Abstract O5-S1.06 Table 1 Agreement between computer-assisted self-interview (CASI) and clinician documentation (Clin) for key clinical and behavioural variables (N=875)

Variable	κ (95% CI)	CASI+, Clin+ (%)	CASI+, Clin− (%)	CASI−, Clin+ (%)	CASI−, Clin− (%)
Reasons for exclusion from express care*					
Symptoms of STD	0.67 (0.63 to 0.72)	436 (50)	118 (13)	23 (3)	298 (34)
Known contact to HIV/STD	0.60 (0.52 to 0.67)	91 (10)	72 (8)	23 (3)	689 (79)
Symptomatic sex partner	0.15 (0.05 to 0.26)	8 (1)	62 (7)	10 (1)	795 (91)
Positive STD test, needs treatment	0.12 (−0.03 to 0.27)	2 (0)	28 (3)	0 (0)	845 (97)
Syphilis in past year	0.40 (0.23 to 0.72)	6 (1)	13 (1)	0 (0)	856 (98)
Vaccine indication†	0.25 (0.20 to 0.31)	71 (8)	249 (28)	5 (1)	550 (63)
Interested in Plan B‡	0.13 (−0.04 to 0.30)	3 (1)	4 (2)	25 (11)	202 (86)
Interested in contraception‡	0.32 (0.16 to 0.48)	15 (6)	20 (9)	20 (9)	166 (71)
Sensitive behaviours					
Male sex partner (lifetime), among men	0.93 (0.90 to 0.96)	285 (45)	13 (2)	10 (2)	332 (52)
Injection drug use	0.82 (0.80 to 0.94)	43 (5)	7 (0)	5 (0)	820 (94)
Methamphetamine use	0.71 (0.63 to 0.79)	68 (8)	38 (4)	10 (1)	759 (87)
Unprotected anal intercourse with partners of discordant or unknown HIV status, among MSM§	0.58 (0.48 to 0.68)	63 (22)	35 (12)	17 (6)	170 (59)
Transactional sex‡	0.67 (0.50 to 0.84)	15 (6)	5 (2)	8 (3)	206 (88)

*Some reasons for exclusion not included here due to lack of comparative data in clinician documentation.
†Clin+=documented administration or patient declination of HAV, HBV or HPV vaccine.
‡Limited to female patients; Clin+= dispensation of Plan B (for Plan B variable) or discussion of contraception plan (for contraception variable).
§Limited to CASI+, Clin+ MSM.

Health services and policy oral session 2—Evaluation of services and policies

O5-S2.01 A NATIONAL PROGRAM WITH A NATIONAL IMPACT: QUADRIVALENT HPV VACCINATION AND GENITAL WARTS IN AUSTRALIA, 2004–2010

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Background From mid-2007 Australia funded a universal free vaccination program for all females between 12 and 26 years, but not for men or for women who were older than 26 years in 2007. Vaccine coverage rates of >80% were achieved for school-girls, though coverage was probably lower for young women in the community. To determine the population effect of the vaccine program we established a national surveillance network to measure trends in clinical presentations for genital warts.

Methods Eight sexual health services dispersed around Australia provided data on all new patients between 2004 and 2010, including new diagnoses of genital warts, demographics, sexual behaviour, and HPV vaccination status.

Results Among more than 130 000 new patients we identified over 10 000 new cases of genital warts. Before the vaccination program there was no change in the proportion of women or heterosexual men diagnosed with genital warts. In the first 30 months of the vaccination program we detected a 59% decline in the proportion of young resident women diagnosed with genital warts (p-trend <0.0001) and preliminary analysis indicates that this trend was ongoing in 2010. In contrast, we could not detect any significant decline in genital warts among non-resident young women, older women, or men who have sex with men. Interestingly, the proportion of younger men (<26 years in mid-2007) diagnosed with genital warts declined by 39% (p-trend <0.0001) while there was no significant decline among older heterosexual men. By 2009, 65% of resident women of free vaccine-eligible age, 15% of non-resident women of the same age, and 11% of older women reported having had a quadrivalent or an unknown HPV vaccine.

Conclusion The vaccination program has had a large population-level impact on the incidence of genital warts in young Australian women, with some flow-on benefit for young heterosexual men as a result of herd immunity.

O5-S2.02 DELAY OF ENTRY INTO CARE IN HIV POSITIVE INDIVIDUALS

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Background Delay between HIV diagnosis and entry into care may impact not only on the individual prognosis, but hinders interruption of further HIV transmission. Insight into duration and determinants of care-delay and differences between those who do and do not delay are important to further public health policy aimed at reducing ongoing HIV transmission.

Methods (1). Data from the ATHENA national observational cohort for HIV patients with a first date of care from January 2008 until May 2010 were analysed to assess place, date of initial positive diagnosis and entry date into care. (2). Prospective data collection is set up regionally from consenting patients testing HIV positive at the STI clinics in Amsterdam and Rotterdam. Results from February 2009 until April 2010 for time into care and delay are presented. For this analysis delay of entry into care is defined as a time period of 4 weeks or more between confirmed HIV diagnosis and first consultation at the HIV treatment centre.

Results (1). At the national level, 28% of all new patients entering care (n=2775) was diagnosed HIV positive at their GP, 25% at an STI clinic, 23% in the hospital, 2% at the pregnancy screening, 4% abroad, 4% other and 14% unknown. Median number of days between HIV diagnosis and entry into care was 19 days (IQR