

frequently than controls who had to attend a consultation for every test. Making testing more convenient may not be sufficient to achieve increases in testing frequency. However more than one in five tests in the intervention group did not require a clinical consultation, reducing service costs.

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P4.105 HIGHLY SUCCESSFUL ENGAGEMENT IN AN ACUTE HIV-INFECTION (AHI) AWARENESS CAMPAIGN AND INTERVENTION IN AMSTERDAM & ITS YIELD OF AHI DIAGNOSES AT THE CITY'S STI CLINIC

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Introduction Acute HIV infection (AHI) is associated with high HIV viral load and therefore an important factor in onward transmission. Timely detection and treatment of AHI can contribute to a better HIV prognosis and help prevent further transmission.

Methods A media campaign directed men to an online intervention (hebikhiv.nl) where visitors were trained in recognising AHI-symptoms and offered an interactive risk-assessment questionnaire using a risk score algorithm comprising behaviour and symptoms. If found at risk, men were referred to the Amsterdam STI clinic for AHI testing including a point-of-care HIV RNA test. If diagnosed with AHI, counselling and referral for immediate treatment was offered. Participation was monitored using web-statistics, and men presented for testing were questioned regarding their referral source.

Results From Aug 2015 to Dec 2016, the intervention's website was visited 1 50 035 times by 1 27 394 unique visitors. The online risk-assessment tool was started 96 756 times and was completed in 81% (77,949) of the cases. Of those, 10% (7733) received the advice to test for AHI, and of those, 21% (1609) downloaded the referral letter to the STI clinic. At the clinic, 209 men presented for AHI testing. Of those 57% (119) were confirmed to have arrived through the campaign. In total, 181 were eligible for testing, and in 7% (13) AHI was diagnosed. Of the 13 AHI cases, 2 were referred by the campaign, 5 by the STI clinic, 4 through own initiative, 1 by 'others', and none by a GP. All 13 were referred to start treatment within 24 hours.

Conclusion The AHI campaign succeeded in engaging a large number of MSM. The high numbers that completed the risk-assessment tool points at an in-depth engagement with the intervention's material. While most men online were not found to be at risk for AHI, their engagement with the intervention could assist them to self-identify AHI in the future. The mix of referral sources among those diagnosed with AHI points at the added value of establishing a dedicated AHI testing service to attract risk cases in the community.

P4.106 INTENTION TO RE-TEST FOR STI AS A PREDICTOR FOR STI

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Introduction Guidelines advocate re-testing *Chlamydia trachomatis*(CT) and *Neisseria gonorrhoeae*(NG) positives within 3–12 months. Sexual risk behaviour is associated with CT/NG. Having a high intention to re-test could be a predictor for behaviour such as sexual risk behaviour. In this study we assess whether intention for re-testing before patients have received their test result is associated with CT or NG test result.

Methods Between 2014–2015, all STI clinic attendees answered the 5 point scale question “are you planning to return for testing the next year?” before CT/NG testing. Intention was categorised into very low(1), low(2), neutral(3) high(4) and very high(5). Patients were categorised in; women, heterosexual men and men who had sex with men in the past 6 months (MSM). The association between intention and CT/NG was assessed using backward logistic regression with determinants; age, warned by (ex)partner, symptoms and number of sex partners <6 months. Neutral intention was the reference category.

Results Intention to re-test was lower among women and heterosexual men (median 3, inter quartile range (IQR) 2–4) compared to MSM (5, IQR 4–5) (both $p < 0.001$). Overall CT prevalence was 12.9%($n=359$) in women, 13.7%($n=216$) in heterosexual men and 10.5%($n=116$) in MSM. For NG this was 1.5%($n=43$), 1.8%($n=28$) and 12.1% ($n=134$) respectively. In heterosexual men, having a high intention to re-test was associated with genital CT (OR1.5, 95% CI 1.03–1.3). In women, having a very high intention was associated with genital NG (OR3.5, 95% CI 1.3–9.0) and in MSM with anorectal NG (OR4.0, 95% CI 1.4–11.7). Of CT positives, 48.9% ($n=338$) had (very) high intention, for NG positives this was 81.5%($n=167$).

Conclusion High intention to re-test was associated with genital CT/NG in heterosexuals and with anorectal NG in MSM. Healthcare providers could ask for and increase patients' intention to re-test during the consultation by motivational interviewing, even without the CT/NG test result. Additionally re-testing should be promoted in diagnosed CT/NG positives, in accordance with guidelines.

P4.107 HIV POST-EXPOSURE PROPHYLAXIS: PERCEPTION OF YOUNG STUDENTS FROM A UNIVERSITY OF BAHIA

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Introduction Post-Exposure Prophylaxis (PEP) is the use of antiretroviral treatment (ART) to reduce the risk of HIV infection after exposure. Interventions based on ART are recommended mostly for key populations, such as people aged 15

to 24 years. This study aims to evaluate the knowledge regarding PEP amongst young university students.

Methods Cross section study carried out from August to September 2016 among Health, Education and Exact Sciences students at the State University of Bahia. Socio-epidemiological data regarding sexuality and PEP were collected through a standardised self-applied questionnaire. SPSS v20.0 was used for statistical analysis.

