

Abstract P85 Table 1 HIV testing in Rural Scotland

Testing Location	2012	2014
Antenatal	3583	3427
Sexual health	2668	3281
General Practice	425	890
Ward mix	288	209
Gastroenterology outpatients	305	357
Renal	206	261
Occupational health	230	244
Termination of pregnancy	253	247
Prisons	340	594
General outpatients	34	20
Rheumatology	10	103
Haematology	31	74
Emergency department + Acute Assessment Unit	51	64
Addiction services	64	267
Paediatrics, ENT, Respiratory, Cardiology, Gynaecology, ICU, Mental health, Maxillofacial, Neurology, Ophthalmology, Orthopaedics, Dermatology, Needlestick source testing	70	147
Total	8558	10185

In 2012 there was one new HIV diagnosis, this was in the sexual health service. In 2014 there were four new diagnoses, two in sexual health and two in ENT.

Discussion/conclusion This work has been helpful to show where HIV testing is being performed. This work allows us to target specific departments and encourage relevant testing and optimise patient testing pathways. We plan to repeat this work as we are aware of current initiatives in several departments such as the acute admission unit. We will also compare our results with the four other health boards through the West of Scotland sexual health MCN. In future work we will also be able to look at 'Reasons for testing' as this will be clearly recorded using the new test order system.

P86 AN AUDIT OF TIME TAKEN TO REACH UNDETECTABLE VIRAL LOAD IN THERAPY-NAÏVE HIV-POSITIVE PATIENTS INITIATING ART

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Background The primary aim of antiretroviral therapy (ART) is to reduce morbidity and mortality due to chronic HIV infection. Central to ART is viral suppression, and this has been used as a proxy for disease burden. BHIVA guidelines recommend that patients achieve undetectable viral loads (<50 copies/mL) within 6 months of initiating ART.

Aim To assess the proportion of patients achieving undetectable viral loads within 6 and 12 months of initiating ART at a dual-site HIV service in Grampian.

Methods A retrospective case notes review was conducted of HIV-positive patients attending clinics between January 2013 and December 2013. Data was collected using a standardised proforma and imported into SPSS 23 for statistical analysis.

Results Twenty-four case notes were audited (GUM = 15, ID = 9). The median age of patients was 39.5 years. Median baseline viral load and CD4 count were 77,355 copies/mL and 382 respectively. Overall, 70.8% of patients achieved undetectable viral load within 6 months and 95.8% achieved undetectable viral loads within 12 months (mean = 4.48 months, 95%

CI = 3.50–5.70). A Kaplan-Meier survival analysis showed that patients with a baseline viral load of <100,000 copies/mL achieved undetectable viral load sooner compared to those with >100,000 copies/mL (3.43 months, 95% CI = 2.34–3.66 vs. 6.11 months, 95% CI = 4.28–7.94; log-rank p = 0.013).

Conclusion This audit has identified potential barriers to viral suppression, such as late diagnosis and late commencement of ART. These areas must be addressed to ensure the target of 75% of patients with an undetectable viral load within 6 months of initiating ART can be achieved.

P87 USE OF POCKET-SIZED HIV TESTING GUIDELINE CARDS TO INCREASE HIV TESTING IN MEDICAL INPATIENTS

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Background/introduction HIV is a chronic treatable condition with an excellent prognosis. There remains, however, a high morbidity and mortality due to late diagnosis, with approximately 1 in 4 HIV patients unaware of their condition. Healthcare professionals have previously seen many of these patients without the diagnosis being made. Rotherham's HIV prevalence is 1.05 per 1000. Late diagnosis made in 56%.

Aim(s)/objectives To increase HIV testing in general medical inpatients.

Methods We obtained a list of all medical inpatients in March 2014 who had been coded with a condition that should prompt HIV testing in accordance with BHIVA 2008 guidance.

We reviewed the number of HIV tests requested on medical inpatients during the 1-month period. In June 2014, we delivered a presentation at the Medical Grand Round and two subsequent teaching sessions for staff on HIV testing. We produced a pocket-sized card for staff to attach to the back of their ID badges listing the indications for testing. We compared the proportion of HIV tests performed before and after this intervention.

Results In March 2014, there were 69 patients with clinical indicators for HIV testing. Of those 32 were tested (46.4%). In June 2014, following the intervention, there were 58 patients with clinical indicators and 40 (69.0%) of those were tested.

Discussion/conclusion Following our educational intervention, almost 70% of patients were tested appropriately representing a 22.6% increase from baseline. We plan to re-measure this at a later date to assess whether this increase in uptake of testing has been sustained.

P88 ROUTINE HIV TESTING IN ACUTE GENERAL MEDICINE USING A NON-PHYSICIAN IMPLEMENTED MODEL

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Background/introduction UK national guidelines recommend routine HIV testing in general medical admissions and primary care in areas where the HIV prevalence exceeds 2/1000 in the local population. The guidelines recommend further operational research to assess the feasibility and efficacy of different