

**Background** Because of increased transmission potential, the US Centres for Disease Control and Prevention (CDC) recommends prioritising high HIV viral load ( $\geq 50,000$  copies/mL, HVL) individuals for routine follow-up services, including linkage-to-care and partner services. However, little guidance exists on operationalizing this recommendation. In June 2014, the Baltimore City Health Department developed and implemented a pilot program to prioritise HVL individuals for follow-up services. The objective of this analysis is to describe the pilot program and evaluate process outcomes for follow-up services pre- and post-pilot program implementation.

**Methods** This pilot program was modelled after a protocol for responding to congenital syphilis. Disease Intervention Specialists (DIS) were trained to locate, administer partner services interviews and link-to-care HVL individuals with increased urgency and effort compared to other HIV cases. A DIS supervisor reviewed each HVL case before closing to ensure adequate response and documentation. We used a pre-post design to evaluate the pilot and compared linkage-to-care and contact tracing outcomes for HVL individuals post pilot implementation (post-pilot, June 2014–January 2015) to a similar time period prior to implementation (pre-pilot, June 2013–January 2014).

**Results** There were 23 pre-pilot and 17 post-pilot HVL cases ( $n = 40$ ). DIS were more likely to link HVL individuals to care (59% pre-pilot vs. 65% post-pilot), and complete partner services interviews (39% pre-pilot vs. 59% post-pilot). Among HVL individuals who completed interviews, DIS were more likely to obtain sex partner meeting place information (33% pre-pilot vs. 40% post-pilot) and locating information for disclosed sex partners (16% pre-pilot vs. 39% post-pilot) in the post-pilot period compared to the pre-pilot period.

**Conclusion** This pilot program demonstrates one successful method to operationalize CDC guidelines regarding prioritisation of HVL individuals. Future work will evaluate additional outcomes of this program, including HIV testing among sex partners and at sex partner meeting places disclosed by HVL individuals.

**Disclosure of interest statement** The authors have no conflicts of interest to disclose.

#### P17.24 DELAYED LINKAGE TO CARE IN A THIRD OF HIV POSITIVE INDIVIDUALS IN THE NETHERLANDS: OPPORTUNITIES TO IMPROVE THE SECOND STEP IN THE CASCADE OF CARE

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10.1136/sextrans-2015-052270.602

**Introduction** The HIV cascade of care can identify missed opportunities to optimise control. The first step entails early testing, the second step is to ensure prompt linkage to care once diagnosed. To determine time to linkage to HIV-care following diagnosis at an STI centre, and to identify risk factors for delayed linkage.

**Methods** Patients newly diagnosed with HIV at STI clinics in the Netherlands were followed until linkage to care. Data were

collected at time of diagnosis and at first consultation in care, including demographics, behavioural information, CD4<sup>+</sup> counts and HIV viral load measurements. Delayed linkage to care was defined as >4 weeks between HIV diagnosis and first consultation.

**Results** 310 participants were included; the majority (90%) men who have sex with men. For 259 participants (84%) a date of first consultation in care was known; median time to linkage was 9 days (range 0–435). Overall, 95 (31%) of participants were not linked within 4 weeks of diagnosis; among them, 44 were linked late and 51 were not linked at all by the end of study follow-up. Being young (<25 yrs), having a non-Western ethnicity or lacking health insurance were independently associated with delayed linkage to care. Also, those being referred to care indirectly were more likely to have delayed linkage. Baseline CD4<sup>+</sup> count, viral load, perceived social support and stigma at diagnosis were not associated with delayed linkage. Risk behaviour and CD4<sup>+</sup> counts declined between diagnosis and linkage to care.

**Conclusions** Although most newly diagnosed HIV patients were linked to care within 4 weeks, delay was observed for a third, with over half of them not yet linked at the end of follow-up. Vulnerable subpopulations (young, uninsured, ethnic minority) were at risk for delayed linkage. Testing those at risk is not sufficient, timely linkage to care needs to be assured.

**Disclosure of interest statement** This study was funded by the Netherlands Organisation for Health Research and Development (ZonMW) and the Ministry of Health, Welfare and Sport, the Netherlands. No pharmaceutical grants were received in the development of this study.

#### P17.25 IMPACT ON COMPLIANCE WITH THE CHANGE OF FIRST LINE ANTI-RETROVIRAL DRUG REGIMENS AMONG PATIENTS ATTENDING ANTIRETROVIRAL THERAPY CLINICS IN BLANTYRE, MALAWI

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10.1136/sextrans-2015-052270.603

**Introduction** Change of any drug regimen impacts on compliance. Malawi changed the first line ARV regimen from stavudine-based (stavudine + lamivudine + nevirapine) to tenofovir-based regimen (tenofovir + lamivudine + efavirenz) because the former was associated with adverse side-effects and poor compliance. This study aimed at assessing the impact of the new ARV regimen on compliance.

**Methods** Using cross-sectional study, 169 participants recruited from 6 ART clinics randomly selected were interviewed to assess views on compliance, side-effects and satisfaction to new regimen. Self-reported data on compliance was complemented with patients' records at the clinics.

**Results** Compliance was poor in first visits on tenofovir-based regimen but gradually improved. Side-effects like dizziness, drowsiness and nightmares were reported in 56.9%, 24.9%, 23.1% of participants respectively especially during the first weeks and these negatively affected compliance (odds ratio = 1.5). Mean individual adherence was 93.3% on tenofovir-based and 85.5% on stavudine-based regimen (p Value of <0.0001).

**Conclusion** Tenofovir-based regimen has improved long term compliance and has the potential to eliminate suboptimal compliance rates to ARVs being a drug taken once daily. However