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CREATION OF AN HIV CASE DEFINITION TO ASSESS THE QUALITY OF HIV CARE IN THE PRIMARY HEALTHCARE SETTING IN CANADA

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Background People living with the human immunodeficiency virus (PLHIV) have ongoing healthcare needs as HIV has become a chronic condition for those in treatment. With the success of antiretroviral (ARV) medications, AIDS-related illnesses are no longer the biggest threat to PLHIV, rather, emerging complications and ARV toxicities are of concern. For this reason, HIV care is now transitioning to primary care. To be able to assess the quality of HIV care in these settings a valid case definition is required. Our objective was to develop and validate a case definition for HIV applicable to the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) database.

Methods Electronic Medical Record data from CPCSSN (exclusively primary care data) was used to develop a retrospective cohort between 2009 and 2016. We identified all possible records of HIV in the dataset based on the presence of HIV codes, keywords and ARVs. Every combination of codes, keywords and ARVs were analyzed to see which resulted in the most accurate definition of PLHIV. To assess the validity, we linked the data to a LHIV cohort (external reference standard) in Newfoundland and Labrador; and, a random sample of the CPCSSN database which was reviewed by two experts to confirm HIV status (internal reference standard). Sensitivity, specificity and predictive values were measured.

Results It was determined that the presence of an HIV keyword in the EMR along with either an ICD code or taking 3 or more ARV drugs was the most accurate algorithm for predicting PLHIV. Compared to internal and external references, the algorithm showed (97.1% and 95.0% sensitivity, 100% and 80% specificity), respectively.

Conclusion This is the first Canada-wide study investigating the utilization of primary healthcare by PLHIV. This case definition will contribute to future research and improvements in providing care to PLHIV in a primary care setting.

Disclosure No significant relationships.

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WIR-CENTER FOR SEXUAL HEALTH AND MEDICINE: A CARE MODEL TO COUNTER HIV/STI IN GERMANY

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Background Increasing incidence of sexually transmitted infections (STI) in Germany has shown the necessity of easily accessible sexual health services. Walk In Ruhr (WIR), a unique inter-institutional Center for Sexual Health and Medicine in Germany, unites the Outpatient Clinic, Public Health Department and four community-driven NGO. Together, they provide counseling, testing and treatment for different target groups (e.g. youth, MSM, swinger) in one building. Innovative methods in preventing HIV/STI [Online Partner Notification tool (PN), PrEP, Online Risk Test (ORT), HIV/STI-self-sampling-kit 'teST-It'] are developed and tested here. Health Advisers offer counseling, outreach-work and guidance to specialists.

Methods During a 21-month-evaluation-period, supported by the German Ministry of Health, clients completed a quantitative survey. Additional surveys, conducted independently by the WIR for PrEP- and 'teST-It'- users were included, the ORT, the PN usage and HIV/STI test diagnosis and treatment were analyzed.

Results The evaluation is ongoing. Until 2/2019 approx. 3.200 surveys will be completed. Initial results show that target groups differ regarding age, gender, sex-orientation, visit reason and WIR institutions they approach. Additional studies show that a quarter of the clients are HIV-positive. 10.5% of the clinic's patients and 10% of the Public Health Dept. clients were tested STI-positive. Treatment of *C. trachomatis* and *N. gonorrhoeae* was successful in 98% of all cases and in 93.5% of all *M. genitalium* cases. PrEP usage has been rising (144 new PrEP users since 10/2017) and the PN tool has been used 208 times since 06/2017. Since 12/2017, 4502 persons used the anonymous ORT. 'teST-It' is available since 09/2018.

Conclusion In contrast to common care concepts, WIR achieves high levels of recognition and acceptance among different target groups and the average population. The opportunity to access different organizations helps to meet the medical and counseling needs of the clients to reduce further transmission of HIV/STI.

Disclosure No significant relationships.

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DOLUTEGRAVIR ROLLOUT AND EXPECTED PREVALENCE OF PRETREATMENT DRUG RESISTANCE TO ANTIRETROVIRAL THERAPY AMONG KENYAN WOMEN

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Background The prevalence of pretreatment HIV drug resistance (PDR) to efavirenz-based ART is increasing in East Africa, which may decrease the effectiveness of antiretroviral therapy (ART) programs. The recent implementation of dolutegravir-based ART is an important strategy to address PDR. However, concerns about a potential increased risk of neural tube defects associated with use of dolutegravir by women at the time of conception will likely prevent a large proportion of women from using this drug.

Methods We developed an HIV simulation model to project the prevalence of PDR among Kenyan women prior to initiating ART, as well as to evaluate multiple health outcomes