

P057 TRENDS IN RECORDED ABORTIONS IN UK GENERAL PRACTICE – COHORT STUDY USING CLINICAL PRACTICE RESEARCH DATALINK (CPRD)

Richard Ma*, Elizabeth Cecil, Sonia Saxena. *Imperial College London, London, UK*

10.1136/sextrans-2017-053232.103

Introduction Clinical Practice Research Datalink (CPRD) is a database of health records from participating general practices in the UK. Patients in the CPRD are broadly representative of UK population. We studied trends in recorded abortions between 2004 to 2014 in participating general practices in England and Wales.

Methods We created a cohort of females between ages of 15 to 44, registered with practices in England or Wales, during period 2004 to 2014. We identified abortions using Read codes. We removed records that were: misclassified, inaccurate in event and birth dates, and duplicates. We present trends in abortion data in women aged 15 to 44 in England and Wales using descriptive statistics and compared them with national data published by Department of Health (DH).

Results There were over 114,000 recorded episodes of abortion between 2004 and 2014, with almost 5 million women of target age groups in the cohort. There appeared to be a consistent, year-on-year decrease in crude abortions rates from 2004 to 2014 using abortions data recorded on CPRD. The rate of decrease is less marked in the same period using national data. The age group 20–24 had the highest rate of abortions in every year, which correlates with national statistics.

Discussion There are similarities and differences in abortion data between CPRD and DH which might reflect differences in the way data are collected and recorded. We suggest abortion records on CPRD need further work on data validation before conducting robust epidemiological studies.

HIV Prevention, PEPSE and PrEP

P058 DEMAND FOR PRE EXPOSURE PROPHYLAXIS FOR HIV (PREP) AND THE IMPACT ON CLINICAL SERVICES: SCOTTISH MEN WHO HAVE SEX WITH MEN (MSM) PERSPECTIVES

Rebecca Gilson*, Daniel Clutterbuck. *Chalmers Centre, Edinburgh, UK*

10.1136/sextrans-2017-053232.104

Introduction Studies have assessed awareness and interest in taking PrEP but there is less data on ability and willingness to self-fund. Our aim was to assess how many eligible (high risk, PROUD study criteria) may want PrEP, how many ineligible (lower risk) MSM would be willing and able to self-fund and how PrEP may impact on risk taking behaviour.

Methods

Self-completed anonymous questionnaire Questions included sexual risk and risk frequency, willingness to take PrEP, income, willingness to self fund and impact on risk taking.

Results Of 377 participants, 81.5% were aware of PrEP. 53 (15.5%) were eligible, of whom 50 (94.3%) aware of PrEP and 50 (94.3%) likely to want it. Of those ineligible, 229 (80%) aware of PrEP and 171 (60%) likely to want it. The majority of men reported they would not be more likely to have condomless sex or increase partner numbers.

Discussion Levels of awareness of PrEP in our population were much higher than the 30% previously reported in Scotland. Previous studies showed 50% would be willing to take PrEP. In this study, 94.3% of the 15.5% of men eligible and 60% of those ineligible were likely to want it. This will have implications for discussions and monitoring. A systematic review of PrEP⁶ found no difference in condom use or numbers of partners. Our study indicates that men believe that risk taking behaviour will likely not increase.

P059 DRUG-DRUG INTERACTIONS IN HIV PATIENTS TAKING PHARMACOKINETIC ENHANCERS

Chloe Knox. *Brighton and Sussex Medical School, Brighton, UK*

10.1136/sextrans-2017-053232.105

Introduction Antiretroviral medications have the potential to produce serious drug interactions by interfering with the hepatic cytochrome P450 cascade. Ritonavir, a protease inhibitor, is a known CYP450 inhibitor that is commonly used in the treatment of HIV¹. Iatrogenic Cushing's syndrome is caused by exposure to glucocorticoids and may be promoted by interaction with additional drugs that result in hypothalamic-pituitary adrenal axis suppression². It is well documented in HIV patients receiving inhaled steroids in combination with a ritonavir-containing antiretroviral regimen³. Following one such severe drug-drug interaction in a patient, a clinical audit was conducted to identify potential drug-drug interactions in a HIV clinic at Beaumont Hospital, Dublin.

Methods 200 patients receiving Ritonavir were interviewed and screened for harmful prescribed and non-prescribed co-medications. Patients receiving regular steroid doses and Ritonavir were identified and all drugs were cross-referenced to the Liverpool Drug Interactions website to highlight any dangerous drug interactions.

Results 86% of patients had concomitant prescribed medications, three-quarters of which were undocumented. Furthermore, 45% of patients used regular over the counter medication and 2.7% used recreational drugs. 8% of patients were flagged for potentially dangerous drug-drug interactions and of these, 15% contained steroids.

Discussion The interaction between corticosteroids and PIs is significant and deserves close attention and evaluation. Timely communication among all prescribing physicians for a given patient is indicated in order to proactively detect significant interactions before they manifest themselves clinically.

P060 DRUG RESISTANCE AMONG WOMEN ATTENDING ANTENATAL CLINICS IN GHANA

Philip Enyan. *University of Ghana, Accra, Greater Accra, Ghana*

10.1136/sextrans-2017-053232.106

Introduction Initial evidence from resource-limited countries using the WHO HIV drug resistance (HIVDR) threshold survey suggests that transmission of drug-resistance strains is likely to be limited. However, as access to ART is expanded, increased emergence of HIVDR is feared as a potential consequence. We have performed a surveillance survey of transmitted HIVDR among recently infected persons in the geographic setting of Accra, Ghana.

