

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.

**Trial registration:** ACTRN12614000760673

#### 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