Methods  Between June 2010 and 2012, self-collected (SVS) and clinician-collected vaginal (CVS) swabs were obtained from 79 young reproductive age women attending the Prerana Reproductive Health Clinic in Mysore, India. The study was explained to each participant and a brochure illustrating how to collect vaginal swabs was handed to them. The Gram-stained smears and saline wet mounts prepared from the SVS and CVS were examined by a trained microbiologist and the clinician. Vaginal pH was recorded for each swab. Kappa coefficient was used to quantify agreement between the two sets of results.

Results  When compared with the CVS, the ability of the self-obtained Gram stain to diagnose bacterial vaginosis had a sensitivity of 100%, specificity of 98%, positive predictive value of 100% and negative predictive value of 100%. Only one pair was discordant in the results where the SVS showed the BV status as negative while the CVS found it to be intermediate stage BV. There was substantial agreement (kappa = 0.97) between the two collection methods in the ability to determine the grade of vaginal flora.

Conclusion  As compared with clinician collected vaginal smears, self-collected smears have substantial agreement in the diagnosis of bacterial vaginosis. With adequate education and instructions using simple visual illustrations, it is possible to have women sample and self collect vaginal swabs for diagnosis of lower genital tract infections.

Background  STD control efforts in the US and western Europe have had less desirable impact, in part due to an inability to reach populations of men at risk for these diseases. We are currently conducting a study of programme options, including self-collection of specimens and community based access to test kits, that would increase men’s utilisation of screening services.

Methods  Using peer-incentivized referral, a type of snowball sampling, beginning with men attending an STD clinic in the US, we are interviewing men in the community to determine the optimal combination of programme features that would encourage asymptomatic STD screening. To demonstrate the relevance of these combination of programme features that would encourage asymptomatic STD screening, T otal STI testing beginning in 1997 likely contributed to the initial rise in

Results  While these results represent pilot data, the study is ongoing and given the nature of snowball sampling, the sample size will expand rapidly. Early prevalence rates are higher than have been reported in nationally representative surveys in the US. This suggests that we are recruiting from a population of interest to gather opinions about preferred screening options.