Viral Sexually Transmitted Infections

P240 WHAT ARE THE VACCINATION NEEDS OF MSM IN THE CURRENT HEPATITIS A VIRUS (HAV) OUTBREAK? A RETROSPECTIVE STUDY OF THE HAV IMMUNE STATUS IN FIRST-ATTENDANCE MSM IN A LONDON GUM CLINIC

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Introduction Hepatitis A infection in MSM increased in incidence from late 2016 in the UK and has reached outbreak status. By February 2017, 42 confirmed or suspected cases had been reported in London. BASHH hepatitis guidelines recommend HAV vaccination of MSM in outbreak situations.
Methods We looked at 100 consecutive MSM who attended our service for the first time in early 2016 to assess what the vaccination needs of MSM would be.
Results Sixty seven of these MSM had a baseline HAV total antibody test of which 33 (49%) were HAV-Ab positive. A further 5/66 (8%) MSM gave a history of HAV vaccination but were antibody negative. 16/33 (48%) HAV-immune MSM gave a history of previous vaccination. 7/66 (11%) of the MSM who were immune, but non-vaccinated, came from HAV-endemic countries and presumed naturally immune.

49/98 (50%) who had baseline HBV antibody levels were HBV-immune of whom 14/49 (29%) were also HAV immune.

Extrapolating from these data, our estimates for baseline vaccination requirements in new MSM were: 28% require monovalent HAV vaccine, 24% require monovalent HBV vaccine, 21% require bivalent HAV/HBV vaccine and 27% require no vaccine.
Discussion If these data are representative of MSM in London, 49% (57% including those vaccinated but HAV-Ab –ve) are already HAV-immune. This has implications with regards to estimating the pool of non-immune MSM at-risk. It also enables us to estimate the types of vaccine required to meet the MSM's needs in relation to HAV as well as HBV in the current outbreak

P241 WHERE THERE'S TEA, THERE'S HOPE! – EXPERIENCE OF GREEN TEA EXTRACT FOR TREATMENT OF GENITAL WARTS

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Introduction Catephen® 10% ointment is novel extract from green tea which is licenced for genital wart treatment and included in BASHH guidelines (2015). Recommended application is 3 times daily for 16 weeks. We present real life data of Catephen® experience.
Methods Review of patients treated with Catephen® and adjuvant cryotherapy between August 2016 – February 2017. Clinical outcomes and tolerability data were collected.
Results 33 patients identified, median age 26 years (32 male, 1 female). 2 HIV positive. Affected site; penis 23/33, perianal 7/33, both 2/33 and vulva 1/33. All cases were recurrences. 6 patients excluded as lost to follow-up. To date 17/28 have completed 16-week course Catephen® or achieved full clearance prior to this. Outcomes are still awaited for 2/27 patients and 8/27 discontinued treatment early. Of the 17 who have completed treatment, 11(65%) had total clearance and 6(35%) partial clearance. Mean time to clearance was 8 weeks with penile warts appearing to respond better than perianal. Catephen® was well tolerated with 43% stating they had fewer side effects than with previous treatments. Overall discontinuation rate was 8/27 (30%) with 1 report of vulval pain, 1 report of stained clothing and 6 reporting unsatisfactory response (mean duration of Catephen® use 6.5 weeks). An additional 3 patients reported skin discomfort but continued treatment.
Discussion Catephen® ointment appears well tolerated with satisfactory clearance rates. It appears to be an acceptable alternative to other topical treatments for genital warts. To date there is no trial data on continued use after 16 weeks.

P242 LASER ABLATION TREATMENT FOR COMPLEX HPV-RELATED DISEASE IN A GUM CLINIC SETTING

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Introduction GUM specialist services to treat complex HPV-related diseases unresponsive to conventional therapies are limited. Laser vaporisation following local anaesthesia is an established treatment for refractory warts and intraepithelial neoplasia. Several service specifications have called for these treatments to be delivered and funded outside of Level 3 GUM clinics. A specialist Laser Clinic was established within our centre in 2015. A specially trained clinician reviews individuals. Where the diagnosis is unclear, biopsies are performed. CO2 laser vaporisation is instituted following application of local anaesthesia. Post-operative pain relief is provided and attendees are asked to follow a post-laser pain control algorithm. All attendees are asked to complete a feedback form.
Methods The case notes and patient feedback of all attendees to the Laser Clinic were reviewed.
Results 155 unique patients have been seen since January 2015. 134 laser procedures have been performed with no evidence of recurrence or reinfection. Diagnosed cases of anogenital intraepithelial neoplasia: PIN: 14, AIN: 24, VIN: 7 (45/134).

100% of attendees rated the service as excellent or good, with 95% stating that their pain was controlled throughout the procedure.
Discussion 30% of attendees were found to have intraepithelial neoplasia. Encouraging patient feedback, high rates of pathology and positive post-operative outcomes with no evidence of recurrence demonstrate that laser therapy is a valuable treatment option, avoiding the need for onward referral, general anaesthetic and more costly procedures outside of the

GUM setting. This service illustrates the importance of maintaining complex service delivery within the GUM setting.

