have demonstrated the efficacy of HPV quadrivalent vaccine also for men in preventing external genital warts.

The situation of availability and reimbursability of HPV vaccine is different among countries. In Italy vaccination is free of charge for girls aged 12–14 years and is available at a special prize (about 50€ per shot) for women up to 45. Men should pay the whole some of about 200€ per shot.

Methods We present the result of a questionnaire on the acceptability of Tetravalent vaccine among male population attending the STD Centre of Milan, particularly focused on the price patient could afford for the vaccine

Conclusion Our study demonstrated that the price of the vaccine greatly affect the acceptability. At a social price of 50€ per shot only a low percentage of patient would undergo the vaccination.

Background..

Methods We tested archived sera from baseline for HSV-2 by EIA...

Results

Conclusions

Background

Methods...

Conclusions

Background

Methods

Results

Conclusions

Background

Methods

Results

Conclusions

Poster presentations


Background It is unclear whether L1-VLP-based human papillomavirus (HPV) vaccines are efficacious in preventing anogenital pre-cancer in women with prior vaccine-type HPV exposure. Participants in the phase III efficacy trials were not excluded if infected at baseline (HPV-DNA and serology were performed in retrospect); the efficacy in this sub-group of vaccinees can be derived from published reports.

Methods A systematic review and meta-analysis was conducted to compare the efficacy of L1-VLP-based HPV vaccines with control (hepatitis A or placebo). Randomized-controlled trials (including post-RCT follow-on cohort studies) were identified from MEDLINE, Embase, Web of Science, PubMed, Cochrane (and quoted references). Three vaccines were evaluated: Cervarix™ containing HPV-16/18 VLPs (GSK), Gardasil® containing HPV-6/11/16/18 VLPs (Merck), and an HPV-16 monovalent vaccine (Merck Research Laboratories).

Results Three RCT reports and one post-RCT follow-on study met the eligibility criteria, comprising data from 13,359 women who were included in the vaccine studies but had evidence of HPV
infection at baseline. Efficacy data were synthesised using a DerSimonian and Laird weighted random-effect model. The mean odds ratio (OR) and 95% confidence interval (CI) for the association between Cervarix™, Gardasil® and HPV-16 monovalent vaccine and HPV-associated cervical intraepithelial neoplasia grade 3 or worse (CIN3+) was 0·90 (CI: 0·56, 1·44) and for the association between Gardasil® and HPV-associated vulval/vaginal intraepithelial neoplasia grades 2–3 (VIN2–3/ValN2–3) OR 1·20 (CI: 0·07, 20·40).

Conclusion There was no evidence that the HPV vaccines are effective in preventing vaccine-type HPV-associated pre-cancer in women with evidence of prior HPV exposure in this analysis. However, these studies were not designed to investigate the efficacy in this group, so statistical power (sample size, follow-up period and event rate) was insufficient to detect a small effect size. Longer follow-up is also needed to detect possible prevention of re-infection.

P3.373 MALE CIRCUMCISION PREVALENCE, KNOWLEDGE, PERCEPTIONS, AND INTENT AMONG MEN IN BULAWAYO, ZIMBABWE: A CROSS-SECTIONAL STUDY

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Background Zimbabwe has a target to reach 80% voluntary medical male circumcision (VMMC) coverage among HIV-negative 15–29 year-old men by 2015. This is a central strategy in the nation’s HIV response. Despite considerable recent investment, uptake has been slower than hoped. A cluster-randomised trial began in 2012 to assess the effectiveness of a sex-based VMMC demand-creation intervention.

Methods At baseline, 665 men aged 18–45 years (median age 24 years) on 47 local soccer teams (both social and professional) in Bulawayo completed a self-administered questionnaire on VMMC-related knowledge, perceptions and intent using touchscreen mobile phones. Linear and logistic regressions were used to assess differences by age, educational attainment, and study group, adjusting for team-level clustering.

Results 141 men (21.0%) reported being circumcised, the majority (80.6%) at a hospital or clinic and 24 (17.0%) within the last three months. Among the uncircumcised men, the majority (90.8%) knew that VMMC reduces HIV risk and thought that getting circumcised was a good idea (89.3%). About half (54.2%) correctly identified at least one local clinic providing VMMC services and 62.6% reported that VMMC knowledge, or VMMC intention.

Conclusion This study provides evidence that VMMC-related knowledge and intentions are high amongst uncircumcised, soccer-playing men in Bulawayo, though VMMC coverage remains far below 80%. Effective demand creation interventions are needed and should ensure uncircumcised men are aware of local sites offering VMMC services. Further research should investigate barriers to VMMC uptake among men in Bulawayo.

P3.375 EFFECTIVE USE OF MOBILE PHONES IN HIV PREVENTION IN UGANDA


Background Uganda currently has a population of about 7 million people who own mobile phones. There is always a challenge of reaching out to big populations of people with HIV prevention services.

Mobile phone usage is sited as one of the effective tools in reducing costs and improving efficiency in reaching out to people who need HIV prevention services.

Program Description The Aids Support Organization (TASO) Uganda Limited, uses mobile phones to follow up their clients on HIV treatment, management and for planning psychosocial support visits to client’s family.

Partnerships with Media Telecom companies to send bulk or group SMS massages like reminders of wedding meetings sent to very many different people at the same time and less costs.

Lessons learnt It’s cost effective to use mobile phones to reach a big numbers of people in the community for HIV prevention.

Conclusion Effective partnership with Telecom companies will improve on reaching out to mobile users in HIV prevention. TASO to continue using mobile phones to improve on their community programmes.