSM populations have been reported in recent years. This study aimed to analyze the prevalence of HAV seropositivity and vaccination opportunities among PrEP (Pre-Exposure Prophylaxis) users attending an HIV/STI reference center.

Methods: Cross-sectional study using data from individuals who sought PrEP between 08/2022 and 08/2024. Data were entered into the REDCap platform, approved by the ethics committee, and analyzed using STATA/MP 19. The prevalence of HAV positivity and its possible associated factors were calculated. The strength of association was estimated using the prevalence ratio (PR) with 95% confidence intervals (95% CI). Variables showing significant association in the bivariate analysis were included in a Poisson regression model with robust variance.

Results: A total of 502 PrEP prescriptions were recorded during the study period; 393 (78%) were cisgender men, 357 (71%) MSM, with a mean age of 29 years. The HAV seroprevalence was 48% (95% CI: 43–52). In the multivariate analysis, HAV prevalence was significantly higher among individuals aged ≥ 40 years (PR: 2.1; 95% CI: 1.5–2.9; $p < 0.001$) and among