P243 COULD THE CURRENT OUTBREAK OF HEPATITIS A IN MEN WHO HAVE SEX WITH MEN IN LONDON HAVE BEEN PREDICTED OR PREVENTED?

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Introduction The current outbreak of Hepatitis A and the recent Shigella outbreak in men who have sex with men (MSM) highlight the importance of faeco-orally transmitted organisms in this population. This may suggest that outbreaks could be predicted or prevented.
Methods We compared the age, sex and travel history of notifications of Hepatitis A with notifications of Shigella in South London between January 2010 and November 2016. We also reviewed documentation of previous outbreaks of Hepatitis A in MSM in London.
Results Male and female cases of Hepatitis A had similar age profiles and a similar proportion reported recent travel. In contrast, Shigella cases peaked in males aged 30–39 with no travel history. Case notes for Hepatitis A notifications since January 2013 suggested fewer than five in MSM. Although this review suggested very few cases in recent years, outbreaks of Hepatitis A among MSM in London were documented in the late 1990s and in 2003. The second outbreak was associated with strains that caused concurrent outbreaks in MSM across Europe. Public health response to these outbreaks recommended health promotion and opportunistic immunisation.
Discussion Hepatitis A outbreaks occur sporadically in a transnational population of MSM. Few cases may occur between outbreaks and preventative actions may be deprioritised. However, group immunity is likely to be highest after an outbreak and then wane in the absence of immunisation, increasing the risk of another outbreak. Health promotion and immunisation may be valuable outside of outbreak contexts.

P244 AN AUDIT OF HEPATITIS C TESTING IN A SEXUAL HEALTH SERVICE

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Introduction With new effective treatments for hepatitis C (HCV), identifying cases is increasingly important. The BASHH Viral Hepatitis Guidelines (2015) recommend HCV screening in sexual health services for people at high-risk. We carried out a retrospective audit in our clinic.
Methods We reviewed our patient records and laboratory database for HCV antibody (AB) tests between 1st January 2015 – 30th June 2016. The management of those HCV RNA positive was compared with the BASHH auditable standards (2015).
Results From 56483 attendances, 12008 HCV AB tests were taken. 18/12008 cases were HCV AB positive of which 11 were also HCV RNA positive giving a prevalence of 0.09%. 8/11 newly diagnosed; 6/11 male; 6/11 Eastern European, 3 White British, 2 Asian; 4 co-infected with HIV. Genotypes were available for 6/11 and of these 4 had G1a, 1 had G1b and 1 had G3a. 11/11 had LFTs/AFP (target 90%) and all had hepatitis B tests (target >95%). 11/11 were referred for ongoing care within 2 months (target 100%). All had a written follow up plan (target 97%) and all had a documented discussion regarding the natural history and transmission of HCV, but only 2 (18%) had documentation that written information was also given (target >95%). All had partner notification (target 97%).
Discussion The prevalence of HCV infection in our screened population was lower than we expected (0.09%) for an area with a large migrant population. Our service met all auditable standards in management except for documenting that written information had been given.

P245 MONITORING THE UPTAKE AND EARLY IMPACT OF TARGETED HPV VACCINATION AMONG MEN WHO HAVE SEX WITH MEN (MSM) ATTENDING GUM AND HIV CLINICS IN ENGLAND

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Introduction MSM are at high risk for HPV infection and associated disease (genital warts and anal, oropharyngeal, and penile cancers). Additionally, MSM will receive little or no herd protection from the existing national vaccination programme for females. Following Joint Committee on Vaccination and Immunisation (JCVI) advice, a targeted HPV MSM vaccination pilot was introduced in GUM and HIV clinics across England from June 2016. We present plans for monitoring vaccination uptake and surveillance of infection and early disease outcomes.
Methods Uptake (of three doses over a two year period) will be monitored via two existing surveillance and reporting systems: the Genitourinary medicine clinic activity dataset (GUMCADv2) and the HIV and AIDS reporting system (HARS). A seroprevalence study conducted in selected clinics for validation of these data will be considered in due course.

Early impact of targeted HPV vaccination of MSM on the epidemiology of HPV infection will be detected by HPV DNA testing of rectal swabs (residual specimens following chlamydia testing) from MSM attending selected GUM clinics, starting with largely baseline collection in 2017.

Expected early effects on genital warts diagnoses will be monitored (via GUMCADv2). A decline in HPV-associated cancers is not expected to be seen for some years.
Discussion A comprehensive surveillance strategy has been established to evaluate targeted HPV vaccination of MSM at GUM/HIV clinics. During the pilot, uptake will be the main outcome measure available, and surveillance systems will be established and baseline data collected to evaluate the outcomes of national implementation on infection and disease.