throughout the PCC has not been described. This systematic review aims to: 1) identify and collate outcome measure (OM) definitions for the PCC stages; 2) describe how key health equity characteristics are considered in these OM definitions.

Methods Five databases were searched for quantitative studies published after January 1st, 2012. Data regarding study design, OM definitions, and health equity characteristics were extracted. Data were analysed using narrative synthesis.

Results 11,264 papers were identified and screened; 227 were included. The majority of studies included >1 OM (67%). The most commonly reported OM was awareness (54%), followed by interest (51%) and uptake (50%). Relatively few studies reported on adherence (12%) or retention (17%). No studies described movement through the PCC from awareness to retention. The most commonly reported equity characteristics were age (86%) and race/ethnicity (80%); the least common were social capital (31%) and religion (1%). The majority of studies focused on cis-gender men who have sex with men (MSM) (48%), while other affected groups, such as cis-gender women and trans* people are less well represented (7% and 6%, respectively).

Conclusion There is an unequal focus on the earlier stages of the PCC. Some key equity characteristics (e.g. age) are commonly considered, however, other important characteristics (e.g. social capital) are overlooked. These findings are relevant to healthcare professionals, policymakers and commissioners in informing how to best implement and evaluate PrEP programmes for potentially vulnerable and less advantaged populations.

P184 ASSESSING INDICATOR CONDITION-GUIDED HIV TESTING IN THE HOSPITAL SETTING

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Background Timely diagnosis of HIV is key in the efforts to end the HIV epidemic. Indicator Condition (IC) guided HIV testing is cost-effective in identifying undiagnosed HIV. It is unknown to what extent hospitals are applying this strategy. We assessed baseline findings from an ongoing multicenter interventional study aimed at identifying opportunities for improving IC-guided HIV testing in hospitals in Amsterdam.

Methods The study involved two university hospitals, two teaching hospitals, and one non-teaching hospital. Seven ICs were selected: tuberculosis (TB), lymphoma, hepatitis B

(HBV) and C (HCV), cervical carcinoma or intraepithelial neoplasia grade III (CC/CIN-III), vulvar carcinoma or intraepithelial neoplasia grade III (VC/VIN-III), and peripheral neuropathy (PN). Patients ≥18 years not known to have HIV, diagnosed with one of these ICs during 2015–2020 were eligible. We included all eligible patients in one hospital, and screened a sample of ≤500 patients per IC in the others. Primary outcome was the proportion of patients with an IC tested for HIV ≤3 months around IC diagnosis (i.e. HIV testing ratio). Secondary outcome was the proportion of positive tests.

Results We included 4,823 patients. HIV testing ratios were highest amongst TB patients (range 74–94%). The testing ratio varied considerably across ICs and locations, ranging between 56%(50/90)–72%(105/145) in lymphoma patients, 33%(5/15)–65%(113/175) in HBV, 29%(2/7)–73%(24/33) in HCV, 0%(0/68)–4%(16/452) in CC/CIN-III, and 4%(4/97)–16%(16/98) in PN. None of the 198 VC/VIN-III patients were tested for HIV. Eleven patients (0.7%) tested HIV positive ≤3 months around IC diagnosis. Of these, 6(55%) had lymphoma and 10(91%) had a CD4 count <350 cells/mm³.

Conclusion In-hospital IC-guided testing in the selected ICs was variably and often insufficiently practiced, but did identify people with previously undiagnosed HIV. These data show the relevance of tailored interventions to improve IC-guided HIV testing, to contribute to reducing the proportion of people with undiagnosed HIV.

P188 EPIDEMIOLOGICAL AND SOCIODEMOGRAPHIC PROFILE OF HIV+/AIDS PATIENTS AT A REFERENCE CENTER IN THE SOUTH OF MINAS GERAIS, BRAZIL

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Introduction The Human Immunodeficiency Virus (HIV), identified in Brazil in the early 1980s, spread across the country, with its risk group and profile being modified over the years. Therefore, it is necessary to study the profile of these patients in order to generate comparisons, preventions and improvements in care. (comparisons and preventions that lead to improvements in care). Along with the dissemination, new drugs are emerging in the treatment of HIV infections, observing the emergence of comorbidities that need to be pre-diagnosed and treated, aiming at improving patients' quality of life and reducing the mortality. Given the lack of knowledge of the epidemiological and clinical profile of these patients in small and medium-sized cities, it is necessary to study and compare them at the national level. **Objective**

To locate the epidemiological and sociodemographic profile of patients treated at the AIDS Care and Prevention Center/STD(CAP) in Brazil/Itajubá.

Methods Of 292 medical records of patients in 2020, 168 were randomly selected and analyzed for information such as