Background/introduction Southern Africa has some of the highest rates of HIV with a prevalence of over 10% in the adult population. As we enter the second decade of the epidemic over 17.1 million people in southern and eastern Africa live with the disease. In Zambia around 100,000 children under the age of 14 and in Malawi an estimated 170, 000 children have HIV.
Aim(s)/objectives Case study of 2 paediatric patients in Southern Africa with diagnosis of HIV related complications.
Methods Individual cases were examined and followed up.
Results An 8 year old girl, is seen in rural Zambia with new diagnosis of HIV, moderate malnutrition, septic wounds and cough. She lives far from a rural hospital and during wet season is unable to cross the river to attend follow up. A 14 year old boy in rural Malawi is seen with severe malnutrition, HIV treatment failure after late diagnosis, chronic abdominal pain due to 3TC pancreatitis and new neurology. The family refuse to attend the palliative care team at central hospital.
Discussion/conclusion Zambia currently has an estimated ART coverage of 72%. Whilst this seems like excellent progress the child vs adult breakdown shows that only 26% of children with HIV have access to treatment compared to 84% of adults. In Malawi 51% of adults with HIV are on ART but only 30% of children receive therapy and 30% of paediatric cases receive a diagnosis of HIV within first 2 months of life. These cases explore the inequalities that children face with late diagnosis of HIV.

P042 MSM SCREENING IN SAUNAS – IS IT WORTH IT?

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Background Commissioners requested STI screening for MSMs attending male-only saunas in an effort to reduce HIV late diagnosis and engage hard-to-reach clients. Similar schemes have been successfully described elsewhere.
Aim Examine success of sexual health screening (SHS) and health promotion for 'high risk' MSM in saunas. We examined infection rate and proportion of individuals who were not accessing services elsewhere.
Methods Two saunas were visited monthly over 16 months by senior nursing staff. All attendees were offered a full SHS (HIV, STS, Hep B, GC, CT) and safer sex advice. Symptomatic individuals were signposted to main GUM clinic. We collected demographics and data on previous clinic attendance.
Results Results are outlined in Table 1. One symptomatic patient was signposted to the GUM clinic. Health promotion was provided to all.

Abstract P042 Table 1 MAM screening in saunas

Total Screened	Age range (yrs)	Accessed mainstream services	Sexuality	HIV/STS testing	Positive results	
30	22–76 (mean 50)	19 (63%)	26 Gay (87%) 4 Bisexual (13%)	26 (87%)	Chlamydia	0
					Gonorrhoea	3 (10%)
					HIV	0
					Syphilis	0

Discussion 64 hours of staff time were used (total cost £2,632 – not including lab costs). Small numbers were seen, with an overall 10% positivity rate for STIs and no new HIV diagnoses. Many regular attendees declined repeat screening as they perceived themselves to be at low risk. We concluded that supplying condoms/lubrication and prominently displaying health promotion literature was a more effective way of engaging with this group in terms of both time & cost.

P043 FLOW CYTOMETRIC CELL COUNTS: NOT PERFECT? (HOW GETTING A CALCULATOR OUT CAN SUGGEST AN ANOMALOUS RESULT)

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Background/introduction HIV patients have their CD4 counts measured regularly using flow cytometry, 'single platform' measurement being the current standard. Recently, two HIV patients attending for routine follow up blood tests showed unexpectedly low CD4 counts compared to previous results. Using the patients' total lymphocyte counts (obtained from contemporaneous testing on a haematology analyser) and CD4% (from the flow cytometry report), we calculated a more expected result. This prompted a review of our CD4 counts comparing single and dual platform results.
Aim(s)/objectives To identify any anomalous results when comparing flow to calculated CD4s.
Methods Fifty-nine CD4 counts from 38 HIV patients (27 males and 11 females) attending clinic for routine bloods from 18/01/2015 to 09/02/2016 were reviewed.
Results The table shows the comparison between the dual platform CD4 and the single platform CD4. The two patients that triggered the query are in green (male) and red (female). The sequential before/after CD4 counts for the male patient (pale green) and the female patient (pale pink) are also highlighted on the table.
Discussion/conclusion Reassuringly, statistical analysis showed very close correlation between the two methods, apart from the two odd results. Previous and subsequent counts in these two patients were normal, as expected. Twenty years ago only the percentage was available so absolute number was calculated using the simple method: lymphocyte count × CD4%. As usual in medicine, no methodology is perfect. Unexpected results should be questioned and, if necessary, repeated, especially if important therapeutic decisions depend on them.

P044 PEP/PEPSE REAUDIT - WHOSE NOTES ARE THEY ANYWAY? – THE DATA PROTECTION ACT RESTRICTING CLINICAL AUDIT

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Background/introduction Post Exposure Prophylaxis (PEP) is prescribed to patients presenting with a history of occupational or sexual exposure to HIV infection. The British Association for Sexual Health and HIV (BASHH) published new clinical guidelines on PEP following Sexual Exposure (PEPSE) in 2015.