

**Results** For the initial audit in 2014–2015  $n=100$ , for the re-audit in 2016 at the time of submission  $n=80$ .

**Abstract P067 Table 1** PEPSE Audit

Percentage of patients with (%)	2014–2015	2016	BHIVA guidance recommendation (2011/2015)
Baseline HIV test	81	90	100
Prescriptions that fit recommended indications	55	71	90
Prescriptions administered within 72 hours of exposure	83	100	90
Prescriptions within 24 hours of exposure	36	44	90
Completion of 4-week course of PEPSE	47	49 completed, 19 ongoing, 32 unknown or incomplete	75
STI screen	51	80	90

**Discussion** The results suggest marked improvement, though we still fall short of the auditable standards.

**P068 PREP FOR IRELAND? AN NGO POLICY PAPER TO INFORM DISCUSSION ON LEGALISING THE AVAILABILITY OF PREP IN IRELAND**

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**Introduction** PrEP is illegal in Ireland and the issue of the introduction of PrEP has not been adequately researched within an Irish context. This paper, due for completion in April 2017, examines the question, ‘Should PrEP be introduced to Ireland?’

**Methods** A comprehensive literature review on PrEP has been completed, to be followed by key informant interviews with national and international stakeholders to ensure coherence with national policy, to capture multiple perspectives and priorities, highlight implementation and operational difficulties, and off-set unintended consequences.

**Results** The results of this paper will focus on PrEP within five key areas – Public Health Effectiveness, Adherence, Feasibility/Knowledge/Willingness to take PrEP, Risk/Risk Compensation, and Cost/Cost Effectiveness. The findings will contextualise PrEP within key populations of MSM, PWID, as well as Sex Workers and will inform Irish policy makers’ decision making by providing input to debates on the pros and cons of introducing PrEP to Ireland.

**Discussion** It is argued that PrEP adds to the package of proven HIV prevention options already available and is recommended by UNAIDS for use in conjunction with other prevention methods. However PrEP is frequently not seen in value-neutral public health terms and is a contested intervention along economic, ethical, and rights-based axes. This paper

examines PrEP in detail in order to inform discussion on its potential introduction within Ireland.

**P069 POST EXPOSURE PROPHYLAXIS AFTER SEXUAL EXPOSURE: MANAGEMENT IN ED AND GUM**

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**Introduction** Post-exposure prophylaxis following sexual exposure (PEPSE) is a method of preventing HIV infection. 2015 BASHH guidelines identify criteria for when PEPSE should and could be offered. Our aim was to review patients prescribed PEPSE either at our local Emergency Department (ED) or via GUM between 1<sup>st</sup> July – 31<sup>st</sup> Dec 2016 to establish if we are following the BASHH guidelines.

**Methods** This retrospective study identified patients that were prescribed PEPSE through the ED or GUM using electronic records and paper notes to audit criteria.

**Results** 176 PEP recipients were identified. Twenty-two of these were not associated with sexual exposure. Two were extending a current course of PEPSE due to new exposure; prescribed according to guidelines. 14 patients received PEP according to the ED register but no documentation was available. 7 patients received PEP in ED with documented exposure risk consistent with the BASHH guidelines but were lost to follow up. 131 PEP patients were seen in GUM. 6 patients presented to GUM after PEP was initiated at a different ED, all these were provided PEP according to guidelines. 35 presented after PEP was started in ED and the rest presented directly. 98% were prescribed PEP according to guidelines. There were 2 that were started on PEP in ED that was discontinued in GUM.

**Discussion** The majority of patients with available documentation were prescribed PEP according to guidelines. We intend to support our ED service in better documentation of patients presenting for, and prescribe, PEPSE.

**P070 A RETROSPECTIVE AUDIT OF THE PROVISION OF PEPSE IN A COMMUNITY SEXUAL HEALTH CLINIC**

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**Introduction** When setting up a specialist GUM clinic within a community sexual and reproductive health service we started offering Post Exposure Prophylaxis (PEPSE) to eligible patients. The patient pathway was to start PEPSE in our service, then attend the HIV clinic in the hospital for all related follow-up appointments.

**Aims** To audit our practice against the 2011 BHIVA guidelines for the use of PEPSE.

**Methods** Our electronic record was interrogated for consultations coded as PEPSE between January 2013 and July 2015.