diagnosis more difficult.

Keywords: Ménétrier disease, HIV, Hypertrophic gastropathy, Immunosuppression, Hypoproteinemia.

https://doi.org/10.1016/j.bjid.2026.105519

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EVALUATING SEXUAL HEALTH EDUCATION IN A MEDICAL SCHOOL IN THE CITY OF SÃO PAULO – SP

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Introduction: Sexual health is an essential component of comprehensive health, involving physical, emotional, and social dimensions. Despite its clinical relevance, the topic is still under addressed in medical training, often neglected due to insecurity, taboos, and curricular gaps. In this context, academic leagues have played a strategic role by promoting educational actions aimed at training future physicians. This study aimed to report an educational intervention on sexual health conducted among academic leagues and to reflect on its contribution to medical education.

Methods: The activity was developed by academic leagues from a higher education medical institution in São Paulo and consisted of an expository and interactive class on sexual health, preceded and followed by online questionnaires. Twenty-seven medical students participated, 24 female and 3 male. Regarding course stage, 70.3% were in the 8th period, 22.2% in the 10th, and 7.4% in the 2nd.

Results: Before the intervention, 88.9% of participants recognized the importance of the topic for medical practice, but only 11.1% felt prepared to address it with patients. After the class, students reported greater conceptual understanding of sexual health and a marked improvement in self-confidence to apply the acquired knowledge in clinical care. The activity was evaluated as relevant, necessary, and transformative.

Conclusion: The experience highlighted the lack of specific training in sexual health during medical school and the potential of actions promoted by academic leagues to fill this gap. The collective construction of knowledge in a welcoming and dialogic environment favored deconstruction of prejudice and strengthening of clinical and communication competencies. Initiatives like this are highly recommended and should be more frequently integrated into formal medical curricula, aiming to train more ethical, empathetic, and technically prepared professionals to deal with the diversity and complexity of sexual health.

Keywords: Education, Medicine, Curriculum.

https://doi.org/10.1016/j.bjid.2026.105520

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COMPARISON BETWEEN A DETERMINISTIC DIGITAL ALGORITHM AND LARGE LANGUAGE MODELS FOR DECISION-MAKING ON UROCULTURE-GUIDED ANTIBIOTIC THERAPY

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Doxa Antimicrobial Intelligence

Introduction: The increasing use of artificial intelligence (AI) in clinical decision-making requires rigorous validation, especially in critical scenarios such as antimicrobial prescribing guided by antibiogram. This study aimed to compare agreement proportions of a rules-based deterministic algorithm with those of three large language models (LLMs), using the decisions of experienced infectious disease specialists as reference.

Methods: Cross-sectional validation study conducted with 87 real anonymized urine culture antibiograms associated with simulated clinical cases. Cases included relevant variables such as severity, pregnancy, feasibility of oral administration, and infection site (upper or lower urinary tract). Antibiotic decisions were defined blindly and independently by five sources: an algorithm created by infectious disease physicians, three LLMs (Gemini 2.5 Pro, ChatGPT-4.1 and DeepSeek 03-0324), and two independent infectious disease specialists who did not participate in creating the algorithm. The primary outcome was agreement of each system with at least one of the two specialists. Agreement proportions were calculated. Statistical significance of differences was assessed using the Chi-Square (χ^2) test, with $p<0.05$ considered significant.

Results: For the primary outcome, the rules-based algorithm achieved 95.40% agreement with at least one specialist. In contrast, the LLMs showed substantially lower agreement: Gemini 64.37%, ChatGPT 58.62%, and DeepSeek 49.43%. Differences in agreement between the algorithm and all LLMs were

highly statistically significant (p<0.001). In other words, the algorithm showed robust superiority over the tested language models in antimicrobial selection.

Conclusion: A rules-based algorithm showed significantly higher agreement with infectious disease specialists than LLMs for antimicrobial selection. This suggests that, for certain clinical decisions, deterministic pathways may still provide recommendations more similar to specialists' than LLMs. Additionally, although rapid evolution of LLMs is notable, these results indicate the need to explore hybrid strategies combining the interpretability of rule-based algorithms with the rapidly scalable generative power of LLMs.

Keywords: Antibiotics, Digital health, Artificial intelligence, Infectious diseases.

https://doi.org/10.1016/j.bjid.2026.105521

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KNOWLEDGE, ATTITUDES, AND PRACTICES RELATED TO TUBERCULOSIS AMONG UNIVERSITY STUDENTS AT A PUBLIC UNIVERSITY IN THE INTERIOR OF SÃO PAULO

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Introduction: Tuberculosis (TB) remains among neglected diseases despite its public health impact in Brazil. The post-COVID-19 pandemic scenario has worsened this situation by compromising diagnosis, treatment, and case follow-up. One persistent challenge is the possible lack of knowledge and preparedness among health professionals. Considering that training during undergraduate education is essential for adequate TB management, this study investigates TB-related knowledge, attitudes, and preventive practices among health sciences students at a public university in the interior of São Paulo.

Objective: To investigate TB-related knowledge, attitudes, and preventive practices, as well as their variations throughout undergraduate education, among health sciences students at a public university in the interior of São Paulo.

Methodology: Observational, cross-sectional, analytical, quantitative study conducted with students from medicine, nursing, nutrition, and biomedicine. A validated, adapted, and translated questionnaire with 50 items was applied: 20 on knowledge (binary responses), 15 on attitudes, and 15 on preventive practices (both on a 6-point Likert scale). After signing informed consent, questionnaires were administered in person. Statistical analysis will be performed using SPSS (version 21), with descriptive statistics, Student's t-test, Pearson correlation, and multiple linear regression. The study was approved by the Ethics Committee (CAAE 76863924.1.0000.5411).

Results: In the first stage, data from only 87 students were analyzed: 78% medicine and 22% nursing, mean age 22 years, predominance of women (64%) and single participants (99%). Smokers accounted for 9.2%, and 8% reported a family history of TB. Mean knowledge score was 10.6, with slightly higher scores among nursing students (11.2). Mean attitude and practice scores were 72 and 61, respectively. There was no statistically significant difference between courses. Data indicate gaps in TB training.

Conclusion: The results show deficiencies in health students' knowledge and preparedness regarding tuberculosis. These findings, in the post-pandemic context, reinforce the need for more effective educational strategies during undergraduate training, aiming at early diagnosis, prevention, and disease control.

Keywords: Tuberculosis, Education, Knowledge, Disease, Students.

https://doi.org/10.1016/j.bjid.2026.105522

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POPULATION KNOWLEDGE AND PERCEPTIONS ABOUT HIV, SEROPHOBIA, PREP, AND PEP IN FORTALEZA

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Introduction/Objective: HIV infection remains a major global public health challenge, requiring integrated strategies for prevention, diagnosis, and treatment. Despite therapeutic advances such as antiretroviral therapy (ART) and pre- and post-exposure prophylaxis (PrEP and PEP), a knowledge deficit persists, particularly regarding these preventive modalities, contributing to ongoing stigma and serophobia. This study aimed to assess the level of knowledge of the population of Fortaleza/CE about HIV, transmission, treatment, associated social stigmas, and preventive measures such as PrEP and PEP, before and after a health education action.

Methods: Prospective, analytical intervention study conducted between December 2023 and September 2024 in four institutions in Fortaleza/CE. Pre- and post-intervention