

TESTING AND RESPONSE TO SYPHILIS IN MOBILITY CONTEXTS: EXPERIENCE REPORT ON THE BR-101 HIGHWAY IN EUNÁPOLIS, BRAZIL

Elines Santos Rocha Novais¹

Flaelma Almeida da Silva²

Olívia Ferraz Pereira Marinho³

Igor Dala Bernardina⁴

Abstract: Syphilis is a sexually transmitted infection (STI) with a high prevalence in Brazil, showing a significant increase in recent years, especially among socially vulnerable groups. Itinerant workers, such as truck drivers and mobile professionals along the BR-101 highway, are at increased risk of exposure due to constant mobility, limited access to regular healthcare services, and unprotected sexual practices. In this context, the present study aims to report the extension-based experience of testing and educational health actions aimed at confronting syphilis in mobile settings, conducted in the municipality of Eunápolis, Bahia. The intervention took place from August to December 2024, in partnership with the Federal Highway Police (PRF) and the Specialized Care Service and Testing and Counseling Center (SAE/CTA), involving 32 participants, mostly men, of mixed race and in productive age. Rapid tests were performed exclusively by qualified SAE/CTA professionals as part of their institutional duties. The students involved in the extension project did not conduct any clinical procedures; their role was limited to supervised observation and analysis of anonymized data previously authorized by the partner technical team. This experience report complies fully with the ethical principles established by Resolution CNS No. 510/2016, as it did not involve direct

1 Master in Nursing, CETSC Professor at the Pitágoras Faculty of Medicine in Eunápolis.

2 Master in Education, CETSC Professor at the Pitágoras Faculty of Medicine in Eunápolis.

3 Master in Public Health, CETSC Professor at the Pitágoras Faculty of Medicine in Eunápolis.

4 Student of the Medicine Course at the Pitágoras Faculty of Medicine in Eunápolis.



intervention or identifiable data collection, and is therefore exempt from mandatory submission to a Research Ethics Committee. No participants tested positive for syphilis, although one reported having recently undergone treatment for the disease. Despite the absence of confirmed cases, the study revealed significant exposure to risk factors related to STI transmission, such as multiple sexual partners and lack of condom use. The findings also highlight the high acceptance of rapid testing, the low perception of risk among users, and the effectiveness of extension activities as strategies for promoting sexual health in contexts marked by mobility and social vulnerabilities.

Keywords: Syphilis. Rapid testing. Workers' health. Itinerant population. University extension.

Introduction

Syphilis is a sexually transmitted infection (STI) caused by the bacterium *Treponema pallidum*, of systemic evolution and potentially severe when left untreated. Despite the existence of effective treatment with penicillin since the 1940s, the disease persists as a global and national public health problem, with significant impacts on the morbidity and mortality of vulnerable populations (Avelleira and Bottino, 2006).

In Brazil, the epidemiological scenario is worrying. Between January and June 2022, more than 122 thousand cases of the disease were reported, most of which were acquired syphilis, but with significant numbers also among pregnant women and newborns, revealing failures in primary care and health surveillance (Brasil, 2023). These data demonstrate the persistence of vertical transmission and the challenge of interrupting the chain of contagion in territories marked by social inequality.

The worsening of the syphilis epidemic in the country exposes structural inequalities in access to prevention, diagnosis, and treatment. Ramos (2022) warns that the most affected populations are, historically, the most vulnerable: young women, black women, homeless people, and populations with low education and income. Silva et al. (2022), in turn, identified, in a longitudinal study in southern Brazil, that key populations have a high prevalence of syphilis and co-infections with other



STIs, especially among young men and informal workers.

In this context, workers in mobility situations, such as truck drivers, stand out, who carry out their activity in constant displacements over long distances, often in precarious working conditions. Studies such as the one by Masson and Monteiro (2010) indicate that these professionals face multiple risk factors for STI infection, including difficulty in accessing health services, lack of ties with primary care teams, consumption of psychoactive substances and involvement in unprotected sexual relations.

In addition, actions aimed at testing and combating syphilis in itinerant populations are still punctual and often limited to short-term campaigns. Dutra et al. (2014) draw attention to the importance of integrating the approach to mental health and sexual behavior in STI screening and prevention programs, especially in groups with reduced risk perception and low active search for health services.

