

P094 IMPACT OF AN HIV EDUCATIONAL PROGRAM ON RATES OF LATE HIV DIAGNOSIS IN AN AREA OF HIGH PREVALENCE

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10.1136/sextrans-2017-053232.139

Introduction Late HIV diagnosis is an important determinant of morbidity and mortality. An audit of new HIV diagnoses in our service based an area of high prevalence, showed high rates of late diagnosis in 2012, so an HIV education programme was implemented within the Trust. We re-audited new diagnoses in 2015 to look at the impact of the programme and compared the results.

Methods A retrospective case-note review of all newly diagnosed patients seen in our HIV clinic from 1st January 2015 – 31st December 2015.

Results 53 patients were identified in comparison to 56 in 2012, of which 64% were male compared with 55% in 2012. Median age was 41.5 years (range 21 – 68) compared with 39.5 years (range 20 – 64) in 2012. 53% were diagnosed with a CD4 count <350 cells/mm³ compared with 63% in 2012 and 34% had a CD4 count <200 cells/mm³ compared with 45% <200cells/mm³ in 2012. 51% had been seen in the preceding year by doctor, compared with 52% in 2012. 49% were diagnosed in a sexual health service compared with 39% in 2012.

Discussion Our re-audit showed continued high rates of late diagnosis despite a dedicated educational programme. This suggests that education alone is not sufficient to cause a sustained impact on late diagnosis rates. HIV testing needs to be embedded in routine clinical care, such as opt out testing as advised in UK national testing guidelines, or by using pathology system alerts to suggest testing if blood results are indicative.

P095 LATE DIAGNOSIS OF HIV IN NORTHERN IRELAND

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10.1136/sextrans-2017-053232.140

Introduction Late HIV diagnoses (CD4 count <350 cells/mm³ at diagnosis) across UK declined from 57% (2004) to 39% (2015) however a review within our region in 2013–14 revealed much higher proportion of late diagnoses than UK average, with multiple missed opportunities for testing in majority cases. Data was presented at educational meetings and feedback given to clinicians when delay in diagnosis occurred. We sought to assess impact on late diagnoses and mortality within our population.

Methods Retrospective chart analysis of new diagnoses from March 2015–February 2016 (Period 2) to determine proportion of late diagnosis, missed opportunities for testing and

mortality. Comparison made with results of previous review during July 2013–June 2014 (Period 1).

Results 76 new diagnoses during period 1; 71 in period 2. Late diagnosis decreased from 59% (45/76) to 49% (35/71). Proportion diagnosed through GUM increased from 20% to 34%. Remainder diagnosed in other specialities, most commonly general medicine. Mode of transmission in period 1 and 2 respectively; MSM 49% vs 71%, heterosexual 47% vs 23%, IVDU 7% vs 11%. Prior to diagnosis, number patients presenting to other settings with clinical indicator diseases significantly decreased from 84% (38/45) in period 1 to 49% (17/35) period 2. Mortality more than halved from 7% (4/45) in period 1 to 3% (1/35) period 2.

Discussion While there has been a decrease in number of late diagnoses and mortality rate, the proportion being diagnosed late remains higher than other UK regions. Opportunities for early testing are still being missed and ongoing education required.

P096 HIV TESTING IN TERTIARY HEALTHCARE SETTINGS – STAFF BELIEFS AND CONCERNS

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10.1136/sextrans-2017-053232.141

Introduction Undiagnosed HIV remains a problem in the UK. Locally, we have an extremely high prevalence of HIV (>8:1000). BASHH, BHIVA and NICE recommend routine HIV testing in medical admissions in areas of high prevalence. We wanted to identify current practices and knowledge of HIV testing in our large acute urban hospital trust.

Methods An electronic survey of clinical staff was distributed via email and Trust website in November 2016.

Results 42 responses were collected from 21/42(50%) nurses, 6/42(17%) medical staff and 15/42(36%) other staff. 33/42 of responses were from non-traditional settings (non-GUM, HIV, ID). 39/42(93%) agreed that HIV testing should be part of regular healthcare and most (32/42(76%)) agreed that it does not interfere with other healthcare services and (24/42(57%)) that they have the resources to perform a test 30/42 (75%) feel comfortable in discussing HIV with patients and 20/42 (71%) feel comfortable in offering and performing an HIV test. 18/42(43%) said they believed patients would be offended by offering an HIV test. 14/42(34%) do not know if patients receive adequate pre-test information, while 20/42 (48%) said patients are not receiving adequate post-test information. 17/42 (41%) do not know if test results are being given in an appropriate and confidential manner to patients.

Discussion Overall clinical staff believe that HIV testing is a good idea and does not interfere with the provision of regular health care services. However the clinical teams offering tests need more information on what pre and post-test discussion is required and how patients receive results.