(VW) (n=337) and unvaccinated 18–45 year old women (UW) (n=802), and 18–26 year old men (M) (n=200) in May and June 2016 using an online panel. A probability sample of the same size would yield a margin of error of +/-4.8% for physicians and +/-2.7% for consumers, 19 times out of 20. Two posters with more detailed individual information about both groups will be presented at the Cape Town, South Africa IPVS meeting in March 2017.

**Results** 83% GPs recommend or administer HPV vaccine to adults. 93%–98% of consumers said doctors are trustworthy sources of information. 99%–100% of physicians compared to VW (93%), UW (85%) and M (59%) somewhat or strongly agree that vaccination is an important aspect of disease prevention. A higher proportion of patients were concerned about vaccine safety (VW (26%), UW (40%) and M (36%)) than were physicians (5%–11%). 58%–61% of consumers were generally cautious about taking any vaccine. Cost was seen as a barrier by 92%–95% of physicians, however only 18%–20% of consumers considered cost a barrier. Consumers accurately answered a majority of questions about HPV, however physicians rated consumers’ understanding of HPV to be low (11%–14% very good and 49%–56% somewhat good knowledge). VW (34%–31%) and VM (13%–31%) said physician recommendations/discussions did motivate them to be vaccinated. UW (55%–38%) and UM (57%–49%) said physician recommendations/discussions would motivate them to be vaccinated. 60%–66% of physicians say they routinely discuss HPV vaccination with patients.

**Conclusions** Some divergent views about HPV knowledge, barriers and preventive practices exist between physicians and consumers. These divergent views should be taken into account in consumer counselling and physician training.

**008.3 INCIDENCE AND PREDICTORS OF UROGENITAL C. TRACHOMATIS AND N. GONORRHOEAE AMONG MEN WHO HAVE SEX WITH MEN IN KISUMU, KENYA**

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**Introduction** Multiple studies identify a high prevalence of STIs among men who have sex with men (MSM) in sub-Saharan Africa, though few have measured incidence and associated factors. We measured the incidence and associated factors of urethral and rectal *N. gonorrhoeae* (NG) and *C. trachomatis* (CT) among a Kenyan cohort of MSM.

**Methods** Enrolled MSM underwent audio computer assisted self-interview for behaviour and socio-demographics, with medical examination every 6 months. Antibody testing detected HIV, NG and CT were diagnosed by polymerase chain reaction assay in urine and rectal swabs. We identified factors associated with incident urogenital infection using multivariable Cox regression and report adjusted hazard ratios (aHR) and 95% confidence intervals (CI).

**Results** By September 2016, 713 participants were enrolled, with 20% completing 12 month follow-up at time of analysis: median age 23% and 11% with HIV. At baseline, 15.2% (107/702) of men were infected with CT and/or NG, 8.4% (33/392) at 6 months, and 15.6% (10/64) at 12 months. The incidence of anorectal and/or urogenital infection was 6.0 per 100 person-years (PY), and 4.6 per 100 PYs for urogenital infection alone. Increased risk of urogenital infection was associated with drug use in the past year (aHR=2.44; 95% CI: 1.17–5.08), versatile (compared to insertive) usual sexual positioning (aHR=2.40; 95% CI: 1.01–5.71) or water-based lubricant use compared to no lubricant use (aHR=5.72; 95% CI: 1.28–25.5). Protective factors (p<0.10 each) included increasing age (aHR=0.94), condom use at last sex (aHR=0.53), and increasing social support (aHR=0.73 per quartile increase). Child abuse scores, depressive symptom measures, HIV status, and alcohol use were not associated with incidence.

**Conclusions** NG and/or CT and incidence was high despite baseline testing and treatment, quarterly visits, and peer counselling and support for reducing HIV risk. Partner treatment and program exposure measures will be analysed as data accrual completes with follow-up continuing to September 2017.