The use of cross-sectoral and territorial strategies to reach populations in transit has shown promising results. Fonte et al. (2025) report the effectiveness of educational and rapid testing actions in homeless people, reinforcing that mobile interventions and articulated with local public policies expand access to care and favor the reduction of vulnerability. In this sense, the university's performance, through extension, is configured as a powerful instrument for health promotion, by articulating education, service and community in concrete actions.

In view of this panorama, the general objective of this study is to report an extension experience aimed at preventing and coping with syphilis in itinerant workers who circulate on BR-101, in the municipality of Eunápolis, Bahia. The proposal is part of the field of health education and participatory surveillance, aiming to contribute to the debate on care strategies aimed at hard-to-reach populations, in addition to reinforcing the formative role of university extension as a promoter of equity in health.



Methodology

The methodology of this study was designed as a descriptive research, of a basic nature and quantitative-qualitative approach, developed in the form of an extension experience report. The proposal aimed to share the strategies to cope with syphilis adopted in the context of human mobility, particularly among truck drivers and passengers who travel on BR-101, in the municipality of Eunápolis, Bahia, highlighting the role of the university in the promotion of sexual health and prevention of sexually transmitted infections (STIs).

The study was carried out from August to December 2024, based on actions promoted by an extension project linked to the Medicine course, developed in partnership with the Federal Highway Police (PRF) and the Specialized Assistance Service and Testing and Counseling Center (SAE/CTA) of the municipality of Eunápolis. The site of the intervention was the PRF post located at Km 720 of BR-101, a strategic point of intense flow of cargo transport and interstate travel.

The extension activity was aimed at individuals in mobility situations, including truck drivers, long-distance drivers and passengers. Convenience sampling was adopted, considering the voluntary adherence of the participants. All subjects were previously informed about the objectives of the study and signed the Informed Consent Form (ICF). The research guaranteed anonymity, confidentiality of information and non-exposure of sensitive data, in line with the precepts of Resolution No. 510/2016 of the National Health Council.

Data collection took place in a single day, with a structure adapted to ensure privacy, confidentiality and security, including space reserved for counseling and rapid tests. The intervention took place in three complementary axes: (1) application of a structured questionnaire, (2) rapid testing for syphilis, HIV and hepatitis B and C, and (3) educational actions in sexual health and STI prevention. The questionnaire investigated sociodemographic variables, history of STIs, risk behaviors, and access to health services.

The rapid tests were performed exclusively by SAE/CTA professionals, trained and authorized



for this function. The students of the project did not participate in the collection of biological material, limiting themselves to technical observation, recording and analysis of sociodemographic data and questionnaire responses. The flow of care followed the pre- and post-test counseling protocol adopted by the Ministry of Health, ensuring qualified listening, clarification on serology and referrals, when necessary.

Finally, the data obtained from the questionnaires were organized in electronic spreadsheets, with descriptive statistical treatment, using absolute and relative frequencies to characterize the target population. The analysis aimed to understand the vulnerability profile of the participants and to support future educational and care interventions aimed at this group.

Analysis and Discussion of Results

The national scientific literature has contributed significantly to the understanding of syphilis as a persistent public health issue, especially in contexts of social vulnerability and mobility. Avelleira and Bottino (2006) highlight the challenges related to the diagnosis and treatment of the disease, even in the face of the existence of effective therapies for decades. Ramos (2022) deepens this analysis by associating the permanence of syphilis with the structural fragility of the Unified Health System (SUS), social inequality, and negligence in public policies. Masson and Monteiro (2010), in turn, warn of the increased risk among truck drivers, emphasizing factors such as the use of psychoactive substances and involvement in unprotected sexual relations. Silva et al. (2022) identify a high prevalence of STIs among key populations in southern Brazil, indicating that effective coping depends on strategies that integrate prevention, testing, and health education. The studies by Fonte et al. (2025) and Pires et al. (2023) reinforce the role of extension actions in hard-to-reach territories as a central tool to expand diagnostic coverage and care. Thus, the present study is based on a robust theoretical basis that allows a critical interpretation of the data collected on BR-101, in Eunápolis.

During the action, 32 participants (100%) were assisted (Table 1.), most of whom were men



(96.8%), brown (46.9%) and aged between 25 and 34 years (37.5%), all of whom were mobile at the time of the approach. These data corroborate the findings of Masson and Monteiro (2010), who identified the predominance of men of working age among truck drivers approached in STI prevention actions. The prevalence of men in road mobility contexts reflects the gender profile historically associated with the cargo transport sector in Brazil and justifies priority attention to this population in screening and health education actions.

