evaluations. Overall, studies were concordant on findings of high acceptability and feasibility of POC tests as well as the testing strategy used. Preference was not well demonstrated in studies. Impact was particularly well demonstrated in antenatal clinic attendees by a clustered RCT. Barriers and challenges ranged from biotechnological limitations of the tests to lack of political will. Heterogeneous methodologies employed across studies to conduct economic evaluations made it difficult to draw conclusive statements.

Conclusions Results were generally in agreement across studies, yet unsystematic methods of collecting and recording outcomes made it difficult to statistically combine outcomes. Weaknesses in the reporting of IROs limit our ability to form comprehensive context-specific policies. Further efforts in establishing a framework for conducting implementation research is required.

P1-S4.30 POINT-OF-CARE HIV TESTING WITH ORAQUICK ADVANCE HIV-1/2 ANTIBODY ASSAY: A SYSTEMATIC REVIEW OF COST OUTCOMES

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Background Recently Grading of Recommendations Assessment, Development and Evaluation (GRADE) working group called for a shift from diagnostic accuracy to emphasis on patient-centred outcomes for making policy recommendations. While meta-analyses have evaluated diagnostic accuracy of POC HIV tests, a systematic appraisal of other implementation research outcomes, such as cost, is lacking. Within this context, we reviewed global evidence on cost outcomes of OraQuick Advance HIV—1/2 Antibody Test.

Method We systematically searched six electronic databases for the period of January 1999 to January 2011. Cost outcomes with OraQuick tests were reviewed and data extracted. For economic evaluation we accepted both partial and full study designs. Outcomes were synthesised into a narrative review.

Results We identified nine studies offering economic evaluations of oral and blood based OraQuick, of which six were full economic evaluations and remaining were partial evaluations. The full economic evaluations included five Cost Effectiveness Analysis (CEA) and one Cost Utility Analysis (CUA) design; one partial evaluation was a cost comparison study and two were cost analysis studies. All studies were in the USA except one, which was from Mexico. All studies performed sensitivity analyses to explore the impact of uncertainty in their model parameters and findings. Methodological approaches applied by the authors were not standardised and program cost varied by location, but overall there was uniformity in the study conclusions. The studies concluded that OraQuick was cost effective in low prevalence settings and resulted in low rates of false positives which have favourable economic implications. The tests were found to be cost saving to the medical system, and offer the advantage of convenience in administration when compared to current standards of care. Since it was recognised that pre- and post-test counselling cost and personnel costs accounted for most of the overall costs for these rapid tests, one approach that was proposed to reduce this cost was to limit the time spent on counselling or by using lower-paid personnel for counselling activities.

Conclusion The economic evaluation results presented here can guide program managers and health policy decision makers in the research for efficient HIV testing options, for the proper allocation of healthcare resources and for adoption of models of healthcare delivery that represent the best value for money.

Epidemiology poster session 4: Methodological aspects: RDS & recruitement

P1-S4.31 FAILURE OF RESPONDENT DRIVEN SAMPLING IN A TRANSGENDER POPULATION DUE TO INADEQUATE FORMATIVE WORK AND NON-NETWORK ASSOCIATED SELECTION CRITERIA

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Background In 2009, the CDC funded the Transgender HIV Behavioural Surveillance pilot to assess the feasibility of using respondent driven sampling (RDS) to recruit ethnic minority male-to-female transgender (MTFTG) participants. RDS is a chain-referral strategy that restricts the number of people each participant can recruit and offers incentives for both participation and recruitment. With proper adjustment for sampling, data collected through RDS can be used to develop population prevalence estimates. RDS assumes that respondents know one another as members of the target population.

Methods Because of funding constraints, formative work and data collection lasted only 4 months. Our goal was to recruit 100 MTFTG participants, at least 15 years old, who were assigned male sex at birth and who currently identified or presented as female. We established a field office in the Houston Transgender Center and identified a charismatic MTFTG interviewer. Office hours were set for early afternoon; incentives were $20 for the interview and $10 for each recruit (up to $50). Recruiter instructions were to give the RDS coupon to known Latina or Black MTFTG.

Results Our University prohibited the hiring of our first-choice interviewer because she had a previous moral turpitude conviction. Recruitment was delayed until we hired another. We planted 11 seeds; 5 failed, 3 recruited 7 individuals in 2 waves; and 3 recruited 40 individuals with the longest chain consisting of 6 waves. We distributed 201 coupons and interviewed 48 eligible and consenting MTFTG.

Conclusions Formative work is essential to identify the size and features of the study population social networks, time and place for recruitment, and appropriate incentive. RDS requires respondents to be linked by the target attribute, in this case ethnic minority MTFTG. By restricting recruitment to transgender individuals of colour, we violated that assumption. Our sample networks were not structured around race/ethnicity; rather they were networked through work affiliations (sex worker, performer, unemployed). Recruitment also failed because the incentive was not enough to encourage performers and sex workers to participate in a health survey. Evening hours would have been better for our group's work schedules so they could participate on their way out for the evening. Our failure to get RDS initiated reinforces the importance of formative work to determine if RDS will succeed in your target population.

P1-S4.32 RECRUITING VIA SOCIAL NETWORKING SITES FOR SEXUAL HEALTH RESEARCH (ASSESSING CHLAMYDIA AND HPV KNOWLEDGE)

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Background Recruiting participants into population health studies has become increasingly challenging: traditional strategies have