Methods AGW diagnoses were ascertained from an electronic medical record system used at 16 geographically dispersed high volume sexually transmitted infection (STI) clinics across BC. Clients aged 14-46 years, born between 1970–1999 who accessed services from 2000–2017 were included. Rates were calculated as new AGW diagnoses over person-years (PY) at risk, and stratified by age group, period of clinic visit, and birth cohort. Age-period-cohort Poisson modeling produced adjusted relative rates (aRR).

Results There were 204,832 clinic visits by 85,158 unique individuals: 28,366 (33%) WSM, 35,688 (42%) MSW and 14,534 (17%) MSM. After adjusting for age and period, overall AGW rates were 56% lower among the birth cohorts 1994–1996 compared to 1991–1993 (1.21 vs 2.72 cases/100PY, aRR: 0.44, 95%CI: 0.34, 0.59). AGW rates in the 1994–1996 cohort were 65% lower among WSM (0.97 vs 2.77 cases/100PY, aRR: 0.35, 95%CI: 0.22, 0.57), 58% lower among MSW (1.60 vs 3.78 cases/100PY, aRR: 0.42, 95%CI: 0.28, 0.65) and 41% lower among MSM (1.14 vs 1.91 cases/100PY, aRR: 0.59, 95%CI: 0.38, 0.91) versus the 1991–1993 cohort.

Conclusion The HPV-4 vaccine program had a significant impact on lowering AGW rates in BC, specifically among WSM born after 1994 who had access to the school-based program, and MSW born after 1994 likely from herd immunity. A smaller reduction in AGW rates among MSM may reflect delayed access to provincially-funded HPV-4 vaccine.

Disclosure No significant relationships.

Background Assessing the extent to which the HPV vaccines are affecting trends of HPV-related diseases is an important public health priority. Diagnoses of anogenital warts (AGW) provide an early indicator of vaccine impact due to its short incubation period compared to other HPV-related diseases. With poor knowledge among parents, there is a need for educational campaigns and medical education to increase the HPV vaccine awareness with subsequent increase in vaccination coverage in Nigeria.

Methods A comparative cross sectional descriptive study involving 300 parents of children aged 9–13 years attending public primary and junior secondary schools as well as 221 healthcare providers in Primary Health Centers in Lagos State selected by multistage sampling techniques was conducted. A pre-tested self-administered questionnaire was used for data collection. Data analysis was done using SPSS. Chi-square statistics was used to test the associations between the variables at the level of significance of 5%.

Results The mean ages were 42.0±7.9 years (parents) and 36.8±6.2 years (healthcare providers). Majority of the parents (75%) and healthcare providers (94%) have heard of HPV infection and cervical cancer but only 40% of parents and 80% of the healthcare providers knew about HPV vaccine. Of these, 33% of the parents and 58% of the healthcare providers knew that this vaccine can be given in schools. Overall knowledge was significantly poor (35%) among parents and good (94%) among healthcare providers. Attitude and perception in both groups were good (about 90%) and about 70% of respondents were in support of school-based HPV vaccination. Significant factors affecting overall knowledge in the two groups were age, gender and level of education.

Conclusion With poor knowledge among parents, there is a need for educational campaigns and medical education to increase the HPV vaccine awareness with subsequent increase in vaccination coverage in Nigeria.

Disclosure No significant relationships.