Table 1. Distribution of care in the action project for testing and intervention in syphilis control according to sociodemographic variables

Sex	n (%)
Male	31 (96,8%)
Female	01 (3,2%)
Age group	
18-24 years old	01 (3,1%)
25-34 years	12 (37,5%)
35-44 years old	11 (34,3%)
45-54 years	01 (3,1%)
55-64 years old	06 (18,7%)
65 or more	01 (3,1%)
Race/Color	
White	09 (28,1%)
Black	08 (25%)
Brown	15 (46,9%)
Schooling	
Incomplete elementary school	08 (25%)
Complete elementary school	06 (18,7%)
Incomplete high school	02 (6,2%)
Complete high school	14 (43,7%)
Incomplete higher education	01 (3,1%)
Complete higher education	01(3,1%)
Marital status	
Married	19 (59,3%)



Single	13 (40,6%)
Monthly Income	
< 1 minimum wage	10 (31,2%)
1 to 2 minimum wages	09 (28,1%)
2 to 5 minimum wages	09(28,1%)
5 to 10 minimum wages	02 (6,2%)
More than 10 minimum wages	02 (6,2%)
Profession	
Truck driver/truck driver	19 (59,3)
Electrical Technician	02 (6,2%)
Machine operator	02 (6,2%)
Vendor	01 (3,1%)
Entrepreneur	01 (3,1%)
Electrician	02 (6,2%)
Production Assistant	01 (3,1%)
Autonomous	01 (3,1%)
Locksmith	01 (3,1%)
Logistics Assistant	02 (6,2%)
Total	32 (100%)

Source: Survey data, 2024.

The sexual behavior of the participants indicated significant exposure to risk factors for STIs. Only 34.3% reported using condoms in all sexual relations, while 65.7% reported irregular use or complete absence of the protection method. These data confirm the findings of Alessi and Alves (2015), according to which Brazilian truck drivers have risky sexual behaviors associated with social vulnerability, distance from family, loneliness on the roads and limited supply of information on sexual health in their daily work.



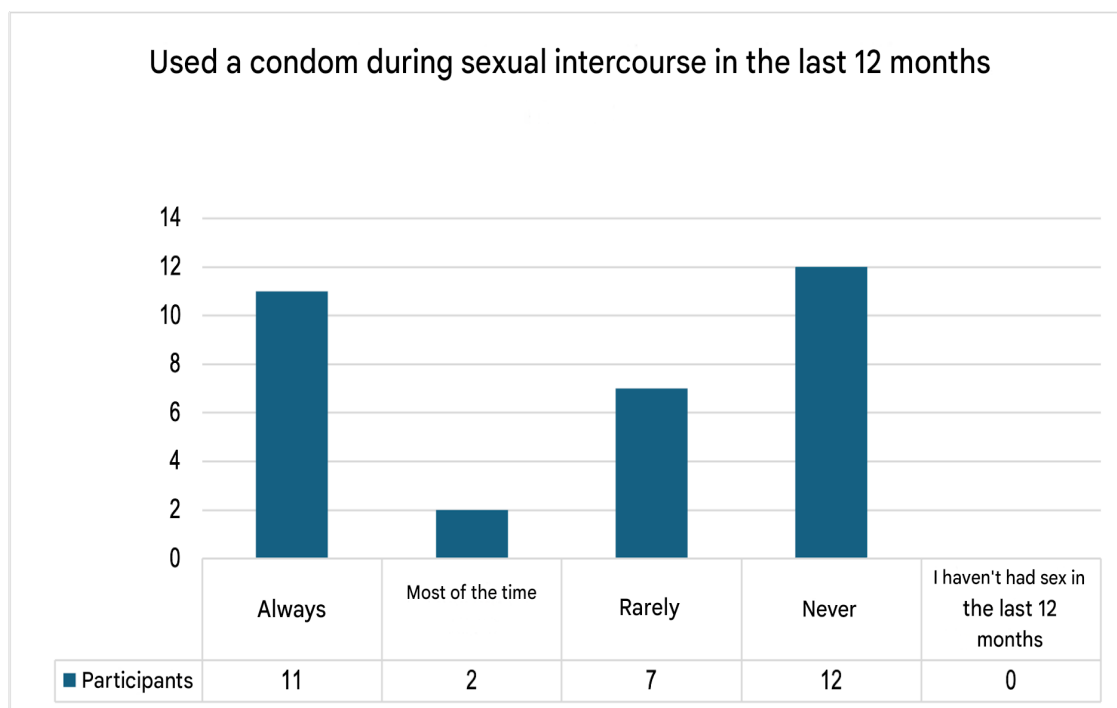
Table 2. Distribution of care in the action project for testing and intervention in syphilis control according to risk variables for STI acquisition (behavior in the last 12 months)

