gonorrhoea at 2 weeks – adjusted risk difference −6.4% (95% CI −10.4%, −2.4%). Pre-specified sensitivity analyses supported this result. Clearance at the genital site was 98% and 94%, at pharynx 96% and 80% and at rectum 98% and 90%. The frequency of side effects was similar between treatment groups.

Conclusion Gentamicin is not non-inferior to ceftriaxone for the treatment of gonorrhoea.

LB1.6 *NEISSERIA MENINGITIDIS* CARRIAGE AMONG MEN WHO HAVE SEX WITH MEN – NEW YORK CITY, 2016–2017

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Introduction There have been recent U.S. outbreaks of *N. meningitidis* (Nm) serogroup C among men who have sex with men (MSM). From 1/2012-6/2015, 1/3 of U.S. cases in MSM were from New York City (NYC); 65% were HIV+. Little is known about Nm carriage among MSM and potential sexual transmission of Nm.

Methods We conducted a carriage study among a sample of MSM and transgender female patients at 2 NYC sexual health clinics (6/2016-2/2017). Clinicians collected oropharyngeal (OP), rectal, and urethral specimens for Nm culture and STD testing. We matched test results with patient self-administered questionnaire data on antibiotic use, meningococcal vaccine history, and sexual risk behaviours (past 30 days), and data extracted from clinic medical records and the NYC STD registry (past 3 months). We calculated carriage prevalence by serogroup (slide agglutination) and anatomic site; examined Nm-gonorrhoea (GC) co-infection; and assessed associations between patient characteristics and carriage at any site using logistic regression.

Results Of 636 study patients, 146 (23%; 95% CI 20%–26%) were Nm carriers. Serogroup distribution of OP carriage (22.4%; 142/633) was: 59% non-groupable, 37% B, 1.4% C, 0.7% W, 1.4% Y. Of OP Nm carriers, 20 (14%) were OP GC-positive. Urethral (0.5%; 3/626) and anal (1%; 6/626) carriage prevalence were low. Any-site carriage was associated with: kissing (OR 3.2; 95% CI 1.1–9.3), performing oral sex (OR 2.0; 95% CI 1.1–3.6), attending bars/clubs (OR 1.6; 95% CI 1.1–2.6), and antibiotic use (OR 0.2; 95% CI 0.1–0.5); and not associated with HIV status, STD history, or vaccine status. In multivariable analyses, only antibiotic use was associated with carriage.

Conclusion Nm carriage in our large patient sample did not match Nm outbreak patterns (e.g., paucity of serogroup C, no link with HIV). The OP carriage rate was similar to that in prior studies, but with higher serogroup B. Low prevalence of urethral and rectal Nm carriage and lack of association with STD risk factors suggests that sexual transmission of Nm might be uncommon in this population.

LB1.7 AUSTRALIAN NATIONAL SURVEILLANCE OF JUVENILE ONSET RECURRENT RESPIRATORY PAPILLOMATOSIS: DECLINING INCIDENCE POST QUADRIVALENT HPV VACCINATION

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Introduction To estimate and monitor national incidence of Juvenile onset Recurrent Respiratory Papillomatosis (JoRRP) in Australia following the extensive quadrivalent HPV vaccine catch up program (females aged 12–26 years in 2007–2009, which included women of child bearing age) and to assess demographics and risk factors of incident cases.

Methods The Australian Paediatric Surveillance Unit (APSU) undertakes surveillance of rare paediatric diseases by contacting practitioners monthly to report cases. We utilised this well established methodology to undertake prospective population based surveillance of JoRRP by enrolment in APSU of paediatric ENT surgeons, designing a JoRRP case reporting form, and offering clinicians HPV typing of incident cases. Surveillance commenced Oct 2011 and we report here findings for the five-year period to end 2016.

Results Using Australian Bureau of Statistics population estimates for children 0–15 years, the average annual incidence rate over the period was 0.12 per 1 00 000. The largest number of cases was reported in the first year, with a decreasing frequency each year thereafter. The rate declined from 0.3 per 1 00 000 in 2012 to 0.04 per 1 00 000 in 2016. Among incident cases, no mothers had been vaccinated prior to pregnancy, 20% had a past history of genital warts, 60% of cases were male, and 60% were first born. The majority were born by vaginal delivery. Four incident cases were genotyped; all were positive for HPV6 (n=1) or HPV11 (n=3).

Conclusion To our knowledge this is the first report internationally documenting a decline in JoRRP incidence in a population of children following the introduction of a quadrivalent HPV vaccination program.

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