

VVS and rectal positive NAATs, the AC2 Reactive Light Units levels were equivalent, suggesting active infection at both sites.

Discussion/conclusion In this sample of women with no rectal symptoms, the rectum was the most prevalent site for chlamydia infection, and rectal swabs found significantly more infections than VVS. There was no association with reported anal sex indicating sexual risk history is unreliable for targeted screening in women.

0023

FEASIBILITY STUDY TO DETERMINE THE TIME TAKEN FOR NAATS TESTS TO BECOME NEGATIVE FOLLOWING TREATMENT FOR *CHLAMYDIA TRACHOMATIS* AND *NEISSERIA GONORRHOEAE* IN MEN AND WOMEN

^{1,2}Binta Sultan*, ¹Clare Oakland, ¹Nataliya Brima, ³Hemanti Patel, ¹Andrew Copas, ²Paul Benn, ³Cathy Ison, ⁴Gabriel Schembri. ¹University College London, London, UK; ²Mortimer Market Centre, London, UK; ³Public Health England, London, UK; ⁴Manchester Centre for Sexual Health, Manchester, UK

10.1136/sextrans-2016-052718.22

Background/introduction Few data are available to guide the best time to perform a test of cure using nucleic acid amplification tests (NAATs) following treatment for chlamydia (CT) and gonorrhoea (NG).

Aim(s)/objectives The association between the type of infection, organism load, site of infection and treatment were compared to the time for the NAAT to become negative after treatment.

Methods Individuals who had a positive NAAT test for CT and/or NG were eligible. Self-taken specimens from the site of infection were collected at 8 time points. The time to first negative test following treatment was examined using survival analysis techniques.

Results 102 men (87 MSM) and 52 women were recruited to the study (84 NG, 71 CT infections). 28 participants with NG and 16 with CT were lost to follow up. On day 0, 20 participants diagnosed with NG and 8 diagnosed with CT had negative tests. Median time to negativity for NG infection was 2 days (IQR 1–5) and for CT infection was 4 days (IQR 2–5). At day 14 after treatment 92% of participants were CT negative, and 84% NG negative. All tests were negative by day 35 for both infections.

Discussion/conclusion This study provides valuable data in determining the time to test of cure for CT and NG infections. Site of infection may have an effect on time to clearance of infection, with pharyngeal NG infections and vaginal CT infections taking longer to clear than other sites. The results of this study will help guide clinicians to the timing for test of cure.

0024

TRICHOMONAS VAGINALIS – TREATMENT AND TEST OF CURE ANALYSIS IN A GUM CLINIC POPULATION

Gabriella Bathgate*, Melissa Perry, John White. *Guy's & St Thomas' NHS Foundation Trust, London, UK*

10.1136/sextrans-2016-052718.23

Background/introduction *Trichomonas vaginalis* is prevalent in patients of black ethnicity in our south London population. Nucleic acid amplification testing (NAAT) is the diagnostic gold standard, and first-line treatment with metronidazole or tinidazole regimens thought to achieve comparable cure rates >90%. Test of cure (TOC) is recommended if symptoms persist

following treatment, but this overlooks persistent asymptomatic infection and optimal timing and testing modality are uncertain.

Aim(s)/objectives To estimate clinical cure and TV eradication rates in a large cohort of *T. vaginalis* cases.

Methods All positive *T. vaginalis* NAAT results (TV TMA, Hologic) were identified between January 2013 and September 2015. Data were collected from our electronic patient record system, including clinical features, treatment regimen and TOC results, if performed.

Results 557 cases were identified in 500 patients (78.2% female; 82.2% Black African/Caribbean/mixed ethnicity; 8.8% HIV+). Infection was symptomatic in 47.3% (53.7% females, 24.5% males). Baseline wet mount microscopy was positive in 65.6%. TOC was performed in 72.4% (median time to TOC 4.1 weeks, IQR 2.3–7.6 weeks). 77.2% demonstrated parasitological clearance following a single treatment course. Cure rates were 70–80 for all regimens, significantly higher in males (85.5% vs 66.9%, $p < 0.01$).

