

P4 ARE ROUTINE CHEST X-RAYS NECESSARY IN ASYMPTOMATIC PATIENTS NEWLY DIAGNOSED WITH HIV?

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Background This audit looked at the use of chest-x-rays (CXR) in newly diagnosed HIV patients at an inner-city GUM clinic. The Departmental guidelines recommended that all newly diagnosed HIV patients had a baseline CXR. The 2011 British HIV Association guidelines (which were under consultation at the time of the audit) proposed that CXRs should only be done in patients with current or previous chest disease, high-risk for TB or in intravenous drug users.

Aims The aims of this audit were twofold, first to confirm whether all newly diagnosed patients had a CXR as per departmental guidelines, and second to review the results of the CXR in order to see whether, if any, factors predicted abnormal results.

Methods The audit considered all newly diagnosed HIV patients from 1 April 2009–31 March 2011. Data including demographic details, past medical history, health on diagnosis and details of the CXR (if performed) were collected from electronic HIV summaries and radiology records. Statistical analysis was performed using SPSS.

Results A total of 196 patients were identified, 69% of whom had had a CXR. In those who had a CXR and in whom results were available (n=132), 92% had a normal CXR and 8% abnormal. Significant predictors of abnormal CXRs included chest symptoms at diagnosis (p<0.001) and a CD4 count <200 (p=0.001). There was no significant link with the patients' country of origin but there was a pattern of association which was clinically relevant.

Conclusions In this audit all CXRs in asymptomatic patients newly diagnosed with HIV were normal. No latent chest disease was identified as a result of routine asymptomatic screening with CXRs and the practice is not justified. Following this audit clinic guidelines have been appropriately amended in keeping with current British HIV Association guidelines with the additional criteria for performing CXRs in patients presenting with CD4 <200.

P5 CHANGING TRENDS IN HIV DIAGNOSIS IN AN INNER CITY LONDON TEACHING HOSPITAL BETWEEN 2007 AND 2011

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Background In 2008, guidelines were published by the British Association for Sexual Health and HIV, British HIV Association and British Infection Society recommending normalisation of HIV testing to reduce stigma and to increase the number of early diagnoses. The guidelines aimed at reducing morbidity, mortality and reducing the risk of onward transmission of HIV. Local initiatives were carried out in South West London to achieve this by extensive general practice education programmes to raise HIV testing awareness in non-sexual health (SH) settings.

Aims To establish the effect of a number of local initiatives to promote HIV testing in non-SH settings at a large South West London hospital.

Methods Data on all new diagnoses referred to the HIV outpatient were collected and analysed from electronic patient records, including ethnodemographic data, place of diagnosis and clinical data including baseline CD4 count. Previously diagnosed patients having received HIV care elsewhere transferring into the service were excluded. Fisher's exact t-test was used for statistical analysis.

Results and discussion There were 394 patients with a new diagnosis of HIV between 2007 and 2011. Diagnosis by primary care and other non-SH settings increased by 184%. There was an increase of 37% in the median CD4 count at diagnosis, taking the median count to 372 cells/mm³ in 2011, showing the majority of patients to have been diagnosed at an early stage. The proportion of very late presenters decreased by 24%.

Conclusions The evidence suggests that local initiatives are successfully implementing National guidelines. More work is needed to increase HIV testing and reduce the number of late diagnoses.

P6 CULTURAL DIFFERENCES IN THE ACCEPTABILITY OF HOME SAMPLING FOR HIV INFECTION

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Background MSM community outreach using oral home sampling kits posted to virology for testing previously demonstrated success in attracting non-healthcare seeking individuals at risk of HIV. The outcome of targeting other specific at-risk groups to offer home sampling has not previously been described.

Objective To determine the acceptability of home sampling kits for HIV using oral swabs in two at-risk groups Black Africans (BA) and partners of HIV positive patients (PPP).

Methods Self-taken oral fluid home sampling kits were returned to virology for testing using two HIV assays: Roche COBAS and Genscreen Ultra (previously validated for oral fluid testing). Total IgG was also measured to assess sample adequacy. Participant recruitment was two-pronged: community based (BA) or via an HIV clinic (PPP). For BA recruitment, home sampling kits were actively promoted at relevant social events and venues by trained African volunteers from July to December 2010. 19 free condom distribution points were also utilised to provide information about HIV and the testing kits. From September to December 2011, PPPs of unknown current HIV status were contacted and offered the option of attending clinic or receiving an oral fluid home sampling kit by post.

Results Despite intense promotional activity, only 12 kits from 11 individuals in the BA community project were returned: 5 male; 6 female. Two of these participants were not African. In the PPP clinic based study, of 46 partners offered a kit, 38 (83%) accepted, and 34 (89%) returned a sample. BA partners were less likely to accept a home sampling kit (9/13; 69%) than white partners (29/33; 88%) in the PPP group. Participant feedback was favourable in both studies.

Discussion Further evaluation is needed to understand the difference in acceptability of this method of HIV testing in specific at-risk groups (MSM, BA and PPP) in community and clinic settings.

P7 A WORLD RECORD FOR HIV TESTING. PUBLICITY STUNT OR EFFECTIVE OUTREACH?

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Background 1 in 7 MSM in London are HIV positive, 1 of 5 of whom are unaware of this because they have never tested, or acquired HIV since their last test. Our service took the opportunity presented by World AIDS Day to promote the importance of regular HIV testing in MSM by staging a HIV testing world record attempt in a local gay bar.

Aims/Objectives To promote the importance of HIV testing, and to see if the outreach was successful in targeting a less tested population of MSM.

