

**P18.06 EARLY ANTIRETROVIRAL THERAPY AND PRE-EXPOSURE PROPHYLAXIS FOR HIV PREVENTION AMONG FEMALE SEX WORKERS IN COTONOU, BENIN: EARLY FOLLOW-UP AND ADHERENCE DATA**

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**Introduction** To assess the feasibility and usefulness of integrating treatment as prevention (TasP) and pre-exposure prophylaxis (PrEP) with Truvada<sup>®</sup> to the combination prevention package offered to female sex workers (FSWs) in Cotonou, we are currently carrying out a demonstration project on these two HIV preventive strategies among FSWs.

**Methods** We are currently recruiting 100 HIV-infected FSWs for TasP and 250 HIV-negative FSWs for PrEP (one-year recruitment period, followed by an additional one year of follow-up). The actual recruitment visit is preceded by a screening visit two weeks earlier in order to determine the HIV status and assess other eligibility criteria. Through follow-up visits at day 14 and then quarterly, we closely monitor treatment adherence, using various tools including a pill count strategy. For the latter, we ask participants to bring in their bottles of medication at each visit. We report here on the first five months of the clinical phase of the study.

**Results** From 18<sup>th</sup> september 2014 to 28<sup>th</sup> February 2015, we screened 154 FSWs and out of them, 85 and 34 were recruited in the PrEP and TasP arms, respectively. Median age of the participants was 34 years and 38% were from Benin, whereas the other were from surrounding countries. To 28<sup>th</sup> February, the overall retention rate in the study was 100% for TasP and 85% for PrEP. Most drop-outs were due to mobility and leaving the sex trade. Adherence to PrEP was 84% according to pill count.

**Conclusion** The retention rate in the study is encouraging so far. Adherence levels, although estimated through a simple method that could lead to overestimations, could be improved and a multi-faceted adherence education program is now implemented. The availability of Truvada<sup>®</sup> blood levels will allow an objective assessment of adherence, a highly crucial parameter for the success of eventual PrEP programs.

**Disclosure of interest statement** This study is funded by the Bill and Melinda Gates Foundation, and Truvada<sup>®</sup> for pre-exposure prophylaxis is provided free of charge by Gilead Sciences, Inc.

**P18.07 HIV POST-EXPOSURE PROPHYLAXIS IN AN AUSTRALIAN REGIONAL CENTRE: PATIENT DEMOGRAPHICS AND OUTCOMES FROM 2011–2014**

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**Introduction** Post-exposure prophylaxis (PEP) is a pharmacological method of preventing seroconversion following a high-risk exposure to human immunodeficiency virus (HIV). The Cairns Sexual Health Service is the central prescribing organisation for

all occupational and non-occupational PEP presentations in the Cairns greater region. A retrospective analysis of presentations from 2011 to 2014 was performed to identify patterns of PEP use, re-presentation, follow-up and patient outcomes.

**Methods** Pharmacy records for all patients prescribed PEP at the Cairns Sexual Health Service from 01/01/2011 to 31/12/2014 were obtained. 121 presentations were identified of which 14 were excluded for incomplete patient details. A remaining 107 presentations for 81 clients were included for assessment. Charts for all 81 patients were audited with patient demographics, exposure type, follow-up attendance and outcome data collated. An excel format of the information was generated for analysis.

**Results** Non-occupational exposures accounted for 92% (n = 98) of presentations, whilst occupational exposures accounted for 8% (n = 9). 91% of presentations were males, 75% of which were men who have sex with men. Unprotected anal intercourse was responsible for 76% of non-occupational PEP. Re-presentations for PEP were high at 24%. Patient follow up was low with only 51% returning within 12 weeks of PEP completion, however, 13% were travellers who may have left the region. One patient who was lost to follow-up later underwent seroconversion to HIV. Two individuals with multiple presentations went on to access pre-exposure prophylaxis (PrEP).

**Conclusion** High rates of re-presentation and loss to follow-up indicate areas for improved response from our service. The rates of re-presentation reveal a need for further education and counselling of patients to reduce their exposure risks. At present there is no formal follow-up system at CSHS for patients prescribed PEP. Given the number of patients lost to follow-up an active system may be considered in the future.

**Disclosure of interest statement** No conflicts of interest to declare.

**P18.08 PHARMACISTS PERCEPTIONS ENGAGING IN HIV PREVENTION ACTIVITIES WITH POPULATIONS AT-RISK FOR HIV INFECTION**

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**Objective** 2.1 million people worldwide, including 40,000 Americans become infected with HIV each year. As medication experts and healthcare professionals that are very accessible to patients, pharmacists are well positioned to conduct HIV prevention activities including promotion of pre-exposure prophylaxis (PrEP) and providing access to sterile syringes to people who inject drugs (PWIDs). There is a paucity of research examining pharmacists' attitudes about providing HIV prevention services to at-risk populations. We examined pharmacists' perceptions in engaging in HIV-related counselling, condom use and PrEP.

**Methods** We asked 225 pharmacists from 41 US states questions about their comfort-level counselling on: 1) HIV/AIDS, 2) condom use, 3) clean needles to PWIDs and 4) PrEP use; interacting with HIV-positive 5) MSMs and 6) heterosexuals; and 7) selling needles to PWIDs. We ran individual generalised linear modelling (GLM) regressions for each question, and report our findings below.

**Results** Of 225 participants, nearly half (41%) worked in the top HIV counties where the vast majority of PLWH reside.