

populations for self-testing and framing the campaign within the 'gay scene'.

Discussion

Few participants had previously self-tested Knowledge and generating a 'sense of a testing community' were the most important factors for promoting self-testing. Collaboration with designers and communities ensures a user-centred approach to HIV self-testing.

P079 ARE PATIENTS WITH UNEXPLAINED BLOOD DYSCRASIAS BEING TESTED FOR HIV?

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Introduction The purpose of our audit was to determine whether our hospital is following the BHIVA National Guidelines (2008) and testing for HIV in patients presenting with unexplained blood dyscrasias.

Methods Our initial sample consisted of all inpatients coded as having lymphopenia, thrombocytopenia or neutropenia between 1/1/16 and 1/11/16. We excluded patients with a known cause of cytopenia and those with mild cytopenias (platelets >80, neutrophils >1, lymphocytes>1). In our final sample of 82 patients, we used the electronic ordering system to collect patient and admission information and to determine whether a HIV test was ordered.

Results 37% of patients with unexplained blood dyscrasias were tested for HIV. 60% of patients with neutropenia were tested compared with 42% with thrombocytopenia, 25% with lymphopenia and 20% with mixed cytopenias. Patients with lower blood counts were more likely to be tested for HIV. Patients were more likely to be tested for HIV if they were admitted under the haematology team (55%) compared with those admitted under general medical (31%) or surgical teams (27%). HIV testing declined with increasing age of patients with 67% of those aged under 30 being tested compared with 60%, 56%, 22% and 0% of patients between 31–50, 51–70, 71–90 and over 90 respectively.

Discussion We found that the majority of patients with unexplained blood dyscrasias were not tested for HIV. Our study highlighted several factors that influence whether testing is performed. These include the nature and severity of cytopenia, patient age and the admitting medical team.

P080 DRAMATIC REDUCTIONS IN NEW HIV DIAGNOSES FOR MSM IN ENGLAND ARE NOT UNIFORM FOR ALL ETHNICITIES IN A LARGE LONDON CLINIC

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Introduction Along with many other GUM clinics, we are seeing a reduction in new HIV diagnoses in MSM. Our clinic is based in East London and sees MSM of all ethnicities. Preliminary data analysis suggests that this reduction may not apply to the BME MSM population.

Methods We analysed HIV testing rates from our large London GUM clinics. HIV tests, along with demographic data, sexual risk and ethnicity are collected routinely. We then compared positivity rates between ethnicities in 2015 and 2016.

Results Over 2015 and 2016 there were 48,512 HIV tests performed, of which 12,248 (25%) were on MSM. There was a slight decrease in the number of HIV tests in MSM from 6,688 in 2015 to 5,560 in 2016. We saw a significant reduction in the numbers of new HIV diagnoses in MSM from 43 in 2015 to 25 in 2016. This reduction in new HIV diagnoses was seen in those of white ethnicity (from 30 in 2015 to 15 in 2016) and black ethnicity (from 5 to 3). However, this reduction was not seen in Asian MSM (2 diagnoses each year).

Discussion New diagnoses of HIV are declining in MSM, likely due to treatment as prevention and PrEP. However, it appears that these significant drops are not uniform. Asian MSM may be less likely to engaged with traditional GUM services. Targeted work is needed to engage this group and help reduce HIV diagnoses further.

P081 THE COST OF COST-SAVING HIV DRUG SWITCHES IN A SMALL DGH HIV UNIT

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Introduction In July 2016 NHSE circulated a letter regarding Commissioning for Value and antiretroviral drug switches. The letter noted that 'These switches have been identified as not needing to recall patients to clinic or to introduce additional monitoring arrangements unless clinically indicated or the patient requires further support'. However the e-GFR decreases after starting cobicistat and checking at 4/52 is recommended.

Methods Patients suitable for antiretroviral drug switches were identified by pharmacy, a total of 50 patients (53% of our cohort). A review of the outcomes up to Jan 2017 was undertaken.

Results Eleven patients switched successfully from Kivexa to generic abavavir/lamivudine. Fifteen switched from Atripla to Truvada/efavirenz. Of these, four switched back due to side effects. In one case 4 months of drugs, costing £1384, were wasted. Two patients did not tolerate Rezolsta (AKI & diarrhoea). There were ten extra visits for safety bloods. The first prescription for the switches for all regimens was for two months to minimise waste. Additional staff time was required to generate the prescriptions, and the additional deliveries cost £1215 to date.

Discussion Switches from Atripla to Truvada/efavirenz and from PI/r to PI/cobicistat involved additional costs in terms of staff time, delivery charges and drug wastage. In December 2016, we decided to halt the switches to PI/cobicistat, as it was felt that the cost savings were insufficient to compensate for the additional workload, and also it might be a challenge to switch patients back to two drugs when generic darunavir and atazanavir become available.

P082 IMPLEMENTING AND SUSTAINING HIV TESTING IN ACUTE MEDICINE – RESULTS FROM THE FIRST 2 YEARS

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Introduction Leeds is an area of high HIV prevalence of 2.3/1000 and in accordance with National UK guidelines for HIV testing we introduced routine opt out HIV testing to the acute medicine unit at St. James's University hospital in January 2015. Opt out testing is offered to patients between 16 and 65 years of age admitted to any of the acute medical areas.

