

Viral Sexually Transmitted Infections

P240 WHAT ARE THE VACCINATION NEEDS OF MSM IN THE CURRENT HEPATITIS A VIRUS (HAV) OUTBREAK? A RETROSPECTIVE STUDY OF THE HAV IMMUNE STATUS IN FIRST-ATTENDANCE MSM IN A LONDON GUM CLINIC

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Introduction Hepatitis A infection in MSM increased in incidence from late 2016 in the UK and has reached outbreak status. By February 2017, 42 confirmed or suspected cases had been reported in London. BASHH hepatitis guidelines recommend HAV vaccination of MSM in outbreak situations.

Methods We looked at 100 consecutive MSM who attended our service for the first time in early 2016 to assess what the vaccination needs of MSM would be.

Results Sixty seven of these MSM had a baseline HAV total antibody test of which 33 (49%) were HAV-Ab positive. A further 5/66 (8%) MSM gave a history of HAV vaccination but were antibody negative. 16/33 (48%) HAV-immune MSM gave a history of previous vaccination. 7/66 (11%) of the MSM who were immune, but non-vaccinated, came from HAV-endemic countries and presumed naturally immune.

49/98 (50%) who had baseline HBV antibody levels were HBV-immune of whom 14/49 (29%) were also HAV immune.

Extrapolating from these data, our estimates for baseline vaccination requirements in new MSM were: 28% require monovalent HAV vaccine, 24% require monovalent HBV vaccine, 21% require bivalent HAV/HBV vaccine and 27% require no vaccine.

Discussion If these data are representative of MSM in London, 49% (57% including those vaccinated but HAV-Ab -ve) are already HAV-immune. This has implications with regards to estimating the pool of non-immune MSM at-risk. It also enables us to estimate the types of vaccine required to meet the MSM's needs in relation to HAV as well as HBV in the current outbreak

P241 WHERE THERE'S TEA, THERE'S HOPE! – EXPERIENCE OF GREEN TEA EXTRACT FOR TREATMENT OF GENITAL WARTS

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Introduction Catephen® 10% ointment is novel extract from green tea which is licenced for genital wart treatment and included in BASHH guidelines (2015). Recommended application is 3 times daily for 16 weeks. We present real life data of Catephen® experience.

Methods Review of patients treated with Catephen® and adjunct cryotherapy between August 2016 – February 2017. Clinical outcomes and tolerability data were collected.

Results 33 patients identified, median age 26 years (32 male, 1 female). 2 HIV positive. Affected site; penis 23/33, perianal 7/33, both 2/33 and vulva 1/33. All cases were recurrences. 6 patients excluded as lost to follow-up. To date 17/28 have completed 16-week course Catephen® or achieved full clearance prior to this. Outcomes are still awaited for 2/27 patients and 8/27 discontinued treatment early. Of the 17 who have completed treatment, 11(65%) had total clearance and 6(35%) partial clearance. Mean time to clearance was 8 weeks with penile warts appearing to respond better than perianal. Catephen® was well tolerated with 43% stating they had fewer side effects than with previous treatments. Overall discontinuation rate was 8/27 (30%) with 1 report of vulval pain, 1 report of stained clothing and 6 reporting unsatisfactory response (mean duration of Catephen® use 6.5 weeks). An additional 3 patients reported skin discomfort but continued treatment.

Discussion Catephen® ointment appears well tolerated with satisfactory clearance rates. It appears to be an acceptable alternative to other topical treatments for genital warts. To date there is no trial data on continued use after 16 weeks.

P242 LASER ABLATION TREATMENT FOR COMPLEX HPV-RELATED DISEASE IN A GUM CLINIC SETTING

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Introduction GUM specialist services to treat complex HPV-related diseases unresponsive to conventional therapies are limited. Laser vaporisation following local anaesthesia is an established treatment for refractory warts and intraepithelial neoplasia. Several service specifications have called for these treatments to be delivered and funded outside of Level 3 GUM clinics. A specialist Laser Clinic was established within our centre in 2015. A specially trained clinician reviews individuals. Where the diagnosis is unclear, biopsies are performed. CO2 laser vaporisation is instituted following application of local anaesthesia. Post-operative pain relief is provided and attendees are asked to follow a post-laser pain control algorithm. All attendees are asked to complete a feedback form.

Methods The case notes and patient feedback of all attendees to the Laser Clinic were reviewed.

Results 155 unique patients have been seen since January 2015. 134 laser procedures have been performed with no evidence of recurrence or reinfection. Diagnosed cases of anogenital intraepithelial neoplasia: PIN: 14, AIN: 24, VIN: 7 (45/134).

100% of attendees rated the service as excellent or good, with 95% stating that their pain was controlled throughout the procedure.

Discussion 30% of attendees were found to have intraepithelial neoplasia. Encouraging patient feedback, high rates of pathology and positive post-operative outcomes with no evidence of recurrence demonstrate that laser therapy is a valuable treatment option, avoiding the need for onward referral, general anaesthetic and more costly procedures outside of the