

78 records were found, of whom 5 did not receive PEPSE. Thus 72 records were audited.

## Results

**Abstract P070 Table 1** PEPSE Audit

	Number (%)	Audit Standard	Setting
HIV test within 72 hours	72 (100)	100%	Community
Prescription fits indication	72 (100)	90%	Community
PEPSE within 72 hours	72 (100)	90%	Community
Completing 4 weeks PEPSE	21 (29.2)	75%	Hospital
Full STI screen	58 (80.6)	90%	Hospital
HIV test 12-weeks post PEPSE	18 (25%)	60%	Hospital

The BHIVA standards were met in all categories that were implemented in the community GUM clinic, but were not met in any of the categories that were implemented in the hospital setting.

**Discussion** While it is encouraging that PEPSE was initiated successfully in our clinic setting, the follow-up data was disappointing. Following the results of this audit all patients who start on PEPSE in our community clinic are now followed up in the community.

## P071 PRE PREP PREP

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**Introduction** Sexual health of MSM has worsened over the last decade and with NHS PREP provision on the horizon we needed to assess the current sexual health of MSM attending our small integrated sexual health clinic to ascertain who may be eligible for PREP.

**Methods** Retrospective case notes review of all MSM attending as a new or rebook attendance in 2015.

**Results** 140 attendances of MSM in 2015 were analysed. 136/140 (97%) had a HIV test. 36/140 (26%) were diagnosed with an STI of which 10 were rectal STIs. 62/140 (44%) had a previous STI. Documented recent unprotected anal sex occurred in 80/140 (57%), 3 patients were in a sero-discordant relationship- all had partners with an undetectable viral load. Recreational drugs were used by 9/140 (6%) of which 4 patients were engaged in chem-sex.

80/140 (57%) patients would fulfil the baseline criteria for PREP.

**Discussion** MSM in our clinic have a high rate of STIs and more than half have had recent unprotected anal sex. There is a low rate of recreational drug use. Over half would be eligible for PREP if they continued to engage in unprotected sex. Repeated attendances through 2015 will be analysed to assess behaviour change.

## P072 DO WE MEET THE CRITERIA? CONSIDERATION FOR PREP PROVISION LOCALLY

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**Introduction** With various studies demonstrating Pre-Exposure Prophylaxis (PrEP) as highly effective in reducing HIV transmission, Health Departments are under pressure to provide the treatment.

**Methods** Questionnaire feedback from 60 men who have sex with men (MSM) attending sexual health clinic, questions were based around the eligibility criteria for the PROUD study and some additional information we felt may be useful.

**Results** 58 MSM & 2 Trans women: 35 (58%) reported unprotected anal intercourse (UPAI) in the past 3 months, average number of partners 7. 6/35 had treatment for an infection in the past 6 months, all Gonorrhoea. 25 MSM (42%) reported no UPAI in past 3 months, average number of partners 2. 2 treated for infections, 1 GC and 1 had Syphilis and Chlamydia. Overall 16 (27%) reported drug use, no IVDU. 43 (72%) used social media to meet partners, 16 (27%) used male only saunas. 56 (93%) would use PrEP if available. 24/60 was asked if using PrEP may encourage them to have UPAI, 5 (20%) responded yes. 6 (10%) had used Post Exposure Prophylaxis following Sexual Exposure (PEPSE). In the last 2 years we provided 216 MSM with PEPSE, 29 (14%) used it more than once, 5 (2%) are now HIV positive.

**Discussion** There appears to be high risk behaviour within our MSM cohort. PrEP has a role to play in prevention of HIV transmission, if funding became available for PrEP the service may need to find ways to target the higher risk individuals. 58% met the recommended criteria by BASHH/BHIVA.

## HIV Testing, New Diagnoses and Management

### P073 DO FINANCIAL INCENTIVES (FI) AND MOTIVATIONAL INTERVIEWING (MI) PROMOTE ADHERENCE IN VERTICALLY INFECTED HIV POSITIVE ADOLESCENTS?

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**Introduction** Funding was received for 10 patients to participate in a FI & MI scheme aiming to achieve viral load (VL) reduction.

**Methods** Eligibility criteria: 16-25 years, vertically acquired HIV-1 infection, CD4 <350 cells/ul, agrees to ART with treatable virus, poor adherence since diagnosis & failure to achieve VL <40 copies/ml. FIs received for VL reductions  $\geq 1$  log weeks 2 & 4 and VL <40 week 8, 3/12, 6/12, 9/12 and 1

year. £20 given for VL reduction  $\geq 1$  log and £50 for VL  $<40$ . Adherence support with motivational interviewing (MI) was provided at each visit.

**Results** 8 patients enrolled 1/8/12–1/12/15. 5 females, median age 24 years (range 20–26). Mean baseline VL 35750, this reduced to 1390 (mean VL reduction 21842 copies/ml). 5/8 patients achieved VL  $<40$ . N=1 had never achieved VL  $<40$ , yet during the scheme achieved VL  $<40$  for 8/12. 3 patients were unable to achieve VL  $<40$ . Their lowest VL was 71, 883 and 90, representing a 1–2 log VL drop from baseline after 52/12, 4/12 and 1/12, respectively. 1 patient passed away following a Steven-Johnson reaction, never achieving VL  $<40$ . Financial incentives given totalled £640.

