

process which predicts the status of individuals in year  $i+1$  from their status (category) in year  $i$ . Historical data is used to estimate the transition probabilities which are modelled using a multinomial trend model. Confidence intervals are calculated using boot strap procedures.

**Results** By 2020 there will be a 54% increase in the number of individuals who are receiving ART and a 42% increase in the number of individuals under CD4 monitoring. Results for individual HIV risk groups predict increases of at least 34%, 77% and 35% for heterosexuals, people who inject drugs and men who have sex with men, respectively.

**Discussion/conclusion** With such large increases in the number of people who are under CD4 monitoring and receiving ART, NHS boards will need to plan ahead to ensure they have adequate resources to treat those in need.

### P92 A COMPARISON OF BLOOD AND SALIVA SAMPLING FOR HOME HIV TESTING

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**Background** HIV home sampling offers an acceptable and convenient method for HIV testing and may provide a practical solution for increasing testing in high risk groups. However, we are unaware of any data comparing the effectiveness of different sampling methods. From August 2013 users of our online HIV testing service were offered an informed choice between blood and saliva HIV sampling.

**Method** We interrogated the database of all HIV home sampling requests and analysed any differences in demographics and return rates for both blood and saliva samples.

**Results** Between 15.8.13 and 31.11.14, 14312 home tests were requested. Blood tests were preferentially chosen (9532, 66.6%

vs 4780, 33.4%). 7257 samples (50.7%) were returned, this encompassed 4758 blood samples and 2499 saliva samples (49.9% of requested blood samples vs 52.2% of requested saliva samples  $p = 0.01$ ). The service is predominantly aimed at men who have sex with men and of the returned samples the majority were from men (6416, 84.7%) Men were significantly statistically more likely to request blood samples than women (67% vs 51%,  $p < 0.00001$ ). In total there were 123 reactive samples (1.7%, 116 men, 7 women), 82 from blood samples (77 men, 5 women) 41 from saliva (39 men, 2 women).

The average age of all requests was 30.3 years, 30.8 years in persons who returned samples and 29.7 years for those who did not ( $p < 0.00001$ ). There was a significant difference in the ages of people requesting saliva versus blood samples (29.7 years vs 30.6 years  $p < 0.0001$ ). The average age of persons with negative samples was 30.8 years vs. 33.0 years in those with positive samples ( $p < 0.05$ ). The median number of days from when the sample was ordered to when it was collected back was 6 days in all groups (negative samples, reactive samples, men, women, blood and saliva).

**Discussion** Despite being more invasive when given an informed choice, more people chose blood over saliva sampling. However saliva samples were more likely to be returned. Women were statistically more likely than men to choose saliva sampling. There was no difference in the length of time it took to return reactive and negative samples.

### P93 HIV TESTING IN AN INTEGRATED SEXUAL HEALTH SERVICE

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**Abstract P93 Table 1** Summary of SHHAPT code data for HIV testing uptake

Patient group	Codes	Week 1	Week 2	Week 1 and week 2 comparison
Total sample population N = 205		N = 114	N = 91	
	P1A + T4	61.4%	65.9%	4.5% increase
	P1B	25.4%	23.1%	2.3% decrease
	P1C	13.2%	11%	2.2% decrease
Total GU presentations N = 126 (61%)		N = 72	N = 54	
	P1A + T4	76.4%	87%	10.6% increase
	P1B	18.1%	11.1%	7% decrease
	P1C	5.6%	1.9%	3.7% decrease
Total contraception presentations N = 67 (33%)		N = 33	N = 34	
	P1A + T4	30.3%	29.4%	0.9% decrease
	P1B	42.4%	44%	1.6% increase
	P1C	27.3%	26.5%	0.8% decrease
Total combined GU and contraception presentations N = 12 (6%)		N = 9	N = 3	
	P1A + T4	55.6%	100%	44.4% increase
	P1B	22.2%	0%	N/A
	P1C	22.2%	0%	N/A
Comparative percentage accepting and declining HIV tests in GU v contraception sub-groups	P1A + T4			GU = 81%
	(accept)			Contraception = 30%
	P1B			GU = 15.1%
	(decline)			Contraception = 43.3%
<b>SHAAPT HIV codes:</b>				
T4 + P1A = HIV test done				
P1B = HIV test offered + declined				
P1C = HIV test inappropriate				