treatment for HCC between June 2017 and December 2018. Both monoinfected and coinfecting HIV patients were included, having completed DAA treatment. We collected demographic (gender, age) and clinical (virus genotype, fibrosis degree, mono- or coinfecting, treatment and length of treatment, previous treatments in the case of relapse) variables. As an effectiveness variable, we set sustained viral response (SVR) at week 12 after finishing treatment, or undetectable viral load in those patients who did not achieve a SVR.

Data were obtained from the pharmacotherapeutic management programmes Silicon and SAP.

Results A total of 146 patients, mean age 54 years, were included. There was 34.93% women, 25.34% coinfecting and 88.36% naïve.

The most frequent genotype (G) was G1a (31.94%), G1b, 29.86% and G3, 19.44%. Depending on hepatic damage, patients presented with different levels of fibrosis (F): F0–1, 66.44%; F2, 15.75%; F3, 6.16%; F4, 5.48%; and cirrhosis, 2.05%. Treatments were glecaprevir/pibrentasvir in 57.53%, sofosbuvir/velpatasvir in 23.29% and elbasvir/grazoprevir in 14.38%. Length of treatment was chosen according to what was said in the technical.

Effectiveness (SVR) evaluated 12 weeks after finishing treatment or undetectable viral load after finishing treatment in monoinfected patients was 75.93% and 24.07%, respectively. Regarding coinfection, we could not follow-up with one patient and the other patient's results are still pending (SVR 92.11%). Relapse was detected in patients who had been previously treated with ombitasvir/paritaprevir/ritonavir + dasabuvir (2.05%), sofosbuvir/ledipasvir (0.68%, n=1) and elbasvir/grazoprevir (0.68%), and reinfection was detected in a patient previously treated with sofosbuvir/daclatasvir. Relapses were treated with sofosbuvir/velpatasvir/voxilaprevir (2.74%).

Conclusion and relevance Use of DAA was common in our hospital. Effectiveness data and population characteristics were equal to those obtained in the available bibliography. It is crucial to confirm SVR in week 12 after finishing treatment to make sure the disease has been cured.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-068 EFFECTIVENESS OF DOLUTEGRAVIR AND LAMIVUDINE THERAPY IN A TWO DRUG REGIMEN IN A THIRD LEVEL HOSPITAL

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Background and importance Simplification of antiretroviral treatments (ART) improves adherence and comfort, and may prevent some adverse effects caused by ART.

Aim and objectives To assess the effectiveness (plasma viral load (PVL test) <50 copies/mL) of the combination of dolutegravir (DTG) and lamivudine (3TC) without a third antiretroviral drug in patients diagnosed with HIV infection who were previously treated with a three drug regimen of ART.

Material and methods In January 2019, we studied a cohort of patients who were undergoing treatment with DTG+3TC in a two drug regimen. Once these patients were selected, we

carried out a prospective study of the PVL test after 6 months of treatment.

Results Thirty-three patients were receiving treatment with the DTG+3TC combination in January 2019. Patients were aged 24–72 years (mean 46.27 years). The previous PVL test was undetectable in 69.70% of patients, detectable (<50 copies/mL) in 27.27% of patients and 1 patient (3.03%) had a viral load of >50 copies/mL. After 6 months of treatment, the PVL test was undetectable in 75.75% of patients, detectable (<50 copies/mL) in 15.15% and detectable (>50 copies/mL) in 3.03%. Two patients discontinued treatment.

Conclusion and relevance The combination of DTG+3TC seemed to be an effective alternative to other ART when we re-evaluated patients after 6 months of treatment. We found a PVL <50 copies/mL in 96.96% and 90.90% of patients before and after the change in ART.

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No conflict of interest.

4CPS-069 EVALUATION OF PALIVIZUMAB AS PROPHYLAXIS AGAINST RESPIRATORY SYNCYTIAL VIRUS INFECTION

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Background and importance Respiratory syncytial virus (RSV) is the primary cause of lower respiratory tract infections in children <2 years old. RSV infection can lead to morbidity and mortality in these children and result in hospitalisation, admission to the intensive care unit, need for intensive medical treatments and death. Palivizumab has been found to be effectiveness in reducing hospitalisation and preventing serious lower respiratory tract infections in high risk infants.

Aim and objectives The objective of the study was to determine the effectiveness of prophylaxis with palivizumab administration on hospitalisation rates for RSV and respiratory tract infections without RSV.

Material and methods This was a retrospective, descriptive study from October 2012 to February 2019. Patients with palivizumab administration were included. The data collected were administrations of palivizumab per patient, administration dates, admitted patients for respiratory infection, date of admissions per patient, positive RSV cultures in admitted patients and need for oxygen therapy. The severity of the admission was assessed according to the need for oxygen therapy.

Results A total of 125 patients were included, with an average age of 2.84 months at the start of treatment and a mean of five administrations. Twenty-four patients (19.2%) were admitted for a respiratory cause of whom 7 (29.17%) had more than one admission. In the admitted patients, 5 (20.83%) had positive cultures for RSV. In these patients, median administrations was 5 (IQR 3–5) and median time from last administration to positive culture was 290 days (IQR 276–300). From the total patients admitted, 20 (83.33%) needed oxygen therapy but only 5 patients (25%) required oxygen at high flow. No deaths were recorded.