Methods Ensuring high testing rates in this busy environment with rapidly changing medical staff is challenging and we have used a number of interventions to help sustain a high testing rate. These include providing weekly feedback and training to the acute medicine doctors and nurse practitioners, an electronic prompt on the Ordercoms pathology system and for patients who have blood tests in the emergency department, the facility to have HIV testing performed on samples sent to biochemistry. We employ a 0.5 WTE nurse to support this project.

Results Between January 2015 and February 2017 there have been 11,715 eligible patients admitted of which 7263 (61%) patients underwent HIV testing. HIV testing was highly acceptable to patients with almost no patients refusing the offer of an HIV test. 16 patients (0.22%) had a positive HIV test and 2 partners were subsequently tested positive. 10 of the 16 patients had a very late diagnosis with a CD4 count <200 cells/mm³ and we identified many missed opportunities for earlier diagnosis. 2 patients had primary HIV infection and would almost certainly not have been tested otherwise.

P083

HOW DO HIV TESTING INITIATIVES IMPACT ON HIV TESTING RATES AND DIAGNOSIS IN PRIMARY CARE?

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Introduction Undiagnosed HIV leads to late presentation, increased morbidity, and contributes to onward transmission. It is estimated that in our area approximately 17% of those living with HIV are undiagnosed. Little is known about the impact of National HIV Testing Week (NHTW) initiatives in general practice (GP). In 2016 we implemented a 'pop-up' message alerting GPs that it was NHTW, with a 'one-click' pathway to adding an HIV-test to bloods requested for other reasons.

Methods Number of HIV tests carried out in GP and new HIV diagnoses made were collected between 20th August 2016 and 20th February 2017 and separated into the time period spanning 3 months pre-NHTW, NHTW itself and 3 months post-NHTW.

Results 464 HIV tests were performed in 37 GP practices in the pre-NHTW period (approx. 36/week), 96 test during NHTW and 534 tests in 3 month post-NHTW (approx. 41/week). 1 HIV-diagnosis was made in GP during the pre-NHTW period (c.f. 20 across all services), no new diagnoses in NHTW and 1 case (7 across all services) in the 3 month post-NHTW period.

Discussion Testing initiatives result in greater awareness across the city and an increase in HIV testing, which was sustained, although no increase in new HIV diagnoses. The decrease in HIV diagnoses in this study reflects the national trend of a reduction in HIV diagnoses despite increased testing; this is attributed partly to the efficacy and increased use of Pre-exposure prophylaxis (PrEP).

P084

ARE WE CONSIDERING HIV ENOUGH? AN AUDIT INVESTIGATING ROUTINE USE OF HIV SCREENING FOR PATIENTS AGED 18-50 PRESENTING WITH COMMUNITY ACQUIRED PNEUMONIA TO A PROVINCIAL HOSPITAL

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Introduction It is known that a significant proportion of people within the United Kingdom are unaware of their HIV infection and late diagnosis is associated with HIV related Morbidity and Mortality. The British HIV Association recommend routine HIV screening for patients with an HIV indicator illness. This includes Bacterial Pneumonia, a condition commonly encountered in hospital departments throughout the United Kingdom.

Methods We designed an audit to evaluate the use of routine HIV screening for patients aged 18-50 presenting to the Royal Devon and Exeter Hospital with Community Acquired Pneumonia. Using a coding search of all discharges between May 2015 and September 2015, 38 patients were identified. Inclusion criteria required each patient to have either a positive microbiological sample or consolidation present on a chest radiograph. Of the 38 patients identified, 7 were excluded who did not satisfy the minimum inclusion criteria.

Results Of the patients audited, 21 patients (67.7%) did not receive routine screening during their inpatient stay. One patient who was not tested had received testing immediately prior to their acute presentation. Two patients who were not tested had a significant history of intravenous drug use, an independent indicator for routine HIV screening. Of the 10 patients (32.3%) that were successfully screened for HIV, no samples tested positive.

Discussion Routine screening for HIV in all patients with bacterial pneumonia could aid early identification of HIV infection, reducing overall morbidity and mortality. This audit highlights the continuing need for raised awareness of routine HIV screening for patients with HIV indicator conditions, particularly, in areas of low prevalence of HIV infection.

P085

AN AUDIT OF NICE GUIDANCE PH33; INCREASING THE UPTAKE OF HIV TESTING IN BLACK AFRICANS

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Introduction In 2015, Wolverhampton had the highest rates (15.8 per 100,000) of newly diagnosed HIV in West Midlands and In the West Midlands incidence rates in the black African ethnic group remain much higher than those for other ethnic groups, with a relative risk of 34 compared with the white group in 2015. This clearly shows the importance of the NICE Guidelines PH33 which was published in 2011 which aimed to increase the uptake of HIV testing in Black Africans and we wanted to audit this guidance.

Methods A list of patients classified as being of Black African ethnicity who were admitted to the Acute Medical Unit at Royal Wolverhampton NHS Trust between April 2015 and January 2016 was obtained. Their medical notes and blood test results were retrospectively analysed for evidence of testing or any discussion of HIV tests.