

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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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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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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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 ≥ 1 log weeks 2 & 4 and VL <40 week 8, 3/12, 6/12, 9/12 and 1