

HUMAN PAPILLOMAVIRUS VACCINE COURSE COMPLETION AMONG GAY AND BISEXUAL MEN WHO HAVE SEX WITH MEN FROM A TIME-LIMITED HPV VACCINATION CATCH-UP PROGRAMME IN VICTORIA

Authors:

Htaik K¹, Fairley CK^{1,2}, Chen MY^{1,2}, Wigan R¹, Rodriguez E¹, Bradshaw CS^{1,2,3}, Chow EPF^{1,2,3}

¹ Melbourne Sexual Health Centre, The Alfred Hospital, Melbourne, Victoria, Australia

² Central Clinical School, Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne, Victoria, Australia

³ Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Victoria, Australia

Background: Between April 2017 and October 2019, the Victorian Government funded a time-limited human papillomavirus (HPV) catch-up vaccination programme for gay and bisexual men who have sex with men (MSM) aged ≤ 26 years. We aimed to examine the HPV vaccination completion rate and factors associated with completion among gay and bisexual men.

Methods: We included all MSM who received their first dose of HPV vaccine at the Melbourne Sexual Health Centre in 2017. All MSM were followed until October 2019. We defined vaccination completion as those received three doses of HPV vaccines. Time to the second and third doses was calculated. Multivariable logistic regression was performed to examine factors associated with HPV vaccine completion.

Results: Between April and December 2017, there were 2108 MSM aged 16-26 years attending MSHC and 1947 (92.4%) reported no vaccine at school. Of the 1947 men, 931 (47.8%) received at least one dose of HPV vaccine. 750 (38.5%) men received two doses and 590 (30.3%) men received three doses. After completing the first dose, the median time of receiving the second dose was 2.8 (IQR 2.1-4.8) months and the third dose was 7.2 (IQR 6.3-10.7) months. After adjusting for confounding factors, gay men had higher odds of receiving three doses compared to bisexual men (aOR 2.31; 95% CI: 1.25-4.28). HIV positive men were more like to complete vaccination compared to HIV negative men who were not taking PrEP (aOR 3.93, 95% CI: 1.63-9.48) but HIV negative men taking PrEP (aOR 1.55; 0.95-2) were not more likely to have had 3 doses. Vaccine completion was not associated with country of birth, number of partners, condomless sex, and past history of genital warts.

Conclusion: Less than one-third of men aged ≤ 26 years completed the three doses of HPV vaccine. Further studies are beneficial to understand the barriers of men not completing the vaccine.

Disclosure of interest statement –none.