Discussion/conclusion We see a significant asymptomatic, microscopy-negative burden of *T. vaginalis* infection. Lower clearance rates in women suggest azole-resistant strains may be prevalent. Based on NAAT results, cure rates are lower than expected, and relatively constant TMA positivity rate beyond 2 weeks suggests treatment failure is responsible rather than re-infection or timing of TOC. Further UK studies on treatment efficacy and molecular epidemiology are warranted.

0025

BEHAVIOURAL FACTORS ASSOCIATED WITH HPV VACCINE ACCEPTABILITY AMONGST MEN WHO HAVE SEX WITH MEN IN THE UNITED KINGDOM

¹Tom Nadarzynski*, ¹Helen Smith, ^{1,2}Daniel Richardson, ¹Stephen Bremner, ¹Carrie Llewellyn. ¹Brighton and Sussex Medical School, Brighton, UK; ²Brighton and Sussex University NHS Trust, Brighton, UK

10.1136/sextrans-2016-052718.24

Background Men who have sex with men (MSM) are selected for Human Papillomavirus (HPV) vaccination due to their higher risk of genital warts and anal cancer.

Aim To examine HPV vaccine acceptability amongst MSM in the UK.

Methods Using Facebook advertisements, MSM were recruited for an online survey measuring motivations for HPV vaccination. Logistic regression was performed to identify predictors of HPV vaccine acceptability at baseline, after receiving information about HPV vaccination, and four weeks later.

Results Out of 1508 MSM (median age = 22, range: 15–63) 19% knew about HPV. While only 55% of MSM would be willing to ask for the HPV vaccine, 89% would accept it if offered by a healthcare professional (HCP). Access to sexual health clinics [OR = 1.82, 95% CI 1.29–2.89], the disclosure of sexual orientation to an HCP [OR = 2.02, CI 1.39–3.14] and HIV-positive status [OR = 1.96, CI 1.09–3.53] positively predicted HPV vaccine acceptability. After receiving the information, perceptions of HPV risk [OR = 1.31, CI 1.05–1.63], HPV infection severity [OR = 1.89, CI 1.16–3.01], HPV vaccination benefits [OR = 1.61, CI 1.14–3.01], HPV vaccine effectiveness [OR = 1.54, CI 1.14–2.08], and the lack of perceived barriers to HPV vaccination [OR = 4.46, CI 2.95–6.73] were also associated with acceptability.

Discussion Although nearly half of MSM would not actively pursue HPV vaccination, the vast majority would accept the vaccine if recommended by HCPs. MSM need to be informed about

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.

0026

HUMAN PAPILOMAVIRUS (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

John McSorley*, Eden Gebru, Roubinah Nehor, Andrew Shaw, Gary Brook. *London North West Healthcare NHS Trust, London, UK*

10.1136/sextrans-2016-052718.25

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 1st 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.

0027

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

^{1,2}Eric Chow, ^{3,4}Dorothy Machalek, ^{3,4}Sepehr Tabrizi, ^{3,4}Jennifer Danielewski, ¹Glenda Fehler, ^{1,2}Catriona Bradshaw, ^{3,4}Suzanne Garland, ^{1,2}Marcus Chen, ^{1,2}Christopher Fairley, ¹Sandra Walker*. *¹Melbourne Sexual Health Centre, Alfred Health, Melbourne, VIC, Australia; ²Central Clinical School, Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne, VIC, Australia; ³Murdoch Childrens Research Institute, Melbourne, VIC, Australia; ⁴Department of Microbiology and Infectious Diseases, The Royal Women's Hospital, Parkville, VIC, Australia*

10.1136/sextrans-2016-052718.26

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 ≤ 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)
Factors associated with 3 doses in 1yr		No.s/Total (%)		No.s/Total (%)	p value	BOLD indicates higher completion
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