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.

O06.6 | **A RANDOMISED, DOUBLE-BLIND, CONTROLLED STUDY TO ASSESS THE EFFICACY AND SAFETY OF NIFURATEL IN THE TREATMENT OF TRICHOMONIASIS**

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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.

O.07 - Sexually transmitted infections: social and behavioural determinants and consequences

O07.1 | **SEXUAL RELATIONSHIP IMPORTANCE AND CONDOM USE AMONG MEN ATTENDING STD CLINICS IN TWO SOUTHERN CITIES IN THE UNITED STATES**

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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.

O07.2 | **THE CHANGING RELATIONSHIP BETWEEN MIGRATION AND HIV OVER THE LIFE COURSE OF AFFECTED HOUSEHOLDS IN NORTH INDIA**

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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.

Aim To explore the structural and contextual influences on the life course of HIV-affected circular migrant families, focussing on long-term prognosis, and consider implications for programmes.

Methods In-depth interviews with HIV-positive patients at an antiretroviral therapy (ART) centre in northern India. Data were analysed using framework and thematic analysis.

Results 20 men and 13 women were interviewed. Short-term migration to urban areas secured an improved economic livelihood, but HIV diagnosis was often late following a prolonged period of privately-obtained symptomatic treatments. At eventual HIV diagnosis, most participants faced serious debt and physical degradation. They felt conflicted about future migration – their economic liabilities pushed them towards migrant work, but their poor health and strict treatment regime made them reluctant to leave home. Insecure job markets and discriminatory policies attenuated their employment choices while the opportunity costs of monthly ART centre visits and related medical care mounted up. The role reversal from primary earners and carers to needing care and financial support changed household organisation. Temporary care arrangements gave way to shifts in household composition, with gendered effects. Long term adherence to daily antiretroviral medication and the recommended healthy, regular meals could be compromised by the social and economic consequences of becoming positive.

Discussion Migration may increase HIV risk but following infection, HIV regulates future migration. It often increased the need to migrate again and forced some people to make choices that compromised their long-term health. Targeting migrants with prevention, testing and treatment programmes may fail to achieve desired outcomes without the simultaneous implementation of structural interventions.

O07.3 **A PSYCHOLOGICAL EXPERIMENT TO EXAMINE THE GLOBAL IMPACT OF STIGMA ON INDIVIDUALS DIAGNOSED WITH TYPE 1 HERPES SIMPLEX VIRUS (HSV-1)**

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Background HSV-1 causes at least 50% of primary genital herpes infections in Europe, Canada, Australia and the USA. In the UK, rates may be even higher, as the level 3 STI clinic in Southampton observes approximately 80% of primary genital herpes infections in young women are due to HSV-1. Regardless of location, individuals disclosing genital herpes infection may experience enacted stigma associated with negative stereotypes of sexual immorality. Patients may often fear rejection and conceal their HSV status, deleteriously affecting social relationships and self-identity. Our study aimed to assess whether a relationship could be established between female HSV-1 infected status and sexual attractiveness to males, and whether a significant difference existed between male responses to HSV-1 orolabial and genital herpes infection disclosures by females.

Methods The study was a randomised controlled trial of 111 male participants, recruited from university undergraduate students. Participants were randomly allocated to 1 of 3 groups and shown discrete video scenarios of a female actress disclosing HSV-1 infection. Group-specific questionnaires yielded quantitative data from visual analogue scales measuring attractiveness and truthfulness regarding disclosure.

Results Pilot data showed that there may be a significant reduction in female attractiveness to males, associated with HSV-1 genital herpes disclosure, but not following HSV-1 orolabial herpes disclosure. Pilot data showed there may be a significant reduction in male's perceived truthfulness of HSV-1 orolabial herpes disclosure by females, in place of HSV-1 genital herpes. A full complement of results will be available by the ISSTDR/IUSTI conference.

Conclusion Female patients diagnosed with HSV-1 genital herpes are often advised by clinicians that strategic disclosure of orolabial herpes will maintain role relationships with male partners. However, our findings show that orolabial herpes disclosure may negatively affect relationships, as male partners may perceive such disclosure to be significantly less truthful than genital herpes disclosure.

O07.4 **THE PRICE OF SEX: INSIGHTS INTO THE DETERMINANTS OF THE PRICE OF COMMERCIAL SEX AMONG FEMALE SEX WORKERS IN RURAL ZIMBABWE**

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Background Amid overall reduced demand for paid sex it is unclear how the economic organisation of sex work is affected. We explore factors associated with the price of paid sex in rural Eastern Zimbabwe.

Methods We collected and analysed cross-sectional data on 161 women who reported receiving either cash or commodities at their most recent commercial sexual encounter and who were recruited using snowball and location-based methods in October-December 2010. We used linear modelling to assess the impact of social and behavioural variables on payments for sex.

Results Eighty percent of sex workers (SW) were paid in cash; the mean payment was US$11 (95% CI:$9-$13) and amount did not vary by payment type ($p > 0.2$). All acts were penile-vaginal. When clients requested condoms, consistent condom use was more prevalent than in encounters where they did not (82% vs. 38%,$p < 0.01$). Mean payment in 100% protected encounters was $3 lower than when condom use was inconsistent (at least one unprotected act) ($p = 0.03$). Mean payment was higher when encounters were initiated in private locations (SW or client's house) than in bars and public places (e.g. markets): $13, $11 and $8, respectively (trend: $p = 0.003$). Independent factors positively associated with payment were secondary education (vs. no or primary education, $p = 0.013$), a night-long encounter (vs. one act, $p = 0.03$), higher numbers of acts ($p < 0.01$), clients not requesting condoms (vs. requesting condoms, $p < 0.05$); encounters initiated in public (vs. private locations $p < 0.01$) were negatively associated with payment.

Conclusion Clients who did not request protected sex paid more than clients who did, and more educated SW were able to negotiate higher prices. Under extreme macroeconomic pressures SW may be less financially able to refuse unprotected sex. We need to understand better the importance of economics of sex work for HIV/STI epidemics.

O07.5 **UNPROTECTED SEX AMONG HIGH-RISK PARTNERS: ASSOCIATIONS BETWEEN RELATIONAL CHARACTERISTICS OF LAST SEXUAL PARTNER AND UNPROTECTED ANAL INTERCOURSE (UAI) AMONG MEN WHO HAVE SEX WITH MEN (MSM) AND TRANSGENDER WOMEN (TGW) IN LIMA, PERU**

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Background Factors influencing condom use among MSM/TW may include partner type and recent STI diagnosis. We examined the association of partner type with UAI among MSM/TW in urban Lima, Peru, recently diagnosed with HIV or STI.