Methods Among all chlamydia tests performed at a woman's first pregnancy-related visit between June 2008 and July 2010, we estimated chlamydia positivity by age, then further stratified by insurance coverage and geographic region.
Results Of 600,990 pregnant women aged 15–44 years, 61.9% had private insurance and 34.1% had Medicaid coverage; 60.8% resided in the South region; 43.4% were aged 15–24 years, 26.7% 25–29 years, and 19.1% 30–34 years. Chlamydia positivity significantly decreased by age (15–19 years: 10.3%; 20–24 years: 5.6%; 25–29 years: 1.9%; 30–34 years: 0.9%; and 35–44 years: 0.6%). The pattern of decreased age-specific positivity was similar among insurance and region subgroups.
Conclusions Our findings of age-specific positivity, derived from a very large number of tests among pregnant women in the United States, suggest that it is more effective to screen younger pregnant women than older ones. Harmonizing CDC and USPSTF recommendations for pregnant women could be explored by review of age-specific positivity data and estimates of prenatal adverse health outcomes caused by chlamydia (miscarriage, preterm birth, and infant mortality) in order to develop consensus regarding quantitative thresholds of these health outcomes.

008.6 DO YOU HAVE AN STI? FINDINGS FROM A DEDICATED MEN'S SEXUAL HEALTH CLINIC IN ALEXANDRA TOWNSHIP, SOUTH AFRICA

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Background A walk-in weekly men's sexual health clinical service, provided by a male clinical team, was established in 2006.
Methods We analysed new patient episodes at a dedicated men's sexual health clinic in Alexandra Township, South Africa over 6 years (2007–2012). STI syndromes were treated immediately and all men were offered urine-based molecular screening for *Neisseria gonorrhoeae* (NG), *Chlamydia trachomatis* (CT), *Trichomonas vaginalis* (TV) and *Mycoplasma genitalium* (MG) infections and serological screening for syphilis. Clinical and laboratory data were analysed using STATA™ version 10.
Results Among the 876 new clinical episodes, the most common presentations were genital warts (432, 49.5%), male urethritis syndrome (188, 21.6%) and genital ulceration (82, 9.4%). The proportion of patients attending for genital wart treatment increased over time. Few men (51, 5.9%) presented as sexual contacts. The patients' peak age range was 25–29 years; only 40 (4.6%) men were < 20 years old. HIV testing history was provided by 871 men: 156/430 (36.3%) men who knew their serostatus were HIV positive but 441 (50.6%) had never tested. Laboratory testing of 822 urine specimens detected 108 (13.1%) NG, 100 (12.2%) CT, 51 (6.2%) TV and 68 (8.3%) MG infections. The syndromic approach alone would not have treated 16 (14.8%) NG, 57 (57.0%) CT, 46 (90.2%) TV and 49 (72.1%) MG infections. NG/CT infections were most prevalent among those aged 18–19 years old (34.5% and 17.2%, respectively); in contrast, TV/MG infections were most prevalent in the 35–39 year old age group (1.7% and 11.8%, respectively). The prevalence of rapid plasma reagin seroreactivity was 2.2%. Overall condom use was 16.9% with regular partners and 52.5% with non-regular partners.
Conclusion Asymptomatic STIs, poor clinic attendance by youth, poor uptake of HIV testing by men and low rates of condom use with partners remain challenges for STI management in South Africa.

O.09 - Programme implementation and scaling up

009.1 VOICES OF HIV INFECTED CHILDREN AND THEIR FAMILIES

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Chandipur Mother & Child Welfare Society, in partnership with Bengal Network of People Living with HIV/AIDS tied up with district networks, to achieve the following objectives:

- Building capacity of the Network of People Living with HIV/AIDS to track children.
- Assessing the profile of these children, their families and the extent to which these children are able to access basic services related to health, nutrition and education.

Sixty trained HIV positive network members collected the information in 2010–11. Information collected from the families have HIV/AIDS infected or exposed children. The study team traced 1,639 children in 995 families, out of whom 857 children were reported as HIV infected and 130 were exposed children. To gather more qualitative information, number of FGDs & consultations were held.

1. 72% families fall in BPL category and mostly engaged in unorganised sector
2. 29% of fathers and 33% of mothers illiterate
3. 65% mothers not received any PPTCT services during their last pregnancy
4. 11% transmission through contaminated blood and blood products
5. 60% children receive care from a single institution
6. 43% families have spent an out of pocket expense
7. Very few children who were tracked are below 2 years of age, indicating late detection & initiation of treatment
8. 65% of eligible children attend school & 62% children, < six years are enrolled in ICDS
9. Parents exhibit an inherent fear of stigma and discrimination

The study reveals that most of these children belong to poor socio-economic condition. It emphasises the need to improve existing services in terms of timely access to appropriate medicine, treatment and nutrition.

It also strongly recommends the need to scale up the coverage of services towards virtual elimination of mother to child transmission of HIV. There is need to change in attitude of service providers and society at large to remove stigma and discrimination.

009.2 FINANCING FREE AND UNIVERSAL ACCESS TO ANTIRETROVIRAL DRUGS IN THE LONG-RUN: ART COST EVOLUTION IN BRAZIL

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Background Following the international aid crisis, developing country governments have assumed greater financial responsibility in the fight against HIV/AIDS. First-line antiretroviral drugs (ARVs) have become more affordable, yet, assuring lifetime treatment requires the provision of expensive second and third-line therapy. Considering the longterm perspective, this analysis examines ARV mean cost evolution in Brazil and highlights main factors influencing its behaviour.
Methods Transactional data for ARV procurement made by the Brazilian Ministry of Health (BMoH) between 1998 and 2011 were used to calculate mean annual ARV cost, adjusted to 2011 US$.