Sexual partner	n (%)
1-3 sexual partners	26 (71,8%)
4-6 sexual partners	03 (9,3%)
He had no partner	03 (9,3%)
Use of condoms during sexual intercourse	
Always	11 (34,3%)
Most of the time	02 (6,4%)
Rarely	07 (21,8%)
Never	12 (37,5%)
Sexual practice (male)	
Sex with women only	29 (90,6%)
Sex only with men	01 (3,2%)
Sex with men and women	0
Had no sexual relations	1 (3,2%)
Syphilis and other STIs test result	
Reagent	32 (100%)
Non-reagent	0
Has already been treated for syphilis	01 (3,2%)
Total	32 (100%)

Source: Survey data (2024)



Graph 1 - Used condoms during sexual intercourse in the last 12 months



Source: Field survey data, 2024

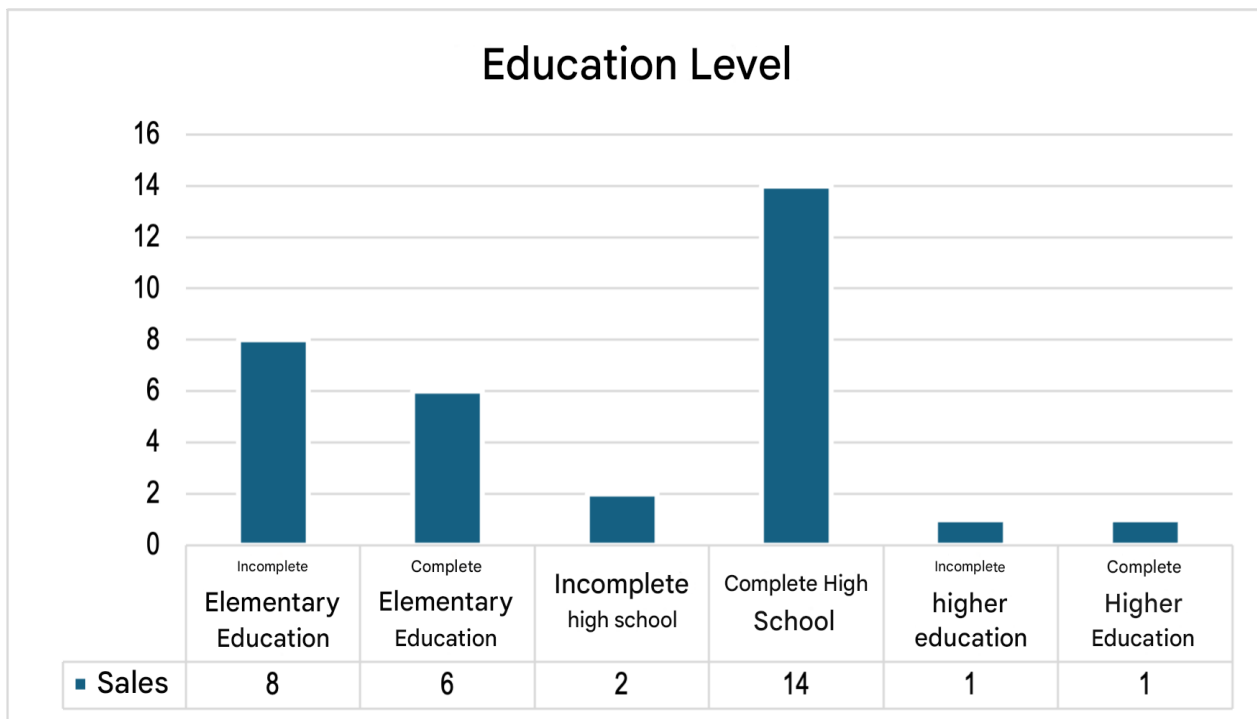
In addition, 21.9% of the participants stated that they had already used illicit drugs, which further increases exposure to unprotected sexual practices, as Masson and Monteiro (2010) warn. The association between the use of psychoactive substances and neglect of protective measures in sexual relations is a factor widely recognized in the literature as a determinant of vulnerability to syphilis and other STIs, especially among workers who are constantly on the move.

