

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 ($\approx 2.5\%$). 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 $\approx 1\%$ over a three-year period. The estimated cost per QALY gained was \$1372. When we assumed an uptake rate $\geq 85\%$, 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.

006.6 A RANDOMISED, DOUBLE-BLIND, CONTROLLED STUDY TO ASSESS THE EFFICACY AND SAFETY OF NIFURATEL IN THE TREATMENT OF TRICHOMONIASIS

doi:10.1136/sextrans-2013-051184.0118

W Mending, ²M Caserini, ²R Palmieri. ¹German Center for Infections in Obstetrics and Gynecology, Wuppertal, Germany; ²Polichem SA, Lugano, Switzerland

Background Trichomoniasis is the most prevalent non-viral sexually transmitted disease and there is a clear need for identifying oral therapies that are effective against 5-nitroimidazole-resistant *T. vaginalis* (TV) infections. A randomised, double-blind, double-dummy, parallel group pivotal study was carried out to assess the efficacy and safety of a 7-day oral treatment course with nifuratel in comparison with metronidazole in women with trichomoniasis infection.

Methods Four-hundred-thirty-one patients, aged ≥ 18 years, were enrolled after providing their written informed consent. Women with a positive TV wet-mount microscopy were randomised and the diagnosis was confirmed by the InPouch™ TV culture method 3 days after. They received one tablet of nifuratel 200mg or metronidazole 250mg and one tablet of the corresponding placebo of the comparator three times daily after meals for 7 days. The TV eradication rate was assessed on day 21 ± 3 after the first drug intake. The concomitant infection by candidosis and the vulvovaginal signs and symptoms were also evaluated.

The non-inferiority of nifuratel compared to metronidazole at the pre-specified margin of Δ -10% was defined as the clinically acceptable difference between the two active treatments.

Results The TV eradication was achieved by the 95.9% of patients in the per protocol data set: 95.2% and 96.5% in the nifuratel and metronidazole group, respectively ($p = 0.0062$). The eradication rate of vulvovaginal candidosis after treatment with nifuratel or metronidazole was 53.6% vs. 45.8%. A similar decrease in vaginal signs and symptoms, such as edoema, erythema, colpitis, cervicitis, itching, burning and dysuria, was detected in both groups. The treatments were also well tolerated with a comparable safety profile.

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

007.1 SEXUAL RELATIONSHIP IMPORTANCE AND CONDOM USE AMONG MEN ATTENDING STD CLINICS IN TWO SOUTHERN CITIES IN THE UNITED STATES

doi:10.1136/sextrans-2013-051184.0119

P Kissinger, ¹S White, ¹N Schmidt, ²S N Taylor, ³L Mena, ²R Lillis, ¹S Some, ¹K Defayette, ¹A Adamski, ⁴S L Rosenthal. ¹Tulane University SPHTM, New Orleans, LA, United States; ²Louisiana State University Health Sciences Center, New Orleans, LA, United States; ³University of Mississippi – Department of Medicine, Jackson, MS, United States; ⁴Columbia University, New York, NY, United States

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 Ct 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 (32%), mother-of-child (6.8%), 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.

007.2 THE CHANGING RELATIONSHIP BETWEEN MIGRATION AND HIV OVER THE LIFE COURSE OF AFFECTED HOUSEHOLDS IN NORTH INDIA

doi:10.1136/sextrans-2013-051184.0120

T Rai, ²H S Lambert, ³P Piot, ⁴K S Agarwal, ¹H Ward. ¹Imperial College London, London, UK; ²University of Bristol, Bristol, UK; ³London School of Hygiene and Tropical Medicine, London, UK; ⁴Kamala Nehru Memorial Hospital, Allahabad, India

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.