**O1** IS PRE-EXPOSURE PROPHYLAXIS FOR HIV PREVENTION COST-EFFECTIVE IN MEN WHO HAVE SEX WITH MEN WHO ENGAGE IN CONDOMLESS SEX IN THE UK?

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**Methods** Data from the Genitourinary Medicine Clinic Activity Dataset (GUMCADv2) were used to investigate the characteristics of patients receiving PEPSE. Associations with PEPSE use were assessed using multivariate logistic regression.

**Results** Between 2011 and 2013, 14,118 patients received PEPSE, of which 63% (8,896) were MSM. Among MSM receiving PEPSE, 14% (1,213) received more than one course (maximum 13 courses), 45% (3,990) were aged 25–34 years and 75% (6,702) were of white ethnicity. 2.0% were diagnosed with HIV between 4 and 16 months after receiving their last course of PEPSE. Compared to MSM controls not receiving PEPSE, MSM receiving PEPSE were significantly more likely to be of non-white ethnicity (adjusted OR = 1.28, 95% CI 1.21–1.36), and to be diagnosed with HIV following a subsequent exposure (adjusted OR = 1.21, 95% CI 1.03–1.41).

**Conclusion** Our preliminary evaluation suggests that the use of PrEP introduction is not cost-effective. However, PrEP if again engaging in condomless sex.

**O3** IS POINT OF CARE TESTING ‘UNSAFE IN THE CITY’?

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**Methods** A retrospective review of all Alere Determine™ HIV-1/2 Ag/Ab Combo tests at a City Centre outreach service in 2013. Results were compared with concomitant serology.

**Results** POCT was provided for 382 patients. Three patients declined POCT; 2 POCT results were not documented; 10 did not have serology in parallel.

**Discussion** This is data providing statistics for POCT in real time. Compared to advertised values Alere is underperforming.

**O2** AN EPIDEMIOLOGICAL ANALYSIS OF MEN WHO HAVE SEX WITH MEN (MSM) WHO ARE PRESCRIBED HIV POST-EXPOSURE PROPHYLAXIS: IMPLICATIONS FOR WIDER PRE-EXPOSURE PROPHYLAXIS POLICY

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**Methods** Post-exposure prophylaxis following sexual exposure (PEPSE) is a potential method of preventing HIV infection in certain circumstances. Initiation of PEPSE is recommended following receptive anal intercourse with a partner of known positive or unknown HIV status from a high risk group.

**Aims/objectives** To investigate the characteristics and risk profile of patients receiving PEPSE to determine whether this could inform development of pre-exposure prophylaxis (PrEP) policy for men who have sex with men (MSM).

**Discussion** This is data providing statistics for POCT in real time. Compared to advertised values Alere is underperforming.

The negative predictive value is reassuring; however, the sensitivity of the test is unacceptable. Had 3 of our patients not had serology in parallel.

Of the remaining 367 patients: 3 true positives (0.8%); 2 false positives (0.6%); and 3 false negatives (0.8%). Negative predictive value 99.2%; Positive predictive value 60%; Sensitivity 50%; Specificity 99.4%.

**Discussion** This is data providing statistics for POCT in real time. Compared to advertised values Alere is underperforming.

The negative predictive value is reassuring; however, the sensitivity of the test is unacceptable. Had 3 of our patients not had back up serology, they would have been unaware of their diagnosis, receiving false reassurance and potentially causing unintentional HIV transmission. Do we take this risk on board and perform POCT without back up serology?