Results For the initial audit in 2014–2015 n= 100, for the re-audit in 2016 at the time of submission n=80.

Abstract P067 Table 1 PEPSE Audit

Percentage of patients with (%)	2014–2015	2016	BHIVA guidance recommendation (2011/2015)
Baseline HIV test	81	90	100
Prescriptions that fit recommended indications	55	71	90
Prescriptions administered within 72 hours of exposure	83	100	90
Prescriptions within 24 hours of exposure	36	44	90
Completion of 4-week course of PEPSE	47	49 completed, 19 ongoing, 32 unknown or incomplete	75
STI screen	51	80	90

Discussion The results suggest marked improvement, though we still fall short of the auditable standards.

P068 PREP FOR IRELAND? AN NGO POLICY PAPER TO INFORM DISCUSSION ON LEGALISING THE AVAILABILITY OF PREP IN IRELAND

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10.1136/sextrans-2017-053232.113

Introduction PrEP is illegal in Ireland and the issue of the introduction of PrEP has not been adequately researched within an Irish context. This paper, due for completion in April 2017, examines the question, 'Should PrEP be introduced to Ireland?'

Methods A comprehensive literature review on PrEP has been completed, to be followed by key informant interviews with national and international stakeholders to ensure coherence with national policy, to capture multiple perspectives and priorities, highlight implementation and operational difficulties, and off-set unintended consequences.

Results The results of this paper will focus on PrEP within five key areas – Public Health Effectiveness, Adherence, Feasibility/Knowledge/Willingness to take PrEP, Risk/Risk Compensation, and Cost/Cost Effectiveness. The findings will contextualise PrEP within key populations of MSM, PWID, as well as Sex Workers and will inform Irish policy makers' decision making by providing input to debates on the pros and cons of introducing PrEP to Ireland.

Discussion It is argued that PrEP adds to the package of proven HIV prevention options already available and is recommended by UNAIDS for use in conjunction with other prevention methods. However PrEP is frequently not seen in value-neutral public health terms and is a contested intervention along economic, ethical, and rights-based axes. This paper examines PrEP in detail in order to inform discussion on its potential introduction within Ireland.

P069 POST EXPOSURE PROPHYLAXIS AFTER SEXUAL EXPOSURE: MANAGEMENT IN ED AND GUM

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10.1136/sextrans-2017-053232.114

Introduction Post-exposure prophylaxis following sexual exposure (PEPSE) is a method of preventing HIV infection. 2015 BASHH guidelines identify criteria for when PEPSE should and could be offered. Our aim was to review patients prescribed PEPSE either at our local Emergency Department (ED) or via GUM between 1st July – 31st Dec 2016 to establish if we are following the BASHH guidelines.

Methods This retrospective study identified patients that were prescribed PEPSE through the ED or GUM using electronic records and paper notes to audit criteria.

Results 176 PEP recipients were identified. Twenty-two of these were not associated with sexual exposure. Two were extending a current course of PEPSE due to new exposure; prescribed according to guidelines. 14 patients received PEP according to the ED register but no documentation was available. 7 patients received PEP in ED with documented exposure risk consistent with the BASHH guidelines but were lost to follow up. 131 PEP patients were seen in GUM. 6 patients presented to GUM after PEP was initiated at a different ED, all these were provided PEP according to guidelines. 35 presented after PEP was started in ED and the rest presented directly. 98% were prescribed PEP according to guidelines. There were 2 that were started on PEP in ED that was discontinued in GUM.

Discussion The majority of patients with available documentation were prescribed PEP according to guidelines. We intend to support our ED service in better documentation of patients presenting for, and prescribe, PEPSE.

P070 A RETROSPECTIVE AUDIT OF THE PROVISION OF PEPSE IN A COMMUNITY SEXUAL HEALTH CLINIC

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10.1136/sextrans-2017-053232.115

Introduction When setting up a specialist GUM clinic within a community sexual and reproductive health service we started offering Post Exposure Prophylaxis (PEPSE) to eligible patients. The patient pathway was to start PEPSE in our service, then attend the HIV clinic in the hospital for all related follow-up appointments.

Aims To audit our practice against the 2011 BHIVA guidelines for the use of PEPSE.

Methods Our electronic record was interrogated for consultations coded as PEPSE between January 2013 and July 2015.

78 records were found, of whom 5 did not receive PEPSE. Thus 72 records were audited.