The sociodemographic analysis also showed that 14 (43.7%) of the participants had completed high school, while only 2 (6.2%) declared having attended higher education (complete or incomplete) (Graph 2). This data reinforces Ramos' (2022) argument about the association between lower educational levels and greater exposure to preventable diseases, such as sexually transmitted infections. The limitation of access to qualified information, combined with the precariousness of preventive health services along highways, contributes to the invisibility of syphilis in this population



group, which reinforces the relevance of educational interventions as a coping strategy.

Graph 2 – Education Level of the research participants



Source: Field survey data, 2024.

Regarding sexual behavior, 59.4% of the participants reported having sexual relations with people outside the marital relationship. This data deserves attention, considering that, as pointed out by Masson and Monteiro (2010), the vulnerability of truck drivers to STIs is strongly related to the experience of multiple sexual partners in contexts of low protection, in addition to the absence of lasting bonds during commuting. The authors highlight that these behaviors are often aggravated by loneliness, exhausting routine, and the absence of public policies aimed at the health of itinerant workers.

One fact that draws attention in the study is that none of the participants tested positive for syphilis, although one individual declared that he had already undergone previous treatment (Table 2).



The absence of positive results may be related to several factors, such as low point prevalence, recent testing, or sampling factors. However, the behavioral vulnerability expressed in the data indicates that this group remains at high risk, which justifies the continuity of testing and health education actions. According to Silva et al. (2022), even in groups with a low positivity rate in certain time frames, the persistence of risk practices supports the importance of periodic screening policies.

The educational actions carried out during the campaign included conversation circles, distribution of condoms and guidance on symptoms, prevention and treatment of syphilis. This strategy dialogues with the experience described by Fonte et al. (2025), who reported the effectiveness of health education activities combined with rapid testing as an instrument to cope with syphilis in populations of high social vulnerability. In the context of BR-101, the educational approach proved to be well received by the participants, evidencing the potential of itinerant interventions in building bonds with a population historically distant from health services.

Finally, the integration between the university, SAE/CTA and the Federal Highway Police was one of the main factors for the success of the action. This model of inter-institutional articulation, in addition to expanding the territorial reach, strengthens the notion of shared care and health as a collective responsibility. As Ramos (2022) points out, the fight against syphilis requires not only clinical actions, but also structured articulations between different sectors, with an emphasis on promoting equity and expanded access to sexual and reproductive health.

In addition, it was observed that many participants reported being unaware of the symptoms of syphilis and expressed doubts about the mode of transmission. Low sexual health literacy is a relevant barrier to prevention and timely treatment. Dutra, Campos and Guimarães (2014) point out that the lack of knowledge of the forms of transmission, symptoms and complications of STIs is directly associated with greater vulnerability among individuals exposed to precarious social conditions or in mobility contexts. In this study, this lack of knowledge was partially remedied by educational actions, although it remains a challenge for future follow-up actions.

With regard to risk perception, a significant part of the interviewees did not recognize



themselves as vulnerable to STI infection. This behavior, widely documented in the literature, was analyzed by Masson and Monteiro (2010), who observed a tendency among truck drivers to deny their own exposure, even in the face of unprotected sexual practices and multiple partners. Such distorted perception of risk compromises the effectiveness of prevention campaigns, making it essential that educational strategies be culturally adapted, continuous and sensitive to the daily life of this population.

The execution of the campaign in a structure set up in the vicinity of the BR-101, with the logistical support of the Federal Highway Police, represented a differential in the access of workers in transit. The action provided a confidential, welcoming and strategically located environment, favoring spontaneous adherence to testing and counseling. The experience reinforces what was documented by Fonte et al. (2025), when they reported that the success of actions aimed at vulnerable populations depends on the creation of material and symbolic conditions that encourage health care as a right and not as an obligation.

