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A META-SYNTHESIS OF MEN WHO HAVE SEX WITH MEN (MSM)'S EXPERIENCES AND PERCEPTIONS OF HUMAN PAPILLOMAVIRUS (HPV) VACCINATION

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Background Men who have Sex with Men (MSM) are disproportionately burdened by diseases attributed to the Human Papillomavirus (HPV) when compared to other male populations. High uptake of this vaccine is crucial for anal cancer and genital wart prevention. Although female-oriented vaccination programmes indirectly extend HPV vaccination to heterosexual males through herd immunity, these confer little to no benefit for MSM. Previous (predominantly quantitative) studies exploring HPV-MSM perceptions have reported MSM's a lack of awareness/understanding of HPV and its relation their health, not being offered the vaccine by a healthcare professional, and varied perceptions of vaccination may affect uptake. The complex nature of HPV vaccination decision-making is not reflected in these studies. We aimed to conduct a qualitative systematic review of studies exploring MSM experience, perceptions, and attitudes toward HPV infection and vaccination.

Methods Last updated in January 2019, 6 databases were searched for studies using qualitative methods and reporting experiences/perceptions of MSM regarding HPV infection and vaccination. MSM quotes and author's interpretations of data were extracted from primary studies. Thematic synthesis was used to develop analytical themes.

Results 9 papers (reporting 8 studies) were included. The thematic synthesis identified two analytical themes: (1) *Vaccination content and delivery* and (2) *Addressing patient-level stigma*. Theme 1 explores the varied experiences of how (and to what extent) healthcare provider's recommendation of the vaccine plays a role in the decision-making process. Theme 2 explores the influence and subsequent implications of MSM's perceptions and experiences of stigma and how these relate to vaccine initiation in broader health systems.

Conclusion MSM vaccination across many developed countries continues to be a new phenomenon. By understanding more about the unique mechanisms which underpin MSM's vaccination behaviour, in collaboration with an understanding of the particular health systems which vaccination is implemented in, we can better design and co-produce interventions to inform and enhance uptake.

Disclosure No significant relationships.

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HUMAN PAPILLOMAVIRUS DETECTION IN RESIDUAL SAMPLES FROM STI TESTS IN MEN WHO HAVE SEX WITH MEN

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Background Anorectal swab specimens, either alone, or pooled with first catch urine (FCU) and pharyngeal swab specimens, are used to test for STIs in MSM. The residual sample, after

routine testing, may be used to monitor human papillomavirus (HPV) prevalence in this population, but the sensitivity of HPV detection in such specimens is unknown.

Methods MSM attending a UK sexual health clinic were consented to collect additional specimens to compare the detection of HPV in a dedicated swab, with detection in a residual anorectal and/or pooled specimen. All subjects provided 3 specimens: (i) anorectal swab (for chlamydia(CT)/gonorrhoea (GC) testing); (ii) pooled anorectal/pharyngeal/FCU specimen (for GC/CT); (iii) dedicated anorectal swab for HPV. Specimen (iii) and residual material from specimens (i) and (ii) were tested for type-specific HPV DNA (19 confirmed/possible high-risk (HR) genotypes and genotypes 6/11). HPV detection was by in-house multiplex PCR and Luminex-based genotyping assay.

Results 129 MSM were recruited; mean age 38.1 years; 24% were HIV-positive. 92/129 (71%) had type-specific HPV DNA detected in ≥ 1 specimen; 80/129 (62%) had HR-HPV. 70/123 participants (56.9%) with sufficient residual pooled specimen, and a dedicated HPV specimen had detectable HPV on both and 40 (32.5%) were HPV-negative on both; overall concordance 89% (95%CI 83,94). Prevalence in pooled samples was 4.1% (-1.9,10.0) higher than dedicated samples. 74/125 participants (59.2%) with sufficient residual anorectal specimen, and dedicated anorectal HPV specimen had detectable HPV on both and 36 (28.8%) were HPV-negative on both; overall concordance 88% (81,93). Prevalence in residual samples was 5.6% (-0.6,11.8) higher than dedicated samples.

Conclusion Residual anorectal and pooled STI test specimens offer comparable sensitivity to anal HPV swab samples, which are typically used in prevalence studies. This supports use of residual samples to monitor HPV prevalence, as currently proposed in the UK to evaluate the impact of targeted MSM HPV vaccination.

Disclosure No significant relationships.

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BARRIERS AND OPPORTUNITIES FOR PARTNER SERVICES RELATED TO SYPHILIS AMONG MEN WHO HAVE SEX WITH MEN IN ANCHORAGE, ALASKA

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Background Early syphilis is highly infectious and can lead to life-threatening complications if left untreated. During 2017–2018, early syphilis cases in Alaska tripled from 24 to 76, with most 2018 cases occurring among Anchorage men who have sex with men (MSM). Partner services can mitigate transmission. We conducted an investigation to identify syphilis partner services barriers and opportunities among MSM in Anchorage.

Methods During October 19–November 13, 2018, we administered an anonymous survey to men and transgender women aged ≥ 18 years residing in Alaska who reported sex with a man during the previous 6 months. The self-administered survey, available online and as paper, asked about knowledge, risk behaviors, medical care-seeking practices, and attitudes