

have encouraged all to remember to re-visit the sexual history and timing of sex in relation to testing at 'quickie' follow up visits for vaccination or TOC and repeated education about window periods.

We shall continue to utilise the look-back tool in all new HIV presentations and encourage colleagues to do likewise to maximise on identifying learning opportunities.

P091 NEW HIV DIAGNOSES AMONG WOMEN IN A LARGE TEACHING HOSPITAL

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Introduction In 2014 there were an estimated 103,700 people living with HIV (PLHIV) in the UK, approximately one third were women. In 2015 there were 965 PLHIV in our cohort, 215 were women. There are few data available on HAART in women, other than in pregnancy. Socio-economic and cultural factors may also affect their ability to access care. Other factors affecting women include contraception, conception and pregnancy.

Methods A retrospective chart analysis was carried out on all new diagnoses among women over a 3-year period, from April 2013 to April 2016. Patients who had previously been diagnosed elsewhere were excluded.

Results There were 286 new diagnoses of HIV in this period; 44 (15%) were women. 41% of patients were local, 39% were of African origin. 57% of patients were diagnosed late, having CD4 <350 at diagnosis. 8 patients were pregnant; there were no vertical transmissions. Existing children were tested where possible; no positive diagnoses were made. A number of male partners were diagnosed through partner notification. The majority of patients commenced HAART and reported good adherence.

Discussion Women make up a significant proportion of PLHIV, though rates in our region are lower than in the rest of the UK. The majority of positive women in the UK are of black African origin, though in our cohort a higher proportion were born locally. Many of these women are diagnosed late, and with no identifiable traditional risk factors. There are a number of important gender-specific factors associated with HIV-positive women and these should not be underappreciated.

P092 NATIONAL HIV TESTING WEEK 2016: INCREASING HIV AWARENESS AND TESTING OPPORTUNITIES THROUGH A COORDINATED NATIONAL EVENT

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Introduction National HIV Testing Week (NHTW) is an annual event co-ordinated by HIV Prevention England (HPE) which aims to increase HIV testing in England, as well as to increase awareness and acceptability of HIV testing among key populations. It takes place each November in the lead-up to World Aids Day.

Methods Digital and print promotion of: the event and postal testing services, as well as digital interactive information tools

which seek to reduce barriers to testing. Provision of printed resources, including customizable and community-language posters to promote local testing events. A post-event evaluation to assess the effect of the campaign was also completed by the organisations involved.

Results For NHTW 2016, 100 organisation representatives responded to the post-event evaluation. 65% agreed that NHTW increased their capacity to impact their community/clients. The biggest impact was through increasing awareness of the importance of HIV testing in the local community (86%), followed by delivering more HIV tests (57%). Of those organisations who provide HIV testing, 33% provided at least twice as many tests in testing week compared with a regular week.

Nearly 320 organisations ordered 400,931 NHTW resources. 211 testing events were registered on the website and 5,740 HIV home-sampling kits were ordered by the public, driven by social media and mobile app advertising.

Discussion NHTW is a high-impact event which promotes HIV testing, uniting community, clinical, government and statutory stakeholders. The campaign in the future will hope to engage more partners and keep amplifying local HIV testing and raising awareness.

P093 HIV TESTING FOR HOSPITAL INPATIENTS IN A PRIORITY AREA

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Introduction Department of Health advises that HIV testing should be routinely offered to patients in priority areas; where prevalence $\geq 1-2/1000$, such as Brighton. We sought to increase HIV testing in the Cardiology department. Local microbiology department advises HIV testing on all inpatients with suspected or proven infective endocarditis (IE), as such we investigated testing in this group.

Aim Assess the proportion of patients with suspected or proven IE offered a HIV test at baseline, and following an intervention to promote testing.

Methods Patients with IE are discussed at a weekly multi-disciplinary team (MDT). We retrospectively reviewed MDT meetings from June – November 2016 (cycle one). Data on HIV testing were extracted from MDT proforma and hospital results system. Initial results were presented to cardiology junior doctors and testing encouraged. We prospectively reviewed MDT meetings and HIV testing in the 10 weeks after the intervention (cycle two).

Results In cycle one, 29 patients (25 males, 4 females) had suspected or proven IE, 16 (55%) were tested. In cycle two the proportion of patients tested for HIV decreased; of the 8 patients with suspected/proven IE (6 males, 2 females); 2 (25%) were tested, 6 (75%) were not.

Discussion HIV testing rate decreased by 46% between cycles, representing multiple missed opportunities for testing. The reason for this trend is not clear but barriers to HIV testing remain, including poor awareness of indications to test, uncertainty around consent, and assumption of low risk. We plan further interventions to increase HIV testing locally.