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 in future work. The guidelines recommend further operational innovation 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.

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.
P86 An audit of time taken to reach undetectable viral load in therapy-naïve HIV-positive patients initiating antiretroviral therapy

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