Rapid testing, in this context, proved to be not only a diagnostic tool, but also a health education strategy. By participating in pre- and post-test counseling, truck drivers were encouraged to reflect on their habits, ways of life, and interpersonal relationships. This subjective dimension of care is highlighted by Ramos (2022), when he states that coping with syphilis should not be restricted to biomedical interventions, but should also consider social determinants and the links between health professionals and the population.

The extension activity also made it possible to identify gaps in sexual and reproductive health care in the territory, such as the lack of educational materials adapted to the language of truck drivers, the scarcity of condoms distributed along the highway and the absence of regular itinerant services aimed at men's health. These data dialogue with what was pointed out by Dutra, Campos and Guimarães (2014), who emphasize the need for intersectoral interventions, with greater articulation between public security, health and education, to effectively address the spread of STIs among historically invisible groups.

Another relevant data concerns the previous history of STIs. Although the rapid tests did not



reveal active cases of syphilis, one participant reported having been diagnosed and treated previously. This experience points to the importance of recurrent testing and longitudinal follow-up of users, since reinfection is possible in cases of non-adoption of continuous preventive measures. According to Avelleira and Bottino (2006), syphilis, even after effective treatment, requires continuous vigilance, since clinical cure does not imply permanent immunity.

The lack of regularity in medical follow-up among the participants was also highlighted in the data collected. Many reported seeking health services only in emergency situations, which hinders early diagnosis and timely treatment of sexually transmitted infections. This conduct is associated with the logic of itinerant work, which imposes exhausting working hours and the absence of ties with health teams. Fonte et al. (2025) warn that this distancing from systematic care contributes to the underreporting of cases and perpetuation of the chain of transmission, especially among people living on the streets or in constant displacement.

Regarding the psychosocial context, some participants reported feelings of fear and insecurity in relation to the diagnosis, demonstrating the existence of subjective barriers to care. This aspect is addressed by Fonte et al. (2025), who identified, among people in vulnerable situations, the need for qualified, judgment-free reception as a condition for adherence to diagnosis and treatment. In the present study, the presence of well-oriented academics and experienced professionals contributed to minimize this fear, promoting an environment of listening and trust.

Another important finding was spontaneous adherence to the final lecture, which addressed topics such as sexual health, condom use, reinfection, and STI treatment. The activity was well evaluated by the participants and demonstrates the potential of health education strategies when articulated with testing and counseling. The experience reinforces Ramos' (2022) thesis that confronting syphilis requires integrated and continuous actions, with a territorialized focus and sensitive to the specificities of social groups.

The itinerant approach used in this extension action allowed us to reach a population that is often invisible in traditional public health strategies. The performance at strategic points of the BR-



101, in partnership with the PRF and the SAE/CTA, provided an accessible and non-institutionalized care space. This experience confirms what Fonte et al. (2025) defend, when they highlight that interventions in vulnerable territories should consider mobility and the discontinuity of links with health services as structuring factors of social vulnerability.

In addition, the data collected suggest that, even in the face of a scenario of low syphilis detection at the time of testing, the participants had multiple cumulative risk factors, such as low education, extensive work routines, and lack of regular employment with health units. Masson and Monteiro (2010) warn that such characteristics make truck drivers more susceptible not only to STI infection, but also to institutional negligence, given the difficulty of inserting this population in formal care networks.

It is important to highlight that the project directly contributed to the training of medical students in extension practice, by developing relational, communicative and epidemiological skills. As Ramos (2022) points out, the strengthening of the SUS depends on the training of professionals who are sensitive to inequalities and prepared to work in territories marked by exclusions and invisibilities. The experience reported here demonstrated the importance of articulating teaching, research and extension as a strategy to qualify medical training and health care.

Finally, the results of the intervention reinforce the need for public policies that recognize the specificities of populations in the context of mobility. Avelleira and Bottino (2006) have already warned that the success of syphilis control depends not only on the availability of treatment, but on the ability to identify cases early and break the transmission cycles. Carrying out itinerant actions, offering testing, health education, and intersectoral articulation, is a promising way to face this challenge in territories such as southern Bahia.

Therefore, the analysis of the data obtained in the action carried out on BR-101 reinforces the understanding that the fight against syphilis requires not only testing and treatment, but structured actions of health promotion, permanent education, and qualified listening, especially with audiences historically neglected by the health system. This finding reaffirms the relevance of the SUS as a tool



for inclusion and social justice, as defended by Ramos (2022), and it is essential to strengthen its presence in mobility territories as a condition for comprehensive health care.

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