Results

Abstract P070 Table 1 PEPSE Audit

	Number (%)	Audit Standard	Setting
HIV test within 72 hours	72 (100)	100%	Community
Prescription fits indication	72 (100)	90%	Community
PEPSE within 72 hours	72 (100)	90%	Community
Completing 4 weeks PEPSE	21 (29.2)	75%	Hospital
Full STI screen	58 (80.6)	90%	Hospital
HIV test 12-weeks post PEPSE	18 (25%)	60%	Hospital

The BHIVA standards were met in all categories that were implemented in the community GUM clinic, but were not met in any of the categories that were implemented in the hospital setting.

Discussion While it is encouraging that PEPSE was initiated successfully in our clinic setting, the follow-up data was disappointing. Following the results of this audit all patients who start on PEPSE in our community clinic are now followed up in the community.

P071 PRE PREP PREP

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10.1136/sextrans-2017-053232.116

Introduction Sexual health of MSM has worsened over the last decade and with NHS PREP provision on the horizon we needed to assess the current sexual health of MSM attending our small integrated sexual health clinic to ascertain who may be eligible for PREP.

Methods Retrospective case notes review of all MSM attending as a new or rebook attendance in 2015.

Results 140 attendances of MSM in 2015 were analysed. 136/140 (97%) had a HIV test. 36/140 (26%) were diagnosed with an STI of which 10 were rectal STIs. 62/140 (44%) had a previous STI. Documented recent unprotected anal sex occurred in 80/140 (57%), 3 patients were in a sero-discordant relationship- all had partners with an undetectable viral load. Recreational drugs were used by 9/140 (6%) of which 4 patients were engaged in chem-sex.

80/140 (57%) patients would fulfil the baseline criteria for PREP.

Discussion MSM in our clinic have a high rate of STIs and more than half have had recent unprotected anal sex. There is a low rate of recreational drug use. Over half would be eligible for PREP if they continued in engage in unprotected sex. Repeated attendances through 2015 will be analysed to assess behaviour change.

P072 DO WE MEET THE CRITERIA? CONSIDERATION FOR PREP PROVISION LOCALLY

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10.1136/sextrans-2017-053232.117

Introduction With various studies demonstrating Pre-Exposure Prophylaxis (PrEP) as highly effective in reducing HIV transmission, Health Departments are under pressure to provide the treatment.

Methods Questionnaire feedback from 60 men who have sex with men (MSM) attending sexual health clinic, questions were based around the eligibility criteria for the PROUD study and some additional information we felt may be useful.

Results 58 MSM & 2 Trans women: 35 (58%) reported unprotected anal intercourse (UPAI) in the past 3 months, average number of partners 7. 6/35 had treatment for an infection in the past 6 months, all Gonorrhoea. 25 MSM (42%) reported no UPAI in past 3 months, average number of partners 2. 2 treated for infections, 1 GC and 1 had Syphilis and Chlamydia. Overall 16 (27%) reported drug use, no IVDU. 43 (72%) used social media to meet partners, 16 (27%) used male only saunas. 56 (93%) would use PrEP if available. 24/60 was asked if using PrEP may encourage them to have UPAI, 5 (20%) responded yes. 6 (10%) had used Post Exposure Prophylaxis following Sexual Exposure (PEPSE). In the last 2 years we provided 216 MSM with PEPSE, 29 (14%) used it more than once, 5 (2%) are now HIV positive.

Discussion There appears to be high risk behaviour within our MSM cohort. PrEP has a role to play in prevention of HIV transmission, if funding became available for PrEP the service may need to find ways to target the higher risk individuals. 58% met the recommended criteria by BASHH/BHIVA.

HIV Testing, New Diagnoses and Management

P073 DO FINANCIAL INCENTIVES (FI) AND MOTIVATIONAL INTERVIEWING (MI) PROMOTE ADHERENCE IN VERTICALLY INFECTED HIV POSITIVE ADOLESCENTS?

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10.1136/sextrans-2017-053232.118

Introduction Funding was received for 10 patients to participate in a FI & MI scheme aiming to achieve viral load (VL) reduction.

Methods Eligibility criteria: 16-25 years, vertically acquired HIV-1 infection, CD4 <350 cells/ul, agrees to ART with treatable virus, poor adherence since diagnosis & failure to achieve VL <40 copies/ml. FIs received for VL reductions $\geq$ 1 log weeks 2 & 4 and VL <40 week 8, 3/12, 6/12, 9/12 and 1