epidemiological, and clinical analysis (CAAE:85147424.6.0000.5361).

Results: Among 159 confirmed uninfected patients (according to Brazilian Ministry of Health guidelines), 80 (50.3%) attended the emergency department at least once. Of these, 61 (76.2%) presented fever with respiratory symptoms or a diagnosis of respiratory infection; 36 (45%) presented diarrhea or a diagnosis of infectious gastroenteritis; and 30 (37.5%) required at least one hospitalization. Two deaths were recorded, both in presumptively uninfected patients who died before diagnostic confirmation. These outcomes are consistent with meta-analyses describing a high incidence of respiratory and gastrointestinal symptoms, as well as severe infections, in this population. Compared to non-exposed children, this results in an up to 60% increase in all-cause mortality.[2]

Conclusion: These findings highlight the need to strengthen strategies for preventing HIV transmission among women of childbearing age, in order to avoid vertical exposure, which significantly increases morbidity burden in affected children. Additionally, further investigation of the clinical and social impacts of HIV exposure is essential to inform better care planning.

Keywords: HIV, Vertical exposure to HIV, Exposed uninfected children.

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MAKING THE INVISIBLE VISIBLE: THE PORTRAIT OF SEXUALLY TRANSMITTED INFECTIONS AMONG HOMELESS POPULATIONS IN URBAN SÃO PAULO

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Introduction: Homelessness is a global human rights crisis requiring urgent attention. People experiencing homelessness (PEH) face vulnerabilities that expose them to disproportionate rates of sexually transmitted infections (STIs), although data on this reality remain scarce in Brazil. This study aimed to investigate the prevalence of STIs and associated factors among PEH in a medium-sized city in São Paulo State.

Methods: An observational, cross-sectional, and prospective study including 140 PEH. Interviews and testing were conducted by the *Street Clinic* team. Statistical analysis used the chi-square trend test and t-test to compare two groups: with and without STIs (HIV, syphilis, hepatitis B or C), based on screening results.

Results: The mean age was 44 years (±12.1). Most participants self-identified as White (51%), had been homeless for over one year (72%), slept in shelters or houses (63%), had family ties (66%), and reported alcohol and/or drug use (71%). Regarding gender identity and sexual orientation, 75% were cisgender men, 19% cisgender women, and 3% transgender individuals; 91% heterosexual and 7% homo/bisexual. Illiteracy rate was 4%, and only 3% had higher education. About 12% had STIs: 4% HIV, 7% syphilis (treponemal test reactive), 3% hepatitis C, and 0% hepatitis B; 12.5% were coinfected. The STI-positive group was more likely to sleep on the streets (75% vs 33%, $p = 0.001$), identify as homosexual (25% vs 2%, $p = 0.003$), be transgender women (67% vs 33%, $p = 0.033$), have poor hygiene (63% vs 30%, $p = 0.003$), and use alcohol/drugs (100% vs 33%, $p = 0.038$).

Conclusion: HIV and syphilis rates among PEH in this municipality were similar to those observed in large urban centers, whereas hepatitis B and C showed lower prevalence. These findings highlight the need for targeted interventions for LGBTQIA+ individuals experiencing homelessness, particularly transgender people, and for integrated and effective public health policies. This study aims to support more inclusive practices and strengthen citizenship among this often-invisible population.

Keywords: Sexually transmitted infections, Homelessness, HIV, Hepatitis, Syphilis.

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PENICILLIN DESENSITIZATION AND ITS IMPORTANCE IN COMBATING NEONATAL SYPHILIS. ESTABLISHING A REFERENCE UNIT

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Introduction: This is a successful experience report carried out in a medium-complexity hospital providing 100% SUS care and serving as a referral center in the interior of the state of São Paulo. Although about 10% of the population reports a penicillin allergy, scientific evidence shows that fewer than 1% have a true IgE-mediated allergic reaction. Many reported reactions are misdiagnosed or do not correspond to true allergic processes. In pregnancy, penicillin desensitization becomes a key strategy to ensure safe and effective treatment, contributing to the prevention of complications and to improved maternal–infant health outcomes.

