to increase testing coverage have been moderately successful. In this study, we assessed the relative health and economic outcomes of patient-directed, universal, opt-out testing for women aged 15–24 years in the United States who have at least one clinical encounter each year when compared with current testing (30% coverage).

Methods We used a basic dynamic compartmental model that included two groups based on their self-reported sexual activity in the past 12 months, with 72% being sexually active and 28% inactive. For our base case analysis, we assumed a 75% uptake of the intervention by sexually active women and 5% by sexually inactive women. All model parameters were obtained from the literature. The model was calibrated to produce a pre-intervention prevalence close to the national burden for those aged 15–24 years in the United States (~2.5%). Health outcomes were measured in quality-adjusted life years (QALYs).

Results Based on our model (including health insurance coverage and utilisation rates), the estimated effective annual testing rate increased to approximately 52%, and overall chlamydia prevalence decreased by 60% to ~1% over a three-year period. The estimated cost per QALY gained was $1372. When we assumed an uptake rate ≥ 85%, the overall prevalence decreased to zero.

Conclusion The universal, opt-out testing intervention was cost-effective because it did not require additional costs over and above testing and treatment. Our exploratory analyses suggest that implementation of opt-out testing of young women during clinical encounters might substantially increase testing coverage of sexually active young women. However, even with a higher uptake, testing gaps would remain because many women might not have health insurance coverage, or not utilise healthcare.

Conclusion The trial proved that nifuratel 600 mg/day, minimum recommended daily dosage, is effective as metronidazole 750mg/day, average dosage recommended, in the treatment of trichomoniasis infection and suggests that nifuratel could still be an efficient alternative to metronidazole as first-line treatment.

0.07 - Sexually transmitted infections: social and behavioural determinants and consequences

Background Relationship type and perception of importance of the relationship may be predictors of condom use.

Methods Men who presented at STD clinics in New Orleans, LA and Jackson, MS with NGU, tested positive for Chlamydia trachomatis (Ct), or were contacts of women with C.t underwent computer-assisted/ self-administered interviews and were asked to report information on up to 4 sexual partners in the last two months. Importance of relationship was determined using 4 variables: having history together, shared feelings, commitment to each other, and physical passion.

Results 1065 men reported information on 1924 partnerships; 98.9% of which were with women, 47% were considered main, but only 30% of the men lived with and 6% were married to main partners. Relationships were described as: girlfriend/boyfriend (52%), mother-of-child (6.5%), friend-with-benefit (26.4%), sex with but not friend (6.2%), ex-girlfriend/boyfriend (9.1%), someone I want to have relationship with (5.8%), one night stand (12.3%), paid for sex (1.4%). Most (82.1%) had sex in a home, while 11.3% in hotel, and 6.6% in public place/other. Importance of relationship variables by relationship (most important to least 1–8) were: girlfriend/boyfriend (1.1) and mother-of-child (1.7), and someone I might want to have a relationship (2.6), ex-girlfriend/boyfriend (3.7), friend-with-benefit (5.3), sex but not friend (6.8), paid for sex (7.1) and one night stand (7.2). The less important the relationship was, the more likely they were to be using a condom O.R. 1.13 (95% C.I. 1.08–1.18). Condom use at last sex act was least likely with the mother of child (34.5%) and most likely with paid to have sex (91.7%). Condom use was between 51% - 78% for the other categories.

Conclusion In general, condoms were used more frequently with partners whose relationships were perceived as less important, but this was not universal.

Background Much research explores the relationship between migration and HIV risk; elsewhere the focus is on how HIV affects household structure and viability. In India, rural-to-urban, circular migrants are targeted with prevention campaigns but little is known about the impact of HIV on livelihoods.