

P83 A CASE OF HIV ASSOCIATED NEUROCOGNITIVE IMPAIRMENT (HAND) RESPONDING TO HAART SWITCH

Benjamin Goorney*, Suzannah Lant. *Salford Royal Foundation Trust, Salford, Greater Manchester, UK*

10.1136/sextrans-2015-052126.126

Background/introduction We describe a case of a 34 yr old Black African woman fully suppressed on HAART for 9 yrs presenting with recurrent episodes of HIV encephalopathy with abnormal MRI brain scan and detectable HIV in CSF. Following ARV switch her cognitive function and scans had improved and remains undetectable in CSF.

Aim(s)/objectives Started HAART in 2005 and remained asymptomatic and fully suppressed on (Kivexa/Atv/r) CD4 > 500 mm. Presented initially in 2014 to Neurology with acute confusion, headaches and convulsions. CSF revealed pleocytosis with V/L 811 copies and neg for infective screen. MRI scan revealed diffuse non-specific signals consistent with HIV encephalopathy. On recovery she was monitored in clinic and remained virologically controlled but with residual neurocognitive impairment characterised by short term memory loss and difficulty concentrating. She then represented 9 months later with focal motor signs and confusion resolving within 48 hrs MRI scan no focal lesion. Rpt CSF revealed V/L of 960 copies.

Results In view of persistent CSF viraemia she was switched to higher CPE score (from 7 to 12) HAART regimen of Trizivir/Maraviroc. Subsequently she fully recovered cognitive function and rpt CSF at 3/12 confirmed full suppressed VL with resolving brain scan.

Discussion/conclusion This case demonstrates that in well controlled pts on HAART who develop presumptive neuro-HIV and in absence of other potential causes, the value of CSF V/L in constructing a HAART regimen with improved CSF penetration can result in significant improvement in both clinical and objective markers such as MRI scans.

P84 NATIONAL HIV TESTING WEEK 3: FINDING THE HARD TO REACH AND BUILDING ON SUCCESS

¹Natasha Astill*, ²Pat McCusker, ³Abigail Smith, ⁴Hannah Sowerbutts, ²Tom Doyle, ³Jeni Hirst, ⁵Jacqui Serbeh, ¹Sarah Schoeman. ¹Leeds Centre for Sexual Health, Leeds, UK; ²MESMAC, Leeds, UK; ³Skyline, Leeds, UK; ⁴Leeds City Council, Leeds, UK; ⁵Leeds Community Healthcare NHS Trust, Leeds, UK

10.1136/sextrans-2015-052126.127

Background/introduction The third National HIV Testing Week (NHTW) was in November 2014.

Aims To build on our previous success of testing the most-at-risk populations (MARPs), focusing on outreach.

Methods A third sector organisation, primarily targeting gay communities, provided club and bar outreach and offered point-of-care testing (POCT) on-site and at 2 saunas. A second third sector organisation, targeting African communities, offered POCT at 6 venues, including local markets, an asylum-seeker centre, pharmacies, health centres and an African football match. CASH services offered POCT at 3 clinics across the city. GUM and Leeds City Council staff volunteered to provide outreach and testing support for the 12 different testing sites across the city.

Results 167 people tested (126 in 2013, 94 in 2012). 71% were from MARPs, unchanged from 2013. 1 female black African and 1 MSM tested HIV+ve, the first HIV diagnoses resulting directly from NHTW initiatives in our city. 74% of people who tested were sensitised through community outreach. Over 90% of people tested were given advice on PEP, repeat testing, STI screening and offered condoms.

Discussion Two undiagnosed HIV+ve people were identified as a result of NHTW efforts, and both are now in HIV care. A greater population, including those from MARPs tested. Of the MARPs, a higher percentage were testing for the first time. This may reflect decreased overall testing in MARPs, or that our NHTW 2014 campaign was more successful at reaching and testing people who are less likely to attend more traditional testing sites.

P85 HIV TESTING IN A RURAL SCOTTISH HEALTHBOARD – HAS ANYTHING CHANGED?

¹Kirsty Abu-Rajab*, ²Mike Williamson. ¹Central Sexual Health Department, Forth Valley, UK; ²Microbiology Department, NHS Forth Valley, UK

10.1136/sextrans-2015-052126.128

Background/introduction Forth Valley NHS Health board is in central Scotland, covers a land area of 2633 km² and looks after approximately 300,000 people. Education to healthcare professionals in different formats to try to increase HIV testing in those with relevant indicator conditions, in routine sexual health screens and in those from higher risk populations have been more frequent and visible in the last few years.

Aim(s)/objectives We were keen to see if this had resulted in a change in testing.

Methods A laboratory report showing the requesting location all HIV tests performed in 2012 and 2014 was produced. New HIV diagnoses attending the local HIV service and where they had been diagnosed was also recorded.

Results Overall a 19% increase in testing in 2014 compared to 2012.

Abstract P84 Table 1 National HIV testing week 2014

	Total testing		1 st ever HIV test		If previously tested, last test >1 yr ago		PEP aware		Previously attended GUM		Reactive test	
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
Black African	27	49	19%	29%	55%	43%	19%	20%	36% (9/25)	27%	0	1
MSM	61	70	39%	47%	39%	35%	32%	50%	46%	47%	0	1
			(21/54)						(26/57)			
Total	88	119	32%	40%	45%	24%	28%	38%	43%	39%	0	0.02%