P089 PJP DIAGNOSIS IN THE HAART & PCR ERA

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Introduction In the HAART era, Pneumocystis jirovecii Pneumonia (PJP) continues to be a major opportunistic infection. PJ PCR is increasingly available to support the diagnosis of PJP. A 'low level' PCR result may represent PJ colonisation or a poor-quality specimen. Upper airway samples such as throat swabs (T/S) are also more likely to yield a negative or low level positive.

Method Retrospective review of all HIV-infected adults with respiratory tract PCR-confirmed PJP and pneumonia over an 18 month period. Demographics, clinical features, management, clinical outcome and laboratory parameters were recorded.

Results 4/12 patients had negative T/S PJP PCR test before the diagnosis was confirmed. The mean cycle threshold (CT) value for throat swabs was *34.04*. The mean CT value for sputum was *32.05*.

Discussion PJP PCR is a useful investigation. PCR will detect more cases than traditional tests (direct organism visualisation). This leads to earlier PJP treatment and earlier screening for HIV. While there is a trend towards lower CT value results in sputum when compared with throat swabs, any positive PJP result should trigger the offer of a HIV test. Patients with a negative URT PCR and clinical suspicion of PJP should receive empiric treatment and where appropriate proceed to BAL, as per national guidance.

P090 FORMALISED LOOK-BACK IN NEWLY DIAGNOSED HIV TO IDENTIFY MISSED OPPORTUNITIES IN OTHER CLINICAL SETTINGS: FIRST GET OUR OWN HOUSE IN ORDER!

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Introduction HIV late diagnosis is one of three key indicators on sexual health in the Public Health Outcomes Framework. The British HIV Association (BHIVA) Standards of Care for People Living with HIV advocates the use of 'look backs' in the case of late and very late diagnosis of previous engagement with health care services to identify missed opportunities and areas for shared learning and development.

Methods Further to the look-back exercise undertaken on late and very late diagnoses presenting 2012–2016, we extended the use of the standardised look-back tool to ALL new diagnoses from late 2016 onwards.

Results In addition to anticipated missed opportunities being identified in the late and very late presentations, we identified 2 missed opportunities in much earlier presentations from within our own service! They related to failure to repeat the HIV test at test of cure (TOC) for gonorrhoea and subsequent Hepatitis vaccination appointments. In both cases the initial negative HIV test had been within the potential window period.

Discussion As a result of the look-back exercise we have learnt a valuable lesson about the fallibility of our own service and shared the learning within our multi-disciplinary team. We

Abstract P089 Table 1 Patients with PJP (in order of immunosuppression)

Age at HIV diagnosis, gender, behavioural risk	Category	CD4+ count at PJP diagnosis, PJP severity	PJP test 1 (Ct value, site)	PJP test 2 (Ct value, site)	Clinical outcome
	Known HIV				
39/M/IDU	On ART for 4 weeks, not on PJP prophylaxis	200, mild	37.0, TS	n/a	Survived
38/M/MSM	Defaulted from care, not on ART	10, severe	Neg., TS	32.5, TS	ICU care, survived
	Missed opportunity to diagnose HIV				
53/M/MSM	Unexplained diarrhoea and weight loss	70, severe	30.0, SPU	26.2, SPU	ICU care, deceased
43/F/heterosexual	Unexplained lymphadenopathy and weight loss	50, severe	26.4, SPU	Neg., TS	Readmitted with hypoxia, survived
32/F/heterosexual	Campylobacter gastroenteritis	50, severe	36.4, TS	25.3, SPU	ICU care, survived
56/M/unknown	–	30, severe	Neg., TS	31.5, SPU	ICU care, deceased
39/M/heterosexual	Unexplained weight loss	20, mild	Neg., TS	25.0, SPU	Survived
62/M/MSM	Unexplained weight loss	20, mild	26.0, BAL	n/a	Survived
55/M/MSM	Bacterial pneumonia	20, mild	33.0, SPU	n/a	Survived
52/M/heterosexual	–	10, severe	30.3, SPU	34.9, SPU	ICU care, survived
57/M/MSM	Unexplained weight loss	10, severe	39.0, SPU	n/a	ICU care, survived
52/M/heterosexual	Chronic diarrhoea, bacterial pneumonia	0, severe	Neg., SPU	28.0, SPU	ICU care, hypoxia requiring long-term home-O_2

Note- **BAL** broncho-alveolar lavage; **F**: female; **M**: male; **ICU**: intensive care unit; **IDU**: intravenous drug user; MSM men who have sex with men; **n/a**: not available; **Neg.**: PCR not detected; **SPU**: sputum, **TS**: throat swab
PJP severity ('mild': mild-moderate, or 'severe': moderate-severe, by BHIVA criteria)