P4.55 PRACTICAL LESSONS LEARNED FROM THE PREP CASCADE AT TWO PUBLIC URBAN STD CLINICS

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Introduction In the US, uptake of PrEP has been low among African American (AA) men who have sex with men (MSM) compared to white MSM. In December 2015, the Baltimore City Health Department (BDHD) sexually transmitted diseases (STD) clinics established a PrEP Program to promote PrEP among AA MSM at high risk for HIV. Frequent analysis of early indicators focused on continuous improvement and iterative development to enhance recruitment and retention of AA MSM.

Methods Data collected from our electronic medical records was analysed over time to identify trends in recruitment and missed opportunities. We focused on the following steps of the PrEP cascade: 1) identification of risk, 2) discussion with medical provider, 3) referral to peer navigator (PN), 4) meeting with peer navigator, 5) initiation of PrEP.

Results Between December 2015 and December 2016, 747 patients self-identifying as MSM were seen at the clinics. Mean age was 32 (SD=10) and 305 (41%) were HIV infected. 88% of HIV-infected MSM were AA, and 77% of HIV uninfected were AA ($p<0.001$). Based on a risk assessment, medical providers discussed PrEP with 390 (88.0%) HIV negative MSM. 162 (41.5%) of them agreed to be referred to a PrEP PN, 108 (27.7%) met with PN, and 54 (13.8%) started PrEP. The majority (70%) of patients who started PrEP were AA, and there was no difference in uptake between AA MSM and MSM of other race/ethnicity ($p=0.23$). Among 24 patients enrolled for 6 months or more, 23 (96%) were retained in PrEP care at 3 months, and 16 (67%) at 6 months. Among these patients, 3 (13%) were diagnosed with an STD (GC, CT or Syphilis) during follow up and none were infected with HIV. Two out of the 3 patients diagnosed with an STD were among the group that discontinued PrEP.

Conclusion Among MSM HIV uninfected, less than half accepted referral and only 13.8% enrolled in the PrEP program. This highlights the need to strengthen the initial steps of the cascade, perhaps through social marketing and peer networks to enhance awareness and acceptance of PrEP, particularly among high risk communities.

P4.56 EVALUATION OF THREE DNA EXTRACTION METHODS FOR *TRICHOMONAS VAGINALIS* DIAGNOSIS

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Introduction *Trichomonas vaginalis* (TV) is the most prevalent sexually transmitted parasite worldwide. Trichomoniasis is associated with an increased risk of acquiring other sexually transmitted infections and in pregnant women is associated with premature rupture of membranes and preterm delivery. It is important to have high sensitivity diagnostic methods in order to establish appropriate treatments and avoid complications, since approximately 10%–50% of infected women remain asymptomatic. The aim of this study was to evaluate three DNA extraction methods to optimise the detection of TV by PCR.

Methods Vaginal swabs were studied by culture in liquid medium (modified thyoglicolate medium). An aliquot of the original samples was saved for DNA purification by a) using a silica-membrane-based DNA purification commercial kit, b) 10 min boiling and c) 10 min boiling followed by sample dilution. All extracts were analysed by PCR for TV (18S rRNA gene). PCR inhibitors were evidenced by human *tnf* gene amplification. Samples that resulted TV positive by culture and/or PCR were considered as true positive (expanded gold standard).

Results Fortythree vaginal swabs were included in this study. PCR inhibitors were detected in 1 sample prepared by method a), in 2 samples prepared by method b) and c) hence not further analyse. By culture five samples were positive (12.2%). TV was detected by PCR in a) 12 samples (29.3%) b) 7 samples (17.1%) and c) 8 samples (19.5%). All positive culture samples were detected by method a) and c) and only 4 of them by method b). Considering the expanded gold standard, sensitivity for the TV detection by culture was 41.7%, by method b) 58.3%, c) 66.7% being a) the most sensitive (100%).

Conclusion Currently the TV molecular diagnosis is not routinely performed and there are no standardised molecular detection methods. Considering the high percentage of asymptomatic patients, the use of high sensitivity techniques such as method a) will allow the improvement of diagnostic protocols and the design of prevention and control strategies.

P4.57 ASSESSMENT OF FAMILY CAPACITY TO CARE OF FEEDING TO CHILDREN VERTICALLY EXPOSED TO HUMAN IMMUNODEFICIENCY VIRUS

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