be more beneficial. Further research is required to confirm predictions, and to improve the precision of key estimates. The cost-effectiveness of screening should be re-evaluated using these estimates.

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**Abstracts**

O16 - HPV vaccination: hits and misses

**O16.1 THE RAPID AND NEAR ELIMINATION OF HUMAN PAPILLOMAVIRUS (HPV) TYPE 6, 11, 16 AND 18 AMONG YOUNG HIGH-RISK WOMEN WITHIN THREE YEARS OF THE NATIONAL HPV VACCINATION PROGRAMME IN AUSTRALIA: FINDINGS FROM A 10-YEAR CROSS-SECTIONAL STUDY**

**Introduction** The national quadrivalent human papillomavirus (HPV) vaccination programme was launched in Australia in April 2007. The aim of this study was to explore the proportion of vaccine targeted HPV genotypes contained in the quadrivalent (4vHPV) and the nine-valent (9vHPV) vaccines detected among young women diagnosed with Chlamydia trachomatis.

**Methods** Women ≤25 years attending Melbourne Sexual Health Centre from 1-Jan-2004 to 30-June-2014 and diagnosed with chlamydia were included in the analysis. Detection of HPV genotypes was performed on stored cervical or high vaginal samples. The proportions of women who had 4vHPV types (6/11/16/18) and the other five types within the 9vHPV grouping (31/33/45/52/58) alone) excluding 4vHPV types were calculated for each Australian financial year and stratified by age and vaccine eligibility. The proportions of HPV types among unvaccinated women in the post-vaccination period were also calculated to assess herd protection.

**Results** A total of 1,202 women were included in this study. The proportion of samples with 4vHPV types dramatically decreased among Australian-born ≤25 year old females over the 10 year period (6/11) decreased from 16% to 2% ([Ptrend <0.001]; 16/18 decreased from 30% to 4% [P trend <0.001]). In women ≤21 years old, HPV 6/11 remained at zero and HPV16/18 were detected in <5% of samples for all years after 2008/2009. A significant decline in 4vHPV types in unvaccinated Australian-born women was also observed, from 41.3% to 18.5% in the pre- and post-vaccination eligible periods respectively (P = 0.031), but no decline was seen in the other five types within the 9vHPV grouping (22.5% vs. 25.9%; P = 0.805).

**Conclusion** Coverage achieved using the 3-dose vaccine was sufficient to largely eradicate 4vHPV types in Australian born women ≤21 years old, within three years of the introduction of the national HPV vaccination program. A strong herd protection was observed among women, with a significant decline in the proportion of 4vHPV in unvaccinated women.

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Introduction Despite India having the highest burden of cervical cancer globally, the HPV vaccine is not part of the routine immunisation programme. The decision process on HPV vaccine was put-off in 2010 shortly after a high profile vaccine demonstration trial was suspended when five girls died. Although the evidence that the deaths were linked to the vaccine is highly contested, nonetheless a political decision on HPV vaccine introduction differed. The purpose of the current study is to explore the political, socio-economic and cultural factors influencing the HPV policy decision in India. Evidence from the study may have implications for future vaccines targeting STIs in contested policy environments.

Methods We used qualitative methods for policy analysis based on primary data collection supplemented with in-depth documentary review. Semi-structured interviews were conducted with 46 participants including policy makers, health system actors and community based organisations at State and National level. We used the Gilson and Walt Health policy triangle framework to analyse the data.

Results Interim results have highlighted a number of features of the policy process in India, which may have influenced vaccine policy decision-making. These include: lack of adequate policy space for transparent discussion of concerns; strong suspicion of conflict of interest among researchers and international donors; mistrust of Government officials by civil society members; Government concerns around sustainable funding options; and a dearth of Government initiatives to promote culturally sensitive sexual health issues.

Conclusion The [non]-introduction of the HPV vaccine into the Indian policy landscape was influenced by a variety of factors including contested empirical evidence of safety and perceptions of institutional (particularly commercial) interests outweighing public health evidence. This study provides important lessons not only for the future introduction of HPV vaccine in India, but also for any other vaccines targeting STIs.

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