Results We enrolled 362 students, 85% (305/359) females, mean age of 22.9 (± 4.8) years, 83.1% (301/362) self-declared non-white, 90.6% (327/361) single and 43.4% (154/355) had an income ≤ 2 minimum wages. As for sexual behaviour, 12.1% (19/177) have sexual intercourse with people of the same sex, 22.6% (63/279) have anal sex, 69.2% (193/279) oral sex; 34.9% (96/275) irregular condom use, including 36.2% (81/224) of Health students ($p=0.36$). As for the PEP, 39.3% (142/361) have heard about it, 73.6% (14/19) of the men who have sex with men had some knowledge ($p<0.01$; OR 4.73, 95% CI 1.67–13.45); 92.0% (332/361) did not know the time limit to start the PEP, 93.1% (335/360) did not know the duration and 68.9% (248/360) are unaware of the basic indication criteria; 87.0% (315/360) did not know the sites for administration, 0.6% (2/361) affirm to have used it and 98.3% (348/354) state to not change the sexual behaviour after PEP, some said they would begin unprotected sexual practices, of which, 83.3% (5/6) were from the Health courses.

Conclusion The results evoke the challenges regarding the implantation of new strategies for HIV prevention. The limited knowledge regarding intervention and sites that offers PEP evidences barriers to access and prevention of new infections. These findings highlights the need for disseminate knowledge on PEP among young people, thus making it effective as an HIV prevention strategy.

P4.108 INCREASING HIV TESTING OF EMERGENCY DEPARTMENT (ED) PATIENTS WITH INCREASED RISK FOR HIV AND THEIR PARTNERS AND PEERS THROUGH PROVISION OF HOME HIV SELF-TESTING KITS AND LINKAGE TO INTERNET-BASED RECRUITMENT FOR HIV TESTING – A PILOT RANDOMIZATION STUDY OF A NOVEL ED INTERVENTION

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Introduction Many emergency department (ED) patients with significant risks for HIV accept testing when offered in the ED but otherwise do not test for HIV on a regular basis. EDs could potentially serve as a portal for increasing HIV testing for this population beyond the ED. We conducted a pilot study to determine the acceptability of home HIV self-testing (HIVST) after the ED visit.

Methods In 2016, a pilot randomised study was conducted in an urban ED in Baltimore where an HIV screening program operated. Patients who accepted ED testing and were identified as having increased risk for HIV were enrolled. Consented patients were randomised to the HIVST group (received an oral fluid HIV home test kit), or control group (received a pamphlet regarding the importance of regular HIV testing). Participants in the HIVST group were encouraged to

report self-testing results using an established online HIV/STI screening website, "IWantTheKit (IWTK)". Enrollees in the HIVST group also received 5 referral cards for their partners/peers to request HIV self-testing kit from IWTK. Phone follow-up was conducted at 1 and 3 months. Increase in HIV testing proportion was estimated as a rate ratio (RR) using a chi-square test.

Results Overall, 100 patients were enrolled and randomised. At 3 month follow-up, 20 (40%) patients in the HIVST group reported testing for HIV vs. 7 (14%) in the control group [RR: 2.9 (95% CI: 1.3, 6.1) or 3.2 (1.6, 6.6) excluding 30 patients lost to follow-up]. 95% of patients in the HIVST group who reported testing for HIV used the provided kit. 9 of 19 (47%) patients who self-tested at home reported their results to IWTK. None reported a reactive result for HIV. 54% of enrollees in the HIVST group reported that they distributed referral cards to their partners/peers; 6 used the referral card to request HIV and/or STI testing kits.

Conclusion This novel approach to providing HIVST kits for home testing to ED patients could increase overall HIV testing rates for patients who are at high risk, but not regularly tested, and for their partners and peers.

P4.109 NARCOTICS ARE CHEAPER THAN FOOD IN PAKISTAN: OUR PWIDS ARE DYING FROM AIDS

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Introduction It is estimated that worldwide there are nearly 12.7 million people who inject drugs. The UNODC estimates that Pakistan has 6.7 million drug users, of whom 4 million are addicts, giving us one of the highest number in the world. The UNAIDS Pakistan estimates 1 00 000 people are living with HIV.

Method Our Society provides NSP, condoms, medical care and is linked to Government Victoria Hospital for rehabilitation PWIDs in Bahawalpur, Pakistan.

Results In 2014, we visited 6 drug hotspots and recruited 60 PWIDs. We examined their drug use, sexual risk behaviour, attitudes, HCV and HIV testing experience. Most were males (80%) with a mean age of 30 years (R: 15–54 year), Muslim (92%) and illiterate (55%). All were local Bahawalpur PWIDs, many slept on the streets (83%) and their source of income was scavenging from garbage (88%). PWIDs thought their parents (53%) and the community (56%) hated them. They first used drugs at a mean age 18 years (R: 15–54 years). Most injected Morphine tablets, Pheniramine and Diazepam liquid (90%), many shared syringes (85%) and want to quit drugs (66%). They had stolen to buy drugs (76.7%) and been arrested (26.7%). Most have had sexual intercourse (95%), with sex workers (38%), had a sexual preference for females (73%), but few used condoms (18%) or knew about safe sex (21%), or STIs (33%). Over half had genital itch (58%). Disturbingly few PWIDs knew about HCV (10%), just one person had been tested for HCV (1.7%), yet many were interested in being tested for HCV (85%). Most had been tested for HIV (73%) and many were living with HIV (52%).

Conclusion Pakistani PWIDs suffer many problems, lack access to harm reduction services and are dying from inaction. We