Objectives: To qualify the hospital to become a referral center for "Penicillin Desensitization in Pregnant Women," increasing adherence by enabling the procedure closer to patients' homes, ensuring greater effectiveness, reducing unnecessary use of alternative antibiotics, and decreasing future NICU admissions of newborns whose mothers would otherwise be considered inadequately treated.

Methods: The program was implemented through creation of a standardized protocol with all guidance required for effectiveness. The involved teams were trained, educational materials were distributed to regional units, and an admission flow was established so the procedure could occur within critical care units, with full monitoring in cases of potential anaphylaxis.

Results: In the evaluated period (2024), penicillin desensitization was performed for all referred patients in the region; five patients received medications in the intensive care unit, with successful completion enabling effective treatment of syphilis and preventing fetal transmission. Penicillin desensitization is crucial, as appropriate treatment of congenital syphilis prevents serious consequences for mother and baby. Penicillin is among the safest antibiotics in pregnancy, minimizing risks and severe complications such as preterm birth and low birth weight.

Conclusion: The adoption of a penicillin desensitization protocol for pregnant women is strategic in obstetrics and maternal–child health. It allows pregnant patients with a history of allergy to receive the safest and most effective treatment for infections such as congenital syphilis, preventing serious complications and expanding access by bringing care closer to where patients live.

Keywords: Syphilis, Congenital infection, Penicillin, Antibiotics.

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DETERMINANTS OF PREP ADHERENCE AND DISCONTINUATION: ANALYSIS IN A SPECIALIZED SERVICE IN SOUTHERN BRAZIL

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Introduction/Objective: Despite its efficacy and safety, HIV pre-exposure prophylaxis (PrEP) still faces high rates of discontinuation and lack of awareness, undermining its role in HIV prevention among populations at higher risk of exposure. This study aimed to analyze sociodemographic and clinical factors associated with PrEP adherence and discontinuation.

Methods: The study was conducted in a Specialized Care Service in central Rio Grande do Sul (IRB approval no. 5.641.756), including PrEP users between November 2020 and August 2023 who had at least one dispensing.

Results: Statistical analysis showed significant associations between adherence/discontinuation and variables such as age, sex assigned at birth, sexual orientation, schooling, skin color, priority population profile, and serological markers (anti-HBs and HAV-IgG). Younger individuals (18–24 years) had higher discontinuation (60.4%), whereas those ≥ 40 years showed higher adherence (62.2%) ($p = 0.003$). Men had higher adherence (52.1%) than women (26.7%) ($p = 0.008$). Homosexual individuals had better adherence (54.8%) compared with heterosexuals (37.2%) ($p = 0.006$). Low schooling (< 8 years) was associated with higher discontinuation (70.4%) ($p = 0.029$), and White individuals had higher adherence (53.5%) than Brown (46.9%) and Black (33.3%) individuals ($p = 0.010$). In multivariable logistic regression, male sex was strongly associated with adherence to PrEP (aOR=14.52; 95% CI: 1.51–1.94; $p = 0.001$), as was age 18–24 years (aOR = 12.01; 95% CI: 2.36–5.36; $p = 0.001$). Low schooling predicted discontinuation (aOR = 7.65; 95% CI: 2.36–5.36; $p = 0.006$). White individuals had lower risk of discontinuation (aOR = 0.10; 95% CI: 0.12–0.39; $p = 0.001$), and homosexual individuals showed greater adherence compared with heterosexual and bisexual individuals (aOR = 0.38; 95% CI: 0.10–0.13; $p = 0.003$). Individuals seronegative for anti-HBs and HAV-IgG had increased risk of discontinuation ($p = 0.001$ for both).

Conclusion: The findings underscore the importance of targeted strategies to reduce inequalities in PrEP access and continuity, especially among youth, people with low schooling, cisgender women, non-White populations, and individuals outside priority groups, thereby contributing to reduced HIV infection rates.

Keywords: Pre-Exposure Prophylaxis, Human Immunodeficiency Virus, Combination Prevention, Antiretrovirals, HIV Prevention.

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LATE HIV DIAGNOSIS - AFTER 40 YEARS, HAVE WE ADVANCED ENOUGH? EXPERIENCE AT A STATE REFERENCE CENTER IN NORTHEASTERN BRAZIL

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