Methods As part of a cross-sectional survey, 2 large voluntary counselling and testing centres in Accra enrolled 50 newly HIV-diagnosed, antiretroviral drug-naïve adults aged 18 to 25 years. Virus from plasma samples with >1,000 HIV RNA copies/mL (Roche Amplicor v1.5) were sequenced in the *pol* gene. Transmitted drug resistance-associated mutations (TDRM) were identified according to the WHO 2009 Surveillance DRM list, using Stanford CPR tool (v 5.0 beta). Phylogenetic relationships of the newly characterised viruses were estimated by comparison with HIV-1 reference sequences from the Los Alamos database, by using the ClustalW alignment program implemented.

Results Subtypes were predominantly D (39/70, 55.7%), A (29/70, 41.4%), and C (2/70; 2, 9%). Seven nucleotide sequences harboured a major TDRM (3 NNRTI, 3 NRTI, and 1 PI-associated mutation); HIVDR point prevalence was 10.0% (95%CI 4.1% to 19.5%). The identified TDRM were D67G (1.3%), L210W (2.6%); G190A (1.3%); G190S (1.3%); K101E (1.3%), and N88D (1.3%) for PI.

Discussion In Accra the capital city of Ghana, we found a rate of transmitted HIVDR, which, according to the WHO threshold survey method, falls into the moderate (5 to 15%) category. This is a considerable increase compared with the rate of <5% estimated in the 2006–7 survey among women attending an antenatal clinic in Mombasa. As ART programs expand throughout Africa, incident infections should be monitored for the presence of transmitted drug resistance in order to guide ART regimen policies.

P062

ACCESSING THE PREP POPULATION: WHAT IS THE BEST SERVICE MODEL?

Jozef Shaw*, Laurence Dufaur, Jake Bayley. *Barts Health NHS Trust, London, UK*

10.1136/sextrans-2017-053232.107

Introduction Pre-Exposure Prophylaxis (PrEP) is effective to prevent HIV infections. Optimal service models for delivering this intervention are as yet unclear. We looked at our dedicated PrEP clinic in East London to identify who was accessing our service.

Methods Retrospective case note review collected demographics, PrEP use, STI rates and 'chem' use from January to November 2016. Data was analysed with STATA.

Results 116 visits from 54 patients were returned with a median age 42 years (IQR 32 – 44.5). 90% were white. Of these 54 patients, only 27 started PrEP and engaged in care. For our population, there were lower than expected rates of STI's (6% for CT and 9% for GC – any site) and a median of 4 partners in the preceding 90 days; much lower than encountered in the PROUD trial. 40% (21/54) had used 'chems' at some point, with 21% (4/21) of those 'slamming' (using intravenously) in the last 3 months. Routine urinalysis showed 30% abnormalities, but no subsequent abnormal uPCR.

Discussion As the interest and use of PrEP grows, new service models may have to be developed to accommodate this population. We saw varying levels of engagement with patients who were predominantly white with low sexual risk. Young MSM were also underrepresented. Engagement with BME and MSM communities, along with drug services, may be needed

to inform effective delivery of this intervention to those most at risk.

P063

PEPSE FROM THE EMERGENCY DEPARTMENT: REDUCING MISSED OPPORTUNITIES FOR PATIENT FOLLOW UP

Stephen Megarity*, Paul Rafferty, Say Quah. *Royal Victoria Hospital, Belfast, UK*

10.1136/sextrans-2017-053232.108

Introduction PEPSE is one method of reducing HIV transmission in higher risk groups. It is commonplace for PEPSE to be delivered from the Emergency Department (ED) out-of-hours. PEPSE delivered outside of GUM can be met with challenges in regard to follow up; resulting in missed opportunities for health promotion, education and STI testing.

Methods Retrospective case-note review of ED episodes from 1/4/2015–31/3/2016. Demographic information and data collected compared with audible outcomes (BASHH 2015 PEP guidelines).

Results 37 patient episodes identified; 97% male with a mean age 28.2 years. 86% of these episodes occurred out-of-hours with 84% receiving PEPSE within recommended indications (standard 90%). 81% of patients prescribed PEPSE had an HIV test within 72 hours (standard 100%). In regard to follow up, 59% of all patients attended for STI testing (standard 90%). There was a 9% rate of STIs reported in those attending for follow up. 51% of all patients had an 8–12 week HIV test (standard 75%). There was 1 new HIV diagnosis reported. Introduction of an ED staff education programme and e-referral pathway has resulted in a 24% increase in patients attending for STI testing. In addition, 100% of patients using pathway had an HIV test within 72 hours and 100% of PEPSE prescriptions were within recommended indications.

Discussion Targeted quality improvement strategies can have a significant impact on PEPSE outcomes for higher risk groups. Improved follow up within GUM after PEPSE prescription in ED has increased opportunities for diagnosis and treatment of STIs, vaccine provision and patient education.

P064

AUDIT OF POST-EXPOSURE PROPHYLAXIS WITH ASSOCIATED RISK PROFILES AT THE GAY MEN'S HEALTH SERVICES, DUBLIN, 2016

^{1,2}Geraldine Moloney, ¹Siobhan O'Dea*, ¹Colm O'Sullivan, ^{1,3}Susan Clarke. ¹Gay Men's Health Services, Dublin, Ireland; ²Trinity College Dublin, University of Dublin, Dublin, Ireland; ³St James's Hospital, Dublin, Ireland

10.1136/sextrans-2017-053232.109

Introduction The incidence of HIV infection is rising in Ireland, reaching a rate of 10.6/100,000 people in 2015. MSM is the most common route of transmission, reported as 50.9% of new diagnoses. There is a comparative surge in requests for HIV post-exposure prophylaxis (PEP) in Gay Men's Health Services (GMHS), Dublin: 44% increase in 2016, vs. 2015. In 2016, a PEP proforma was devised for consistent clinical assessment of PEP requests and decisions.