

(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 (P-Y), and 4.6 per 100 P-Ys for urogenital

infection alone. Increased risk of urogenital infection was associated 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.

008.4 RATE OF STI AMONG SELECTED MSM AND TRANSGENDERS IN 5 CITIES OF PAKISTAN

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Introduction In Pakistan, males who have sex with males (MSM) and transgender (TG) community is socially excluded from the main stream society which makes them vulnerable towards HIV as well as STI. There are no known surveys previously conducted among MSM in Pakistan. There is a strong need to conduct study on STI rate among MSM/TG in Pakistan. Naz Male Health Alliance (NMHA) is the first ever non-governmental technical support agency in Pakistan that exists to improve the sexual health, welfare and human rights for MSM, TG and their partners. NMHA established 6 CBOs in 5 cities across Pakistan namely Lahore, Rawalpindi, Karachi, Hyderabad and Larkana. The service delivery on the CBO level, includes HIV VCT, BCC, condom/lubricant distribution and STI diagnoses and treatment. The main objective of the study was to see the prevalence of different STIs among MSM and TG population also to recommend the need of interventions at local and policy level.

Methods A total of 2531 comprising DIC (Drop in centre) walk-in clients who had been invited through DIC out-reach program, were provided the treatment of STI services by STI Specialist at CBO (Community Based Organisation) in the 5 cities namely Lahore, Karachi, Rawalpindi, Hyderabad and Larkana. CBOs were technically and financially supported by Naz Male Health Alliance. National guidelines for STI syndromic Management had been followed.

Results 36.07% study population diagnosed by Gonorrhoea, 35.17% diagnosed by Chlamydia, 8.13% diagnosed by Scabies, 4.76% diagnosed by Herpes Simplex, 3.46 diagnosed by Genital Warts, 3.26% diagnosed by Syphilis and 9.15% study population diagnosed by other STIs.

Conclusion There is a need to conduct the surveillance study on STI at National level among MSM population. As these results indicates the prevalence of STI infection among MSM so this highlights the strong need of more STI intervention program with peer lead approach so that MSM can get treatment of STI with no discrimination. Also recognition of MSM population at policy level is highly required.