Methods The promotion was determined by the “opportunities to view” key messages. Individuals tested in the bar completed a form collecting age, gender, orientation, time since last HIV test, unprotected anal (UAI) or vaginal sex. Similar information was collected from 100 patients walking into the generic service for an HIV test on the same day. Age groups <25, 26–30, 31–39, >40 were chosen.

Results There were 890 000 opportunities to view the key messages. 467 individuals tested in the gay bar, but only 441 forms were sufficiently complete for this analysis. MSM in the gay bar were younger than the clinic (54% and 44% respectively <30; $p=0.027$), and more likely to have never tested (18% and 6%; $p=0.007$). In the gay bar, only 9/89 (10%) of MSM aged 31–39 had never tested, only 2/9 (22%) reporting UAI. This contrasted to the 15%–24% of 54 MSM in the other age groups that had never tested, 60%–77% of whom reported UAI. Only five MSM attending clinic had never tested, 4 (80%) of whom were <25 (see abstract P7 table 1).

Discussion As well as promoting the benefits of regular testing to the wider gay community, the event was successful in reaching a less tested, but nonetheless high risk population of MSM, in particular, those <25.

Abstract P7 Table 1 Demographic characteristics of individuals accepting HIV testing

	Gay Bar (n=441)	Clinic (n=100)
Male	379 (86%)	91 (91%)
MSM	355 (80%)	80 (80%)
<25 years	167 (38%)	15 (15%)
MSM <25	131 (37%)	12 (12%)
No previous test	101 (23%)	15 (15%)
Never tested, reporting UAI/UI	52 (51%)	9 (60%)
MSM never tested, reporting UAI	39 (62%)	2 (100%)

P8 TESTS OF RECENT HIV INFECTION IN CLINICAL PRACTICE: THE PATIENT PERSPECTIVE

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Background A test for recent infection (avidity test) is offered for all patients newly diagnosed with HIV in England and Wales as part of an HIV incidence surveillance programme. The UK is currently the only country to return these results to individual patients.

Objectives To determine the acceptability and patient experience of receiving a RITA test result soon after HIV diagnosis.

Methods This was a qualitative study using semi-structured interviews. 14 people recently diagnosed with HIV who had a RITA result consented to participate. Analyses were based on the framework method using N-Vivo software. Interviews were transcribed, coded and emergent themes identified.

Results All participants agreed that the more information available to them about the possible duration of infection the better. Unsurprisingly the HIV diagnosis and the emotions and practical issues associated with it had far more impact than the RITA result. None of the participants experienced any problems with former partners as a consequence of their RITA result although some could see the theoretical potential for such problems. “Recently infected” RITA results were felt to be potentially useful for identifying “at risk” partners. However partner notification was not altered in the study group because the individuals concerned had other reasons to suspect recent

infection. Other major themes identified were the perceived stigma; the difficulty of sharing the diagnosis of HIV with family and friends; and the many conflicting emotions that people had to deal with at diagnosis including anger, grief, self-blame, fear and depression.

Conclusion RITA testing is a potentially useful epidemiological tool. These interviews demonstrated that receiving a RITA result, while useful to some people, is a minor issue compared with dealing with the HIV result itself. Reassuringly none of the participants reported negative outcomes from receiving the RITA result.

P9 SUSTAINABLE AND EMBEDDED OPT OUT HIV TESTING ON AN ACUTE MEDICAL ADMISSIONS UNIT

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Background Opt out testing for HIV in our hospital’s acute medical unit (AMU) had been successfully piloted between August 2009 and September 2010. Our trust was selected a pilot site to implement the 2008 national HIV testing guidelines as an area of high HIV prevalence outside London. (Data from this pilot were presented at BASHH in Gateshead in 2010). However, could opt out testing for HIV on an AMU be sustained beyond the pilot?

Methods HIV testing in the pilot was embedded into the normal working of the AMU, clinical aides did the phlebotomy, medical admission proformas were modified to include HIV testing and consent was obtained by a widely distributed information leaflet. One of the GU consultants attended the AMU to remind doctors to test several times a week. After the pilot finished, the GU consultant stopped attending the ward HIV testing is now part of routine care on the AMU. It is explained at each junior doctors induction which includes a patient video. Electronic blood test requests for AMU automatically include an HIV test as part of the AMU blood bundle set. A CQUIN target that 25% of all admissions are to be tested for HIV has been set by commissioners. Testing has been expanded from the 16–60 age range to the 16–80 age range.

Results The rate of HIV testing has risen from 80 a month to 140 a month in 2011 the number of new +ves diagnosed has risen from 10 per year to 25 in 2011

Conclusion Sustainable opt out testing for HIV on an AMU can be achieved by embedding the testing process in the clinical pathways that already exist upon an AMU. This requires no extra manpower or resources to achieve within an AMU setting. Since the withdrawal of consultant support our average testing rate has gone up. Our model for opt out HIV testing is therefore sustainable, requires little extra resource and should be easy to reproduce in other centres.

P10 VITAMIN D LEVELS IN A SAMPLE OF HIV+ PATIENTS

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Background In the last few years it has been highlighted that vitamin D deficiency is common in the general population however, the extent of the problem in different HIV+ cohorts is less clear.

Aims In a cohort of HIV+ patients in North West London we looked at the vitamin D levels to see what the prevalence of deficiency was and see if there were any correlates with ethnicity or season.

Methods All HIV+ patients at this centre and who had a recorded vitamin D test result in the last 2 years were identified. The first result while not on treatment was recorded. The patients’ electronic