6 months, 78 (64%) reported being sexually active. 14 (12%) reported at least 1 new partner in the last year. 52 (35%) were offered STI screening in the last year and 32 accepted (62%). 9 (28%) were diagnosed with STI(s): Gonorrhoea, chlamydia, warts, LGV, syphilis and hepatitis C. Those reporting partner change were more likely to be diagnosed with STI(s) (58% of those screened vs 10% not reporting partner change, p = 0.002).
Discussion/conclusion A high prevalence of STIs was observed. Sexual history taking is essential to identify those most at risk. However, STIs were diagnosed in those reporting no partner change, supporting routine STI screening among our cohort.

P77 UNDIAGNOSED HIV: CAN AT RISK GROUPS BE IDENTIFIED FOR A NEW TESTING STRATEGY?

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Background/introduction Public Health England report (Nov 2014) the number of HIV tests is increasing, number of positive diagnoses decreasing, but proportion undiagnosed HIV unchanged. We aimed to suggest new local strategy. Demographically identifying late diagnoses (CD4 <350 cells/mm^3) would find groups within the population more likely to be diagnosed late. Testing that group could uncover undiagnosed early HIV.
Methods Data gathered about HIV diagnosed in our city Jan 2009–Dec 2014: age, gender, ethnicity, orientation, previous test, indication, place tested. Chi-Square compared early/late diagnoses. Under-served compared to well-served demographics.
Results 251 new diagnoses in 5 years. 125 early, 126 late. Disproportionate late diagnoses:

- females (p = 0.023) without previous test (p = 0.006)
- HSM (heterosexual males) (p = 0.068) without previous test (p = 0.004)

No significant difference between early/late diagnosis:

- ethnicity: Caucasian, sub-Saharan African, other (p = 0.103)
- age: <50 vs >50 (p = 0.74)
- bisexual males (p = 0.87)

Disproportionate early diagnoses:

- MSM males (p = 0.032) with previous test (p = 0.052)

Abstract P77 Table 1 HIV testing

	Females	HSM no prev test	MSM
Total	48	37	119
Median age	34 (20–64)	43 (22–76)	35 (17–66)
Median CD4	221 (8–941)	177 (2–718)	419 (8–1003)
Indications	Antenatal testing 8/48	Partner positive 7/37	SH screen asymptomatic 34/119
	Partner positive 7/48	Respiratory illness 7/37	SH screen symptomatic 17/119
			Partner positive 17/119
Place	GUM 13/48	Secondary care	GUM 59/119
	GP 10/48	15/37	GP 19/119
	Secondary care 10/48	GP 9/37	GUM outreach 14/119

Discussion/conclusion Barriers to earlier self-presentation of females and HSM should be examined. MSM benefit from specialised clinics yet are <50% diagnoses. Likely public and clinician unawareness of risk excludes earlier testing.

P78 IS ROUTINE HIV TESTING BY NURSING STAFF ADMITTING PATIENTS TO HOSPITAL FEASIBLE?

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Background/introduction Routine HIV testing in acute medical admissions is recommended in areas of high HIV prevalence. A local sero-anonymous prevalence study suggested high rates of undiagnosed HIV in both medical and surgical admissions. We have developed a successful non-clinician based model of HIV testing using a dedicated Health Care Assistant (HCA) in medical admissions. We are keen to move back to clinician-based HIV testing using the HCA as a testing-facilitator offering education and a bespoke HIV testing training resource to support HIV testing. This model will allow roll-out of HIV testing to all admissions.
Methods A service evaluation through purposive sampling to assess whether nursing staff would be willing to perform routine HIV testing and to pilot the HIV testing training resource.
Results 10 nurses from the Emergency Department, Acute Medical Unit, and medical wards responded. 4/10 felt that current coverage (a single HCA) was inadequate. 8/10 said they would be willing to routinely test admissions for HIV provided support and training from the HIV Screening HCA was given, especially around the informed consent process. 1/10 suggested that routine screening would make discussing HIV testing less awkward. 8/10 felt the training resource was comprehensive and helpful.
Discussion/conclusion This pilot suggests that Routine HIV testing by nursing staff admitting patients is feasible with the support of an HIV testing facilitator and an HIV testing training resource.

P79 HIV MONITORING AND INVESTIGATIONS, AN AUDIT SERIES: USE OF VISIT THEMED PROFORMAS TO IMPROVE CARE

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Background Recommended HIV routine monitoring and investigations in the outpatient setting has become increasingly extensive. HIV clinics use different methods including proformas to record consultation visits. Due to time constraints, in a busy clinic, the recommended monitoring and investigations can be overlooked.
Aim To raise standards of monitoring and investigation of HIV attendees by reviewing our clinical proformas.
Method Three annual retrospective case notes review of 50 to 53 patients with HIV attending service for HIV related care. Standards were set based on national BHIVA standards. In 2011 an annual proforma was introduced, which was updated in 2012 to meet the BHIVA 2011 monitoring guidance. However, the annual visit was then long and time constraining, so in 2013