Abstract O03 Table 1 Rectal infections in PrEP

	Deferred Phase		Post-deferred Phase	
Rate (N/pyrs)	IMM	DEF	IMM	DEF
Rectal GC	35.3 (81/229)	33.7 (67/203)	31.4 (129/411)	32.7 (116/355)
Rectal CT	33.6 (77/229)	21.2 (43/203)	33.1 (136/411)	29.9 (106/355)

Discussion The ongoing high rates of rectal infections show that participants remaining in follow-up continued to need PrEP. The significantly reduced incidence of rectal CT in those allocated to deferred PrEP was not observed in the post-deferred phase when everyone had access to PrEP. This may be chance or may reflect an influence of PrEP on sexual practices.

O04 FINDINGS FROM THE MEN WHO HAVE SEX WITH MEN (MSM) INTERNET SURVEY IRELAND (MISI): ESTIMATED PROPORTION OF MISI RESPONDENTS ELIGIBLE FOR PRE-EXPOSURE PROPHYLAXIS (PREP)

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Introduction In Ireland, HIV infection predominantly occurs among men who have sex with men (MSM). Combination prevention approaches, including pre-exposure prophylaxis (PrEP), are recommended to reduce the risk of acquiring HIV. We used the 2015 MSM Internet Survey Ireland (MISI), a large-scale community survey among adult MSM in Ireland, to estimate the proportion of MISI respondents eligible for PrEP.
Methods We applied PrEP eligibility criteria from France to MISI variables. Where exact criteria could not be applied, the most similar form was used. French PrEP eligibility criteria include HIV negative MSM or transgender adults who had at least one of the following: condomless anal sex (CAI) with ≥2 different partners in the past six months; episodes of STIs in the past 12 months; used multiple post-exposure prophylaxis (PEP) treatment(s) or used drugs during sex.
Results MISI included 3,045 MSM aged 18–64 years; 2,870 (94%) were HIV negative or never HIV tested. In the past 12 months, 370(12%) reported CAI with ≥2 non-steady partners; 243(8%) reported an STI diagnosis and 181(6%) used drugs associated with chemsex. Four percent (n=119) were treated with PEP. Overall, 23% [95%CI(22–25)] of MISI respondents are eligible for PrEP.
Discussion An estimated one in four MISI respondents met French PrEP eligibility criteria. Applying this estimate to the MSM population in Ireland, taking study limitations, those engaged in services and assumed PrEP uptake into account, would enable calculation of the number of MSM eligible for PrEP. This estimate will be useful for informing PrEP policy in Ireland.

O05 EVALUATION OF THE IMPLEMENTATION OF AN EXPRESS 'TEST-AND-GO' HIV/STI TESTING SERVICE FOR MEN WHO HAVE SEX WITH MEN IN SEXUAL HEALTH CENTRE

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Introduction Men who have sex with men (MSM) who are asymptomatic and do not require treatment are eligible to use the new express HIV/STI testing service called 'Test-And-GO' (TAG) or the general clinic service for an asymptomatic screen. We aimed to evaluation the utilisation of the TAG service.
Methods MSM attending the clinic for a TAG service or a general clinic service between 5 August 2015 and 1 June 2016 were analysed. A general estimating equation regression model was constructed to examine the association between the use of TAG service and demographic characteristics, sexual behaviours, and HIV/STI diagnoses.
Results Of the 4,212 consultations, 750 (17.8%) were TAG consultations and 3,462 (82.2%) were routine consultations for asymptomatic MSM at the general clinic. MSM were more likely to use the TAG service if they were aged >30 years (OR=1.32 [95% CI 1.10–1.58]), were born in Australia (OR=1.40 [95% CI 1.16–1.70]), and had ≤4 male partners in the last 12 months (OR=1.30 [95% CI 1.12–1.52]) but there was no significant difference between condom use in the last 12 months. MSM who used the TAG service had less syphilis but there were no differences in detection of gonorrhoea, chlamydia and HIV diagnoses between the two services.
Discussion Demographic and some behavioural characteristics differed between the two services but other than syphilis there was no difference in STIs. The TAG service required less clinician time and hence created additional clinical capacity at the general clinic to see patients at higher risk.

O06 HEPATITIS C TRANSMISSION IN HIV NEGATIVE MEN WHO HAVE SEX WITH MEN (MSM) WHO DO NOT INJECT DRUGS

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Introduction Since 2000 there has been an increase in reported acute hepatitis C in HIV infected men who have sex with men which is associated with injecting drug use (IDU), condomless anal sex, pre-exposure prophylaxis (PrEP) use and sexual practices including fisting. There have been very few reports of acute Hepatitis C in HIV negative MSM who do not inject drugs. Locally we have been screening all MSM and IDUs per year for Hepatitis C since 2005.

