P038 HIV HOME/SELF-TESTING: A PILOT PROJECT AND SERVICE EVALUATION

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Background/introduction Early HIV diagnosis prevents morbidity, mortality and transmission. UK 2014 figures show 40% of new diagnoses were "late" and estimate an HIV positive population of 103,700, with 17% remaining undiagnosed. Innovative testing approaches may help. Home/self-testing kits became available for UK purchase in April 2015. We describe a free online HIV home/self-testing project.
Aim(s)/objectives To determine feasibility/acceptability of HIV home/self-testing
Methods OraQuick Advance HIV1/2 Rapid Antibody Tests (using oral fluid for immediate self-testing) were requested online by individuals who confirmed studying the testing information and demonstration video. Postal kits included a username/password to allow completion of a feedback form, plus an out-of-hours mobile number for immediate support. £282.28 was spent on targeted Facebook advertising. (OraQuick Advance is not a CE marked home/self-testing kit. The MHRA were consulted and due to particular specifics of our programme an additional CE mark/formal notification was not required.)
Results Between 21/05/2015–08/02/2016, 513 kits were posted [394 (77%) males, 119 (23%) females; 352 (72%) urban, 135 (28%) rural]. Two new HIV diagnoses were identified (2/513 = 3.9/1000, compared with 1.9/1000 overall UK HIV prevalence, 2014). Partner notification produced one further HIV diagnosis. Ninety-eight (19%) feedback forms were completed; 19 females/79 males. Of the 79 males, 58 (73%) were men who have sex with men (MSM). Forty-six (47%) had never tested previously; 25/58 (37%) MSM had never tested. When asked why they chose this test, 26 said fast result, five no blood required and 67 no appointment/consultation.
Discussion/conclusion HIV home/self-testing is highly acceptable to those choosing it and can reach previously untested individuals.

P039 USING PSYCHOSOCIAL AND SOCIO-DEMOGRAPHIC CORRELATES OF SEXUAL RISK AMONG WOMEN IN BRITAIN, TO TARGET SERVICES IN PRIMARY CARE: EVIDENCE FROM NATSAL-3

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Background In primary care settings it can be difficult to identify which women would benefit from contraceptive advice and supply (CAS) and sexually transmitted infection (STI) testing without asking sensitive questions about sexual behaviour. Psychosocial and socio-demographic questions may offer an acceptable alternative.
Aim To identify psychosocial and socio-demographic factors associated with reporting key sexual risk behaviours among women aged 16–44 years in the British general population.
Methods We analysed data from 4,911 heterosexually-active women aged 16–44 years, who participated in Natsal-3, undertaken 2010–2012. Using multivariable regression we explored associations between the available psychosocial and socio-demographic variables and reporting of 3 key sexual behaviours indicative of clinical need: 2+ partners in the last year (2PP); non-use of condoms with 2+ partners in the last year (2PPNC); non-use of condoms at first sex with most recent partner (FSNC).
Results After adjustment, weekly binge drinking (6+ units on one occasion), early sexual debut (<16 years), younger age and renting (rather than owning) a home, remained associated with 2PP, 2PPNC and FSNC. Sexual identity and partner ethnicity were not associated with any of these behaviours. Current relationship status and reporting drug use (ever) were associated with 2PP and 2PPNC but not with FSNC.
Discussion These analyses indicate psychosocial factors and socio-demographic factors may be useful in targeting CAS and STI testing. A large cross-sectional survey is now underway determine the extent of sexual risk explained by these factors among women presenting in primary care and their acceptability in those settings.

P040 REDUCING THE LATE DIAGNOSIS OF HIV – WHERE ARE WE? AN EXPERIENCE FROM A COUNTY PERSPECTIVE

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Background/Introduction HIV is a treatable medical condition, and death rates are similar to other long term conditions if the patient is diagnosed early enough for anti-retroviral therapy to have any meaningful effect and if the patient is adherent to their antiretroviral therapy. A late diagnosis is defined as a new HIV diagnosis with a CD4 count of <350 cells/mm^3, or an AIDS-defining illness.
Aim(s)/objectives Identify the numbers of late HIV diagnoses made over a five year period in a county with low prevalence. Educate hospital junior doctors & GPs about the consequences of a late diagnosis of and when to test for HIV.
Methods The numbers of positive HIV tests were obtained, plus the patients' CD4 count at the point of a positive HIV test over a five year period. Patients were included or excluded based on the following criteria. Included: over 18; new diagnosis of HIV within secondary care; CD4 count <350/AIDS defining illness. Excluded: antenatal testing, occupational health test; GP testing.
Results Fourteen patients identified. 12/14 were heterosexual white British males 11 of whom were diagnosed in hospital and mostly admitted under the acute medics. CD4 counts ranged from 0.01 to 475 with a mean count of 224 cells/mm^3.
Discussion/conclusion As a direct result of the talks delivered presenting the findings of the project, at the time of writing, two major changes in practice have occurred and there is closer collaboration between the hospital physicians, microbiology lab and the HIV consultants. A poster has been designed and is now found in numerous hospital sites.

P041 2 PAEDIATRIC CASES OF HIV RELATED COMPLICATIONS IN SOUTHERN AFRICA

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