

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 ( $\pm 4.8$ ) years, 83.1% (301/362) self-declared non-white, 90.6% (327/361) single and 43.4% (154/355) had an income  $\leq 2$  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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10.1136/sextrans-2017-053264.603

**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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10.1136/sextrans-2017-053264.604

**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