

HPV to appraise the benefits of HPV vaccination for their health. In order to achieve optimal uptake, vaccine promotion campaigns need to focus on MSM that do not access sexual health clinics and those unwilling to disclose their sexual orientation.

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# **HUMAN PAPILLOMAVIRUS (HPV) VACCINATION AND STI SCREENING IN MEN WHO HAVE SEX WITH MEN (MSM). CLINICAL OUTCOMES AND FACTORS ASSOCIATED WITH COMPLETION OF A THREE DOSE SCHEDULE WITHIN ONE YEAR IN A CLINICAL COHORT**

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**Background/introduction** We introduced HPV4 vaccination for younger MSM under 27 years into our sexual health services in 2012. We report on the attendance behaviour, clinical outcomes, completion rates and factors associated with vaccination completion in our cohort.

**Aims** (1) To deliver 3 dose HPV4 vaccination to younger MSM. (2) To increase engagement and STI testing by younger MSM at integrated sexual health services.

**Methods** HPV4 vaccine was offered at Time 0, 2–4 and 6–12 months, with STI testing, clinic call/recall, alongside care and support as appropriate. We conducted a retrospective electronic case note (EPR) review of all eligible MSM at end 2015. Completion rates are censored at 1 year.

**Results** 893/930 (96%) offered vaccine accepted 1<sup>st</sup> dose.

**Discussion/conclusion** We observed 3 dose completion rates commensurate with outcomes expected from a catch up vaccination programme. Completion was associated with older age, HIV infection, prior known HPV infection, self-identifying homosexual men and non-white British ethnicities. We observed high rates of STI testing and infection in this cohort. Delivering HPV vaccination within sexual health care services is an effective engagement strategy for young MSM.

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# **RAPID FALL IN QUADRIVALENT VACCINE TARGETED HUMAN PAPILLOMAVIRUS GENOTYPES IN HETEROSEXUAL MEN FOLLOWING THE AUSTRALIAN FEMALE HPV VACCINATION PROGRAMME: AN OBSERVATIONAL STUDY FROM 2004 TO 2015**

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**Background/introduction** Australia introduced the national quadrivalent human papillomavirus (4vHPV) vaccination programme in April 2007 in young women and included young boys in Feb 2013.

**Aim(s)/objectives** To examine the prevalence of 4vHPV and the nine-valent (9vHPV) targeted vaccine genotypes among predominantly unvaccinated heterosexual men in Australia in 2004–2015.

**Methods** 1,466 young heterosexual men tested positive for *Chlamydia trachomatis* were included. We calculated the prevalence of any HPV genotypes, genotypes 6/11/16/18 in the 4vHPV, and five additional genotypes 31/33/45/52/58 in the 9vHPV, detected in urine or urethral swab samples over each year stratified by country of birth.

**Results** The 4vHPV genotypes decreased from 20% in 2004/05 to 3% in 2014/15 ( $p_{\text{trend}} < 0.001$ ) among Australian-born men; and a greater decline was observed in Australian-born men aged  $\leq 21$  (from 31% to 0%;  $p_{\text{trend}} < 0.001$ ) in the last 11 years. No trends were observed in any HPV genotypes or in HPV 31/33/45/52/58. There was a decline in HPV 16/18 ( $p = 0.004$ ) but not in HPV 6/11 ( $p = 0.172$ ) in the post-vaccination period among men who recently arrived in Australia from countries with a bivalent vaccine programme. No change in 4vHPV in men from countries without any HPV vaccine programme.

**Discussion/conclusion** The marked reduction in prevalence of 4vHPV genotypes among unvaccinated Australian-born men, suggests herd protection from the female vaccination programme. The decline in HPV 16/18, but not in HPV 6/11

**Abstract 0026 Table 1** HPV4 vaccination 3 dose completion within 1 year (2015 figures pro rata), STI testing and detection rates

	2013 No. (%)	2014 No. (%)	2015 No. (%)	STI screen/ Total No. (%)	STI +ve/ Total No. (%)	STI +ve/ No. Tested (%)
Dose 1	239	255	399	880/893(99)	283/893(32)	283/880(32)
Dose 2	187(78)	194(76)	243/324(75)	556/658(84)	77/658(12)	77/556(14)
Dose 3	148(62)	140(56)	111/200(56)	372/427(87)	60/427(14)	60/372(16)
<b>Factors associated with 3 doses in 1yr</b>	<b>No.s/Total (%)</b>			<b>No.s/Total (%)</b>	<b>p value</b>	<b>BOLD indicates higher completion</b>
Age	<21yrs	57/119 (48)	>21yrs	232/375 (62)	$p = 0.008$	
HIV status	HIV -ve	228/420 (54)	HIV +ve	61/74 (82)	$p = 0.0001$	
Prior HPV	Yes	41/57 (72)	No	248/438 (56)	$p = 0.03$	
Orientation	H*	231/379 (61)	Bis*	38/77 (49)	$p = 0.02$	
Ethnic Group	WB*	81/172 (47)	WO*	66/102 (65)	$p = 0.006$	
	Asian*	65/98 (66)	$p = 0.003$	Black* 54/80 (68)	$p = 0.003$	

\*H = Homosexual, Bis = Bisexual, WB = white British, WO = white Other, Asian = All asian ethnicities, Black = All black ethnicities by UK Census Ethnicity categories