located in Plainfield, New Jersey, USA, provides prenatal services, an urban community-based not-for-profit ambulatory health centre.

**Methods** HIV testing rates were compared for patients admitted with pneumonia before (September 2011) and after (September 2012) implementing opt-out testing for acute medical admissions. Patients were identified from hospital coding data for pneumonia during their inpatient stay. Electronic patient records were used to determine which patients had received a test for HIV during their admission.

**Results** Seventy-nine patients were admitted with pneumonia in September 2011 and 86 in September 2012. Before opt-out HIV testing, 4/79 (5.1%) patients were tested for HIV during their admission (mean age 65.5 years), with no positive tests. Following the implementation of opt-out testing, 22/86 (25%) patients admitted with pneumonia were tested for HIV (mean age 62.5 years), with no patients testing positive. Since implementing opt-out HIV testing for acute medical admissions the rate of HIV testing in patients admitted with pneumonia increased from 5.1% to 25% (p = 0.0002).

**Conclusion** Following the implementation of opt-out HIV testing for acute medical admissions, the rate of testing in patients with a diagnosis of pneumonia has significantly increased. However, despite national guidelines and regional opt-out testing for acute medical admissions, a test was only performed in a quarter of eligible patients. Further work needs to be done in all areas of the hospital to increase awareness of HIV testing and to ensure rates of testing continue to rise.

**P2.043** **ALBUMIN MAY INFLUENCE ELISA TEST RESULTS FOR HIV ANTIBODIES**

D Gupta, E Ganguly, S Das. Peerless Hospital and B.K Ray Research Centre, Kolkata, India

There may be interference of albumin in binding of HIV antibodies on HIV specific antigens. This experiment has been done to find out any such possible influence of albumin which may alter the serological test results.

Blood samples of known HIV positive patients were collected after taking consent. Total serum proteins were estimated, HIV antibody tests were performed with the collected samples directly and after mixing egg albumin to raise 25% of the baseline protein in each sample. The ELISA test for HIV antibodies in serum was performed with both types of samples and absorbance values were recorded.

It was found that after addition of egg albumin, the absorbance values were decreased in 66.0% samples and among them in 40.0% samples there was remarkable fall of absorbance levels. In the remaining 34.0% samples there was no change in absorbance values.

This study indicates that albumin present in the blood may influence outcome of ELISA test for HIV antibodies.

**P2.045** **SERIAL TESTING WITH AN INTERFERON-GAMMA RELEASE ASSAY IN HIV-1-INFECTED INDIVIDUALS**

M Cichulub, T Reiberger, T Breiteneczer, A Makristathis, A Rierger. Department of Dermatology, Division of Immunology, Allergy and Infectious Diseases (DIVAID), Medical University of Vienna, Vienna, Austria; Department of Internal Medicine III, Division of Gastroenterology & Hepatology, Vienna HIV & Liver Study Group, Medical University of Vienna, Vienna, Austria; Department of Hygiene and Medical Microbiology, Division of Clinical Microbiology, Medical University of Vienna, Vienna, Austria

Background The clinical utility of serial screening for tuberculosis (TB) by interferon-gamma release assays has not been established in HIV-1-infected individuals.

**Methods** In this prospective study HIV-1-infected subjects underwent repeated QuantiFERON-TB Gold In-Tube assay (QFT-GIT) testing at baseline and after 24 months to determine the rate of conversions and reversions in a low TB-incidence country. Data on demographics, history of tuberculosis and HIV-1 parameters were obtained and risk factors associated with conversion or reversion of QFT-GIT results were assessed in a multivariate regression model.

**Results** Of 846 HIV-1-infected subjects, 9% (76/846) were QFT-GIT positive, 85% (718/846) were QFT-GIT negative and 6% (52/846) QFT-GIT indeterminate at baseline, respectively. Concordant baseline and follow-up results were observed in 86% (696/794) of subjects. The observed inter-test agreement was 0.837 (95% CI: 0.847–0.899) while the inter-test agreement of serial QFT-GIT testing was moderate (Cohen k-coefficient = 0.448). QFT-GIT conversions occurred in 9% (63/718) of individuals while QFT-GIT reversions were seen in 33% (25/76). Independent predictors for QFT-GIT conversion were origin from high TB incidence country (OR, 1.93; P = 0.024) and intravenous drug abuse (OR, 2.43; P = 0.016). Of the 10 active TB cases during follow-up 5 had concordant positive QFT-GIT results and 2 were QFT-GIT converters.