6 months, 78 (64%) reported being sexually active. 14 (12%) reported at least 1 new partner in the last year, 52 (35%) were offered STI screening in the last year and 32 accepted (62%). 9 (28%) were diagnosed with STI(s): Gonorrhoea, chlamydia, warts, LGV, syphilis and hepatitis C. Those reporting partner change were more likely to be diagnosed with STI(s) (58% of those screened vs 10% not reporting partner change, p = 0.002).

Discussion/conclusion A high prevalence of STIs was observed. Sexual history taking is essential to identify those most at risk. However, STIs were diagnosed in those reporting no partner change, supporting routine STI screening among our cohort.

P77 UNDIAGNOSED HIV: CAN AT RISK GROUPS BE IDENTIFIED FOR A NEW TESTING STRATEGY?
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Background/introduction Public Health England report (Nov 2014) the number of HIV tests is increasing, number of positive diagnoses decreasing, but proportion undiagnosed HIV unchanged. We aimed to suggest new local strategy. Demographically identifying late diagnoses (CD4 <350 cells/mm³) would find groups within the population more likely to be diagnosed late. Testing that group could uncover undiagnosed early HIV.

Methods Data gathered about HIV diagnosed in our city Jan 2009–Dec 2014: age, gender, ethnicity, orientation, previous test, indication, place tested. Chi-Square compared early/late diagnoses (CD4 <350 cells/mm³)– unchanged. We aimed to suggest new local strategy. Demographically identifying late diagnoses (CD4 <350 cells/mm³) would find groups within the population more likely to be diagnosed late. Testing that group could uncover undiagnosed early HIV.

Results 251 new diagnoses in 5 years. 125 early, 126 late. Disproportionate late diagnoses:
• females (p = 0.023) without previous test (p = 0.006)
• HSM (heterosexual males) (p = 0.068) with previous test (p = 0.004)

No significant difference between early/late diagnosis:
• ethnicity: Caucasian, sub-Saharan African, other (p = 0.103)
• age: <50 vs >50 (p = 0.74)
• bisexual males (p = 0.87)

Disproportionate early diagnoses:
• MSM males (p = 0.032) with previous test (p = 0.052)

Discussion/conclusion Barriers to earlier self-presentation of females and HSM should be examined. MSM benefit from specialised clinics yet are <50% diagnoses. Likely public and clinician unawareness of risk excludes earlier testing.
P77 Undiagnosed HIV: can at risk groups be identified for a new testing strategy?

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