arbitrarily (yet purposefully) to yield illustrations of potential incongruities among disparity measures.

Results We found several hypothetical examples of incongruities among disparity measures. For example, the ID was about ten times higher when all STD cases occurred among AI/AN than when all cases occurred among non-Hispanic Blacks. As another example, the ID indicated that disparity was less when all STD cases occurred among non-Hispanic Blacks than when each of the five racial groups accounted for one fifth of all STD cases.

Conclusion Relative measures of racial disparity in STDs can be useful to illustrate the burden of disparity, to assess trends, and to inform the targeting of prevention resources. However, in some scenarios the disparity measures can be incongruous with reasonable, practical assessments of disparity, such as when the ID is biased against non-Hispanic Blacks. The ID is more prone to these incongruities than measures which account for population size, such as the Gini coefficient or the weighted ID.

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S06 - STI vaccines: Advancing the global agenda

S06.1 THE GLOBAL ROADMAP FOR STI VACCINE DEVELOPMENT: MOVING FORWARD

Sami Gottlieb*. *World Health Organization, Geneva, Switzerland*

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The global STI vaccine roadmap outlines critical next steps to accelerate development of new STI vaccines according to nine priority action areas: 1) obtaining better epidemiologic data; 2) improving the understanding of STI natural history and the burden of sequelae; 3) modelling the theoretical impact of STI vaccines; 4) advancing basic science research for STI vaccines; 5) conducting basic and translational studies in human clinical settings as soon as possible; 6) defining preferred product characteristics for 1st generation vaccines; 7) expediting clinical development and evaluation; 8) planning for vaccine introduction in advance; and 9) encouraging investment in STI vaccine development. This presentation will review the global roadmap for STI vaccine development, discuss key ongoing activities to implement the roadmap and advance the global STI vaccine agenda, and important next steps to continue to catalyse STI vaccine development.

S06.2 HERPES SIMPLEX VIRUS VACCINE DEVELOPMENT: PIPELINES AND POSSIBILITIES

Christine Johnston*. *University of Washington, Seattle, USA*

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Genital herpes simplex virus (HSV) infection causes recurrent genital ulcers, neonatal herpes, and increases the risk of HIV acquisition. HSV-2, the most common cause of genital herpes, is highly prevalent worldwide, with an estimated 417 million people infected between the ages of 15–49. The urgent need for a prophylactic vaccine against genital HSV has been long recognized. Multiple glycoprotein subunit vaccines candidates have been tested but none have successfully prevented HSV-2 genital ulcer disease in phase III trials. Despite these findings, there is strong interest in pursuing novel vaccine platforms to induce immune responses to protect against HSV acquisition. Therapeutic vaccines to reduce genital symptoms and viral shedding in persons already infected with HSV-2 are also being tested in early phase clinical trials. The global STI vaccine roadmap provided a framework for research priorities to move the HSV vaccine field forward. This presentation will review 1) lessons from prior clinical trials of HSV vaccines, 2) new insights into immunology of HSV infection, 3) current status of HSV vaccine pipeline, with an emphasis on candidates currently in clinical trials and 4) discussion of clinical trial design issues unique to HSV.

S06.3 *CHLAMYDIA TRACHOMATIS* VACCINE DEVELOPMENT: NEW TOOLS BRING NEW HOPE

Peter Timms*. *University of Sunshine Coast, Maroochydore, Australia and Queensland University of Technology, Brisbane, Australia*

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Despite decades of research, progress towards a vaccine for genital *Chlamydia trachomatis* infection and disease has been slow, with only modest levels of protection being achieved to date. In the last three years in particular, there have been several significant advances that give renewed optimism for an effective vaccine. In 2014, the WHO published a Road Map for STI vaccine development, listing a range of key objectives that need to be addressed. This presentation will discuss several of these objectives and the recent progress being made, including (a) understanding the relationship between pathogen genomes and disease severity, (b) use of non-mouse models for evaluating vaccines, (c) better understanding of disease pathogenesis using a rapidly expanding genetic toolbox, (d) recent promising vaccine trials.

S06.4 APPROACHING THE APEX: TECHNOLOGY INNOVATIONS FACILITATING THE DEVELOPMENT OF A GONOCOCCAL VACCINE

Scott D Gray-Owen*. *Department of Molecular Genetics, University of Toronto, Toronto, Ontario, Canada*

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Despite remaining as one of the leading causes of sexually transmitted infections, with sequelae ranging from ectopic pregnancy and infertility caused by scarring of the reproductive tract to blindness of children born to infected mothers, *Neisseria gonorrhoeae* has become a forgotten plague. This status has begun to change as multidrug resistant strains of *N. gonorrhoeae* have emerged, raising the frightening prospect of untreatable infections. Fortunately, as a renewed sense of urgency for the development of a prophylactic gonococcal vaccine has arisen, there have been several great strides made that will facilitate the development of a gonococcal vaccine. First, a new appreciation of the value of phenotypic and genome-based analyses of *N. gonorrhoeae* variants has led to increased recovery and characterization of bacteria from clinical specimens rather than simple PCR-based molecular diagnosis. Second, new insights regarding immune responses that facilitate *N. gonorrhoeae* persistence suggest immunological correlates that might afford protective memory. Third, the development of vaginal and transcervical uterine