

GUM services, were younger (mean age: 30.5 yrs vs 38.5 yrs;  $p < 0.001$ ), and more likely to be of black ethnicity (6.8% vs 4.1%;  $p < 0.001$ ) and reside in London (49.9% vs 46.0%;  $p < 0.001$ ). MSM attending non-GUM services were more likely to have a full sexual health screen (41.4% vs 27.0%;  $p < 0.001$ ), HIV test (8.9% vs 7.1%;  $p < 0.001$ ), and be diagnosed with chlamydia (6.2% vs 3.0%;  $p < 0.001$ ), gonorrhoea (5.6% vs 4.6%;  $p < 0.001$ ) and first-episode genital warts (1.5% vs 1.0%;  $p < 0.001$ ). There was no significant difference in the proportion newly diagnosed with HIV (0.57% vs 0.69%;  $p = 0.268$ ) or first-episode genital herpes (0.47% vs 0.46%;  $p = 0.830$ ).

**Conclusion** Level 2 sexual health services play an important role in the sexual health care of MSM, especially those of younger age.

### P97 MISSED OPPORTUNITIES FOR DIAGNOSING HIV IN A DISTRICT GENERAL HOSPITAL IN AN AREA OF HIGH HIV PREVALENCE

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10.1136/sextrans-2015-052126.140

**Background** Delayed diagnosis of HIV is associated with significantly increased morbidity and mortality. Our clinic has a high rate of advanced HIV at diagnosis (61% presenting with a CD4 <350) indicating that there may be missed opportunities for earlier testing.

**Aim** To review all recent new diagnoses of HIV for potential missed testing opportunities.

**Methods** Retrospective review of clinic, hospital and emergency department records for all new patients referred to the HIV clinic between January 2014 and January 2015. Previous hospital admissions, outpatient and emergency department attendances and GP visits were reviewed for the year up to diagnosis. Where a patient was admitted to hospital, time to diagnosis, outcome and inpatient stay was recorded.

**Results** 70 new patients: 24 transfers of care (excluded); 46 new diagnoses.

<b>Gender: female</b>	18/46 (39%)	<b>CD4 Count</b>	29/46 (63%) CD4 <350 11/46 (24%) CD4 <100 Mean CD4 Count 322
<b>Sexuality: MSM</b>	17/46 (37%)	<b>Referral Route</b>	SRH 13/46 (28%) Inpatient 10/46 (22%) GP 10/46 (22%) Other 13/46 (28%)
<b>Country of birth</b>			
UK	12/45 (27%)		
Sub-Saharan Africa	23/45 (51%)		
Other	10/45 (22%)		

24/46 (52%) were seen at least once at the hospital or by the GP in the 12 months prior to their diagnosis. 14 admissions to hospital at the time of diagnosis: mean length of stay 14 days (range 2–47).

**Discussion** There are significant opportunities for earlier HIV testing in our hospital and local GP practices. We are using this data as part of a business case to roll out HIV testing for all acute medical admissions.

### P98 HIV TESTING IN SOUTH LONDON

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10.1136/sextrans-2015-052126.141

**Background** Early diagnosis is an important factor associated with HIV-related mortality, morbidity and onward transmission. The local prevalence is estimated at 7.8 per 1000 population and 61% of patients are diagnosed with a CD4 count of <350. Despite the National HIV testing guidelines being published in 2008, local HIV testing remains low due to lack of resources, funding and clinical awareness.

**Objective** To pilot routine HIV testing of all medical admissions during National HIV testing week.

**Methods** General medical admissions during 22<sup>nd</sup>–30<sup>th</sup> November 2014 were offered a third generation *INSTI* HIV point of care test (POCT) the morning after admission. A&E attendees between 9 am and 4 pm on 1<sup>st</sup> December 2014 (World AIDS day) were also offered POCTs. Basic demographics were collected and analysed with appropriate statistical tests.

**Results** 141 POCTs were offered in medical admissions; all 126 individuals who accepted (89%) tested negative (64 white British (51%), 10 black African (8%)). 14 refused testing; 9 tested before. 21 individuals were not offered POCTs due to unavailability/ inappropriateness. There was no statistical difference in mean ages or proportion of females/males that accepted or refused testing in this group. 32 patients tested in A&E were all negative (11 black African (34%)).

**Abstract P98 Table 1** HIV testing in South London

Category	Medical	A&E	Two tailed P values *t-test, **Z-ratio
Age	56.9 (n = 126)	41.6 (n = 32)	*P < 0.0001
Ethnicity			
Black African	n = 1	n = 11	**P < 0.0002
White British	n = 64	n = 8	**P < 0.0089

**Discussion** There was a high uptake of HIV testing amongst general medical admissions indicating routine testing is very acceptable to patients. Moreover, a younger population group presents in A&E compared to admissions; a significant proportion being Black African origin. This may be an appropriate target group to consider for testing.

### P99 RENAL AND BONE SAFETY OF TENOFOVIR ALAFENAMIDE VS TENOFOVIR DISOPROXIL FUMARATE

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10.1136/sextrans-2015-052126.142

**Background** Off-target renal and bone side effects may occur with tenofovir disoproxil fumarate (TDF) use. Compared with TDF, tenofovir alafenamide (TAF) results in significantly reduced plasma tenofovir (TFV) and may have less renal and bone toxicity.