

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 mamobi. 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?

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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

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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 72hours (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

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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.