Methods We looked at cases of hepatitis C diagnosed in our sexual health/HIV service per calendar year from 2012 – 2016 and looked at HIV status, injecting drug use and sexual behaviour.
Results We saw 37,012 attendances for sexually transmitted infection testing by MSM in the study period: There were 9 diagnoses of hepatitis C in HIV negative MSM in the study period. (2012:3, 2013:3, 2014:1, 2015:2, 2016:0). 5/9 HIV negative MSM diagnosed with hepatitis C gave a history of IDU. 4/9 HIV negative MSM diagnosed with (incident) Hepatitis C had no documented history of IDU, all had a recent history of condom-less anal sex at chem-sex parties; 2/4 had engaged in fisting and none were using PrEP at the time of diagnosis.
Discussion There appears to be a very small amount of hepatitis C transmission in HIV negative MSM who do not inject drugs associated with condom-less anal sex at chem-sex parties and fisting. Screening for hepatitis C could be rationalised to these groups of MSM.

O07 NATIONAL RESPONSE TO AN OUTBREAK OF HEPATITIS A ASSOCIATED WITH MEN WHO HAVE SEX WITH MEN IN ENGLAND, 2016/2017

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10.1136/sextrans-2017-053232.7

Introduction Hepatitis A virus (HAV) is a vaccine-preventable infection, mainly travel-associated in the UK. Since July 2016 Public Health England has detected an increase in hepatitis A laboratory notifications in men who have sex with men (MSM). We described the outbreak characteristics to inform implementation of nation-wide control measures.
Methods A confirmed case was defined as a HAV infection with one of three outbreak strains and symptom onset after 31//6/16. Demographics, travel history and sexual behaviours were collected using a questionnaire.
Results By February 2017, 73 confirmed cases were detected across England. Of these 58 identified as MSM (median age 36 years) and 28 reported travel within the incubation period, primarily to Spain. 25% reported >1 casual partner in the previous 8 weeks. In addition to supporting the local public health response, PHE collaborated with national STI, HIV and liver associations to refine immunisation recommendations for at-risk MSM and alert front-line clinicians, and worked with the NHS and sexual health charities to raise awareness and promote personal hygiene and immunisation among MSM via social media, posters and leaflets.
Discussion The outbreak is likely associated with other MSM outbreaks with the same strains in other UK and European countries. The investigation suggests initial multiple importations from abroad followed by secondary sexual transmission within the MSM population in England. This outbreak highlights the need for MSM and healthcare professionals to consider the potential of HAV as a sexually transmitted infection, and the need to consider immunisation of MSMs where recommended.

O08 HPV 16 AND 18 SEROPOSITIVITY AND DNA DETECTION AMONG MEN WHO HAVE SEX WITH MEN: EVIDENCE FOR THE POTENTIAL BENEFIT OF VACCINATION

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10.1136/sextrans-2017-053232.8

Introduction To estimate the prevalence of antibodies to HPV16 and HPV18, and genital HPV DNA among MSM attending a London sexual health clinic, to inform the potential benefit of vaccination in a high risk population.
Methods A cross-sectional study of 18-40 year-old MSM including a computer-assisted self-interview for behavioural data, and collection of extra-genital and intra-anal swabs, and blood. Anogenital samples were tested for 21 genotypes of HPV DNA using an in-house assay. Blood samples were tested for anti-HPV16 and HPV18 IgG by ELISA.
Results 496 MSM were included: among HIV negative MSM, HPV16 seroprevalence was 27% (95%CI 23–31) and HPV18 was 16% (13–20); HPV16 and 18 DNA prevalence 12.6% (9.8–15.9) and 6.0% (4.0–8.5) respectively. In HIV-positive MSM, seroprevalence was 58% (95% CI 37–77) and 35% (95%CI 17–56), and DNA prevalence 29.6% (13.8–50.2) and 11.1% (2.4–29.2) respectively.

After adjusting for age and lifetime partners, seropositivity for anti-HPV–16 and/or HPV–18 was associated with: HIV-positive diagnosis (HPV16-aOR: 3.16 [95%CI 1.37–7.28]), receptive anal sex in the last three months (HPV16-aOR: 3.39 [2.01–5.71]; HPV18-aOR: 2.14 [1.18–3.90]), use of drugs anally (HPV18-aOR: 2.07 [1.05–4.10]) and anogenital same-type DNA detection (HPV16 aOR: 3.58 [2.05–6.23]; HPV18 aOR:2.71 [1.17–6.27]).
Discussion Anogenital HPV DNA detection was less frequent than, but strongly associated with same-type HPV seropositivity. Most MSM attending a sexual health clinic had no serological or DNA evidence of exposure to HPV infection. This supports the case for the potential benefit of targeted HPV vaccination of MSM attending sexual health clinics, as currently being piloted in England.

O09 THE IMPACT OF AN HPV VACCINATION PROGRAMME IN YOUNG MEN WHO HAVE SEX WITH MEN (MSM) ON CLINICAL PRESENTATIONS WITH GENITAL WARTS

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Introduction We introduced a quadrivalent HPV (HPV4) vaccination programme in young MSM <27yrs attending our clinical services (Clinic 1 & 2) since 2012. We assess the impact on attendance with genital warts (GW) subsequent to vaccination in this population and an adjoining service (Clinic 3) not then offering vaccination.