

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

¹FA Guédou*, ¹L Béhanzin, ¹N Geraldo, ¹E Goma Mastétsé, ¹N Singbo, ²JC Sossa, ^{3,4}MD Zannou, ^{5,6,7}M Alary. *NJCMDM¹Dispensaire IST, Centre de Santé Communal de Cotonou 1, Cotonou, Bénin; ²Programme National de Lutte Contre Le Sida Et Les IST (PNLS-IST), Cotonou, Bénin; ³Faculté Des Sciences de La Santé, Université d'Abomey-Calavi, Cotonou, Bénin; ⁴Centre National Hospitalier Universitaire HMK de Cotonou, Bénin; ⁵Centre de Recherche Du CHU de Québec, Québec, Canada; ⁶Département de Médecine Sociale Et Préventive, Université Laval, Québec, Canada; ⁷Institut National de Santé Publique Du Québec, Québec, Canada*

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Introduction To assess the feasibility and usefulness of integrating treatment as prevention (TasP) and pre-exposure prophylaxis (PrEP) with Truvada® 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 18th september 2014 to 28th 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 28th 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® 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® 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

¹J Patruno*, ¹S Yeganeh, ^{1,2}D Russell. *¹Cairns Sexual Health Service, Cairns and Hinterland Health Service District, Queensland Health; ²James Cook University*

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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

¹Jennifer Kibicho*, ²Jill Owczarzak, ³Tom Dilworth, ⁴Andy Petroll. *¹College of Nursing, University of Wisconsin-Milwaukee, Milwaukee, WI, USA; ²Bloomberg School of Public Health, Johns Hopkins University, Baltimore, Maryland, USA; ³Wheaton Franciscan Healthcare, Milwaukee, WI, USA; ⁴Center for AIDS Intervention Research, Medical College of Wisconsin, Milwaukee WI 53202*

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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.

Pharmacists were mostly female (63%), and Caucasian (66%). Most were HIV-certified (68%); 31% worked in specialty-only and 21% in traditional-only pharmacies. Majority were comfortable discussing HIV (91%), condom use (91%), and counselling PLWH who were heterosexual (96%) or MSM (97%). However, 33% were uncomfortable selling PWIDs needles and 48% teaching PWIDs to use clean needles. HIV-certified pharmacists were twice as likely to be comfortable selling PWIDs needles ($OR_{sellneedles} 2.46$; $p < 0.001$) than condom use counselling ($OR_{counselcondomuse} 1.10$; $p < 0.001$). Pharmacist comfort-level discussing HIV increased by 2% with age.

Conclusion Our finding that a significant proportion of pharmacists were uncomfortable serving PWIDs is concerning given that pharmacists might have frequent encounters with this hard-to-reach vulnerable population. Continuing professional education (CPE) curricula should be expanded to improve pharmacists' ability and comfort serving populations at high-risk for HIV.

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P18.09 COMMUNITY-BASED SUPPORT GROUPS ENGAGEMENT IN HIV PREVENTION AND ECONOMIC EMPOWERMENT IN RURAL KENYA

Kibicho Jennifer*, Penninah M Kako, Patricia E Stevens. *College of Nursing, University of Wisconsin-Milwaukee, Milwaukee, WI, USA*

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Background Support groups' important role in destigmatizing HIV/AIDS and addressing social-psychological needs of persons living with HIV (PLWH) is well documented. However, the impact of support groups in economic activities is less studied. Our study compares HIV- and non-HIV- support groups in providing social-psychological and economic empowerment for PLWH or at-risk groups in rural Kenya.

Methods We recruited 72 participants in 12 support groups (42 women, 30 men; 6 HIV, 6 non-HIV). Interviews lasted 1.5–4 h. Participants were asked to describe the benefits and challenges of support groups. We used MAXQDA qualitative software. We used thematic analysis informed by Grounded Theory principles to develop themes.

Results HIV- and non-HIV groups provided socio-psychological benefits to members. However, HIV groups engaged in community-based HIV testing promotion, and empowered members on fight HIV-stigma and to disclose HIV-status. HIV-groups—mostly donor-financed—had challenges related to financial mismanagement and lack of transparency of disbursements.

Non-HIV groups—mostly micro-financing initiatives—offered financial assistance (e.g., school fees, hospital expenses), start-up capital for business projects, and improved the standard of living for members. Non-HIV-groups had challenges related to marital conflict and violence about finances, high rate of loan-default among members; and high direct (e.g., membership financial contribution, transport costs) and indirect (e.g., time commitments) costs of group participation.

Conclusion HIV-support groups are underutilised in economic empowerment initiatives for PLWH, and face challenges of sustainability, in part due to poor leadership, financial mismanagement and high financial dependency on external funding. Non-HIV groups are underutilised as venues for community-based HIV prevention efforts. Before engaging in micro-finance

activities, support groups should receive leadership and financial training to ensure their long-term sustainability and increase group effectiveness in uplifting the quality and standards of living for persons living with or at-risk for HIV in rural communities.

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P18.10 DETERMINANTS OF QUALITY OF LIFE AMONG PEOPLE LIVING WITH HUMAN IMMUNODEFICIENCY VIRUS (PLHIV) IN COASTAL SOUTH INDIA

Bhaskaran Unnikrishnan*. *Kasturba Medical College (Manipal University) Mangalore, Karnataka, India*

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Aim To assess the quality of life (QOL) of PLHIV and to identify the factors influencing their QOL.

Method A cross-sectional study was conducted among 302 PLHIV aged 18 years and above, attending ART centre of Kasturba Medical College Hospital, Mangaluru, India from April to December 2014. Institutional Ethics Committee (IEC) approval was obtained prior to the commencement of the study. After obtaining a written informed consent, PLHIV were interviewed using WHOQOL-HIV BREF questionnaire to assess their QOL. Data was entered in, and analysed using SPSS version 16.

Results The mean scores (SD) across the six domains of QOL were physical- 16.37 (2.18); psychological- 12.40 (2.02); level of independence- 13.56 (2.28); social relationship- 12.19 (1.69); environment- 12.37 (2.03) and spirituality- 12.42 (2.23). A statistically significant difference was observed between the various domain scores of QOL (psychological; level of independence; social relationship; environment and spirituality) with socio economic status (SES) of PLHIV ($P < 0.05$) except the physical domain ($P > 0.05$). A significant difference was also observed between psychological domain of QOL among PLHIV and the presence of opportunistic infection. ($P = 0.028$)

Conclusion In our study, poor SES and presence of opportunistic infection have an adverse effect on QOL among PLHIV receiving ART.

P18.11 EXAMINING THE EFFECT OF CASE MANAGEMENT ON LEVELS OF DEPRESSION AMONG NEWLY DIAGNOSED PEOPLE LIVING WITH HIV IN TAIWAN

CT Yu*, MC Feng, LH Chen, WH Wen, SF Liu, YC Chuang. *Kaohsiung Medical University Hospital, Kaohsiung Medical University, Nursing, Kaohsiung, Taiwan, Province of China*

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Introduction Over half of Taiwan's HIV patients have been enrolled in case management. One of goals of HIV case management is to provide physical and mental consultations for the clients' need. The prevalence of depression in people living with HIV (PLWHA) is higher than that in the general public and possibly leads to worse HIV related outcomes. The aims of this study were to evaluate the efficacy of PLWHA in case management services so as to improve any depression and/or related symptoms.