**Discussion** Despite widely available treatment options for HIV, preventable deaths still occur each year due to a lack of adherence. Within this cohort, 5 patients were able to achieve periods of VL  $<40$  after years of detectability. These results highlight that FI in conjunction with MI, may have a role in improving adherence for the adolescent HIV infected population.

#### P074 SIGNIFICANT EFFICACY AND LONG TERM SAFETY DIFFERENCE WITH TAF-BASED STR IN NAÏVE ADULTS

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**Introduction** At Week(W) 48, elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide (E/C/F/TAF) was statistically noninferior to E/C/F/tenofovir disoproxil fumarate(TDF) for the proportion of subjects with HIV-1 RNA  $<50$  copies (c)/mL and had significant improvements in renal and bone safety endpoints. We report W144 data.

**Methods** ARV-naïve participants randomised 1:1 to receive E/C/F/TAF or E/C/F/TDF. W144 viral suppression (HIV-1-RNA  $<50$  and  $<20$  c/mL) by FDA snapshot analysis, pre-defined bone and renal safety, and tolerability endpoints are reported.

**Results** 1,733 HIV-infected adults were randomised and treated: 15% women, 43% non-white, 23% viral load (VL)  $>100,000$  c/mL. Median baseline characteristics: age 34 years, CD4 count 405 cells/ $\mu$ L, and VL 4.58 log<sub>10</sub> c/mL. At W144, E/C/F/TAF met pre-specified criteria for both non-inferiority and superiority to E/C/F/TDF by FDA snapshot algorithm (HIV-1-RNA  $<50$  and  $<20$  c/mL) (Table 1). Mean decrease in BMD was significantly less in the E/C/F/group for lumbar spine and hip (Table1). Multiple measures of renal safety were significantly better for participants on E/C/F/TAF (Table). No cases of renal tubulopathy in the E/C/F/TAF group vs 2 on E/C/F/TDF. No participants on E/C/F/TAF had renal-related discontinuations vs 12 on E/C/F/TDF ( $p<0.001$ ). Participants on E/C/F/TAF had greater increases in lipids.

**Discussion** E/C/F/TAF was significantly superior than E/C/F/TDF, driven by fewer participants on E/C/F/TAF with no W144 data. E/C/F/TAF continued to have a statistically superior bone and renal safety profile compared with E/C/F/TDF, demonstrating significant safety advantages over E/C/F/TDF through 3 years of treatment. Individuals on E/C/F/TAF had greater plasma lipid changes, but proportions starting lipid-lowering therapy were comparable.

#### P075 EFFICACY AND SAFETY OF SWITCHING TO EVG/COBI/FTC/TAF IN VIROLOGICALLY SUPPRESSED WOMEN

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**Introduction** Elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate(E/C/F/TDF) demonstrated superior efficacy when compared with atazanavir boosted by ritonavir(ATV/r+F/TDF) in 575 treatment naïve women at Week(W) 48. We now report the safety and efficacy of subsequent switching to E/C/F/tenofovir alafenamide(TAF) versus remaining on ATV/r+F/TDF.

**Methods** After completing the initial randomised, blinded 48-week trial, women on ATV/r+F/TDF were randomised 3:1 to receive open label E/C/F/TAF versus remaining on their current regimen. Viral suppression by FDA snapshot analysis, pre-defined bone and renal safety and tolerability endpoints 48 weeks after switch are reported. Women who become pregnant while on study are given the option to continue study drug.

**Results** 212 HIV-infected, virologically suppressed women were randomised(E/C/F/TAF n=159, ATV/r+F/TDF n=53). Virologic suppression( $<50$ c/mL) was maintained in 94.3% on E/C/F/TAF vs 86.8% on ATV/r+F/TDF with virologic failure in 1.9%, 3.8%, respectively. More women on E/C/F/TAF achieved  $<20$ c/mL at W48 compared with ATV/r+F/TDF (84.9% versus 71.7% $p=0.041$ ). No treatment emergent resistance was detected in either group. Mean% increase in BMD was higher in the TAF group for both lumbar spine and total hip. Multiple markers of renal safety were improved for participants randomised to TAF. No cases of proximal renal tubulopathy were reported. Nineteen women became pregnant during the switch study 13 E/C/F/TAF, 6 ATV/r+F/TDF, 3 normal infants have been delivered in each group to date.

**Discussion** These data demonstrate that women who switch to an integrase inhibitor+TAF-based regimen maintain high levels of virologic suppression with improvement in BMD and renal function biomarkers compared with those remaining on their ATV/r+TDF-based regimen.

#### P076 FIVE YEARS OF FEEDBACK FOR THE NEWLY DIAGNOSED COURSE – AN EVALUATION OF A PEER-LED INTERVENTION FOR PEOPLE DIAGNOSED WITH HIV

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**Introduction** New diagnosis of HIV can be psychologically challenging, and presents an important opportunity to improve health literacy and engagement in care. Peer-led interventions are an effective means of providing support to people living with HIV (PLWH). We present an evaluation of a newly-diagnosed course (NDC) in London.