in the applicant's heart, as well as what is in the brain. Third, mentoring often doesn't stop when the mentee leaves (e.g. mentors recommend their mentees for every possible award). The first phase of the mentoring job isn't really over until publications first-authored by the Mentee are accepted, and the first job and research grant are secured. Fourth, supervised peer group mentoring can be very effective.

In addition, I'll review ten "Lessons Learned" in mentoring research, publishing, applying for funds and finding work.

Late Breaker Oral Presentations

LB1.1 RANDOMISED CONTROLLED TRIAL OF A COMPLEX INTERVENTION TO IMPROVE SCHOOL-BASED HPV VACCINATION FOR ADOLESCENTS: THE HPV. EDU STUDY

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Introduction In the context of universal (male and female) school based HPV vaccination program, we evaluated a complex intervention to promote: 1) student knowledge about HPV vaccination; 2) psycho-social outcomes and 3) vaccination uptake.

Methods We recruited a stratified random sample of schools across two Australian states, and randomly allocated to intervention or control. The intervention included adolescent education; distraction/relaxation on vaccination day; a brochure and decisional support tool for adolescents and parents; and program logistical strategies, in addition to routine state based vaccination guidelines. Both intervention and control followed routine state based guidelines. We compared intervention and control with regard to: student questionnaire data pre-dose 1, 2, 3 on HPV knowledge, vaccination decisional involvement, vaccination self-efficacy, fear and anxiety, and vaccine uptake. Immunisation data collection was ongoing in 2015.

Results We recruited 21 intervention schools (3806 students) and 19 control (3159). Pre-dose 1 questionnaire student knowledge: 65% vs. 33% correct responses, (difference 32%; 95% CI: 27%, 36%); decisional involvement score: 3.7 vs. 3.6 (difference 0.11; 95% CI: 0.06, 0.16); self-efficacy score: 74 vs. 71 (difference 4; 95% CI 1, 7); fear/anxiety score: 2.6 vs. 2.7 (difference -0.11; 95% CI: -0.19, -0.02). At least one vaccine dose was given to 3277 (86.1%) students in intervention schools versus 2697 (85.4%) in control schools, difference 0.4% (95% CI: -2.6, 3.3).

Conclusion Our intervention significantly improved adolescent knowledge and psycho-social outcomes, but not HPV vaccination coverage, which was high in both groups, resulting in a possible ceiling effect.

Disclosure of interest statement This study was funded through a National Health and Medical Research Council Project Grant (1026765) and an investigator driven bioCSL research grant. SR. Skinner's institution has received honoraria for Advisory Board meetings and educational symposia from GSKbiologicals and Pfizer.

LB1.2 PILOT STUDY OF IMMEDIATE ANTIRETROVIRALS AND BEHAVIOURAL INTERVENTION FOR PERSONS WITH ACUTE HIV INFECTION: OPPORTUNITY FOR INTERRUPTING TRANSMISSION

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Introduction Persons with acute HIV infection (AHI) contribute disproportionately to transmission. In a pilot study, we evaluated a short-term, behavioural and biomedical intervention among persons with AHI in Malawi.

Methods We enrolled persons with AHI. AHI was defined as negative or discordant antibody test (s) with detectable virus. Persons were randomised 1:2:2 to standard counselling (SC), a four-session behavioural intervention (BI), or behavioural intervention plus 12 weeks of antiretrovirals (BIA), and followed 26–52 weeks. ARV resistance was assessed at baseline and after therapy. Participants were asked to refer partners for testing. Follow-up was completed in August 2014; phylogenetic analyses were completed in May 2015.

Results We identified 59 persons with AHI and enrolled 46 (9 [SC], 18 [BI], 19 [BIA]). Average age was 25; 61% were male. Median viral load (VL) was 5.9 log copies/ml (6.7 [SC]; 5.1 [BI]; 6.1 [BIA]). At week four, 64% (11/17) of BIA participants were suppressed (<1000 copies/ml), versus 12% (2/17 [BI]) and 25% (2/8 [SC]) ($p < 0.001$). VL rebounded after ARV discontinuation. No ARV resistance accumulated after exposure. Risk behaviours decreased across all arms: participants reported fewer sexual encounters at week four versus baseline (4.4 vs 8.7, $p = 0.003$) and fewer encounters without condoms (21% vs 63%, $p < 0.001$). 41% (19/46) referred partners; 15 were HIV-infected and 2 seroconverted during follow-up. 13 of 15 HIV-infected partners had nucleotide sequences available; 92% (12/13) were phylogenetically linked with AHI index.

Conclusion ARV quickly reduced viremia below transmissible levels and did not induce resistance; however, patients experienced rapid virological rebound after discontinuation. Sexual risk decreased rapidly in all arms. Most referred partners with available sequences were linked transmissions with the AHI index. Early diagnosis with standard AHI counselling and early ARV referral may be sufficient to reduce transmission risk.

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