professionals who were injured were not using gloves when administering medication, and 15.3% and 14.7%, respectively, did not do so in the procedures of blood collection and laboratory collection. Glove use during accident in surgical and dental procedures occurred in 96.7% and 95.3%, respectively. The outpatient discharge of the injured professionals occurred in 39.6% (49,557) after confirming a negative source for hepatitis B, C and HIV (human immunodeficiency virus), in 22.1% (27,674) after six months of follow-up without serological conversion and in 11.6% due to abandonment of follow-up. In this period there were no cases of conversion to HIV.

Conclusion Reporting accidents with biological material is a great monitoring tool. Inadequate disposal of needles is an important cause of accidents, and their frequency remains unchanged over the years. The accidents in procedures of realisation of blood test and recapping needles had a decrease. Much more can be done to prevent accidents and improve the follow-up of accidents.

P3.234 *CHLAMYDIA TRACHOMATIS*: GEOGRAPHICAL VARIATION IN TEST PRACTICES OF GENERAL PRACTITIONERS, 2011–2015

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Introduction Retesting *Chlamydia trachomatis* (CT) treated people after 3–12 months is recommended as it can yield substantial numbers of reinfections. A test-of-cure (TOC) shortly after treatment (within 3 months) is not advisable due to the likelihood of false positive findings leading to overtreatment. Spatial analyses are useful to detect geographical areas of low guideline adherence to inform local testing policies and targeted interventions. The aim was to assess geographical variation in test practices of general practitioners (GPs) in The Netherlands.

Methods Retrospective laboratory data containing CT tests of 48 GPs in 4 municipalities were obtained (2011–2015) from the public laboratory in the south western part of the Netherlands (183 thousand residents). First recorded urogenital positive CT tests of men (n=249; 39.2%) and women (n=386;60.8%)≥16 years between January 2011 and July 2015 were included in the analyses and TOC and retests were outcomes. Logistic regression was used for analyses.

Results Overall, 8,275 CT tests were performed (positivity 8.4%;n=691);only 0.4% (n=43) from extra genital sites. On a GP level, the number of CT tests varied geographically from 1 to 2421 (p<0.001). A TOC was performed in 19.1% of the CT cases (n=123;13.8% positive). TOC was more often performed in south Maastricht in comparison with the centre of Maastricht (p=0.02,OR 3.0,95% CI 1.23–7.33). A retest was performed in 23% of the CT cases (n=146;10.3% positive). The rate of retests non-significantly varied geographically between 6.3% and 30.2% p=0.33. Patients with a TOC were more likely to have a retest in comparison with cases without a TOC (p=0.02).

Conclusion Testing at extra genital sites and the overall proportion of retests was low at GP practices. Almost one out of five CT cases returned within three months, and many (re-) infections were probably missed. Moreover, it seems that there are geographical variations in test practices of GPs. Thus, targeted interventions at the local level are needed to increase CT testing and retesting practices of GPs.

P3.235 PARENTAL ACCEPTANCE OF HPV VACCINE IS HIGH AND BASED ON POOR KNOWLEDGE

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Introduction Vaccination coverage levels of the National Immunisation Program (PNI) in Brazil ranges from 80% to 95%, suggesting that parental acceptance of these vaccines is high. In 2014, HPV vaccine was introduced in the PNI. We conducted a survey to estimate parental acceptance of HPV vaccine and its determinants.

Methods This was a random digit calling telephone survey performed in seven large cities from all five regions in Brazil. Eligible parents had to have one or more child less than 18 years old. We selected at least 100 subjects in each city. A standardised questionnaire was used to collect sociodemographic informationa and data on knowledge, attitudes and practices related to HPV vaccine, cervical cancer and HPV. Trained personnel conducted the interviews that lasted on average 20 min.

Results Overall 826 parents were included in the survey (73% response rate). Parental acceptance for vaccinating against HPV was similarly high for female or male children, 92.8% and 91.7%, respectively. It did not change significantly among the cities studied (range 86.3%–95.5%). Parents's main reasons to give the HPV vaccine to their children were: "Vaccines are good/important"(85.6%), "Prevents cervical cancer"(6.6%), and "Vaccine is in the PNI"(3.3%). Only 0.7% reported "Prevents genital warts". Among parents with girls eligible for HPV vaccination (10–14 years old) under the PNI (n=291), 71.4% had their daughters vaccinated.

Conclusion Parental acceptance of HPV vaccine is high (92% %), but a lower percentage results in actual vaccination. Moreover, the main reason to vaccinate is based on a vague assumption ("vaccines are good/important"). Only few parents reported that HPV vaccination prevents cervical cancer. Parents whose vaccine acceptance is ill founded and based on poor knowledge are more vulnerable to change their mind when challenged by stress related mass reactions to HPV vaccine reported by the media or when facing false arguments against vaccination by anti-vax reports.

P3.236 STUDY OF GENITAL CANCER AETIOLOGY: ASSOCIATION OF HUMAN PAPILOMAVIRUS (HPV) AND MERKEL CELL POLYOMAVYRUS (MCPYV)

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