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.

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 576 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: 156/490 (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.
Literature review on ARV price determinants and interviews with BMoH representatives have complemented the analysis.

**Results** From 1999 to 2003, thanks to local generic production and repeated compulsory licensing threats, total ARV expenditure fell by 56%, despite patient increase of 72%, which led to a 74% decrease in the cost per patient per year. Following the inclusion of third-line ARVs, in 2005, total expenditure peaked at about US$ 460 million (2011 US$) for the treatment of nearly 160,000 patients. Although ARVs, in 2005, total expenditure peaked at about US$ 460 million (2011 US$) for the treatment of nearly 160,000 patients. Although the compulsory licensing of Efavirenz, in 2007, together with assertive price negotiations on patented drugs led to a significant drop in costs, most recently, as the number of patients continues to increase, local production remains highly uncompetitive, and, new-generation patented drugs are further being incorporated, mean annual cost has recovered speed, reaching values 35% higher than 2003.

**Conclusion** The downward trend in mean ARV costs reached an inflexion point in 2003, after when limited savings from generic production and originator firm discounts were no longer able to compensate for the incorporation of highly expensive second and third-line ARVs. This finding reinforces patent protection being a major barrier to quality and longterm treatment in developing countries. In the case of Brazil, it further calls for higher efficiency on local production capacity.

**009.3 A SUCCESSFUL MODEL IN REACHING OUT MOBILE POPULATION TO CONTROL THE SPREAD OF STI/HIV/AIDS: EXPERIENCE FROM LINK WORKER SCHEME IMPLEMENTED IN 200 VILLAGES MOSTLY INHIBITED BY MOBILE POPULATION IN WEST BENGAL, INDIA**

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The fact is that over 57% of the 2.9 million HIV positive people in India live in rural areas. India still has a rural base with 69% of its population living in rural areas. Young migrant workers and other highly mobile population essentially come from villages. Due to rural-urban continuum, rural population is also not lagging behind its urban counterpart in adopting high-risk behaviours.

To face the challenge of HIV/AIDS in rural India is even more difficult due to poor literacy rates resulting in poor awareness, mostly engaged in unorganised sector and stigma associated with it.

Link Workers Scheme (LWS) implemented in 100 villages each at Purulia & Murshidabad targeting youth, vulnerable and high risk population for prevention of STI/HIV/AIDS and improve service delivery linkages. Murshidabad & Purulia is a vulnerable district due to high migration, interstate border, trafficking, poverty, illiteracy and poor health care. Link Workers have been accepted as frontline development functionaries and are proving to be successful in reaching out to the target population.

LWS successfully reached out 4611 HRGs and 146079 vulnerable young men and women in last two years. Referral services to ICTC, STI and TB have increased significantly and a total of about 18500 cases referred to health facilities for testing of HIV, 79% cases actually turned up for testing; more than 7800 STI cases identified, 64% reported; 2700 TB cases identified, 52% reported and utilised the services. About 3860 pregnant women identified in the project area and referred for HIV testing.

The link-worker, through a due diligence process, keeps on motivating the person to access HIV/AIDS related services such as HIV testing, treatment of STIs, ART, treatment of opportunistic infections and minimise the gap between beneficiary and service delivery. This need to scaled up to arrest the spread of STI/HIV/AIDS in rural setting.

**009.4 MOBILIZATION FOR HIV, SYPHILIS AND HEPATITIS B AND C TESTING DURING BRAZIL’S CARNIVAL**

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**Introduction** Testing campaigns (entitled “Get to know”) during high-traffic public events have been conducted in Brazil since July 2008. On these occasions, people are offered information about health and prevention and rapid tests (RTs), as well as condoms and lubricating gels. Initially only rapid HIV testing was conducted; RTs for syphilis screening was included in 2010 and hepatitis B and C screening in 2012. Twenty-two national mobilizations were organised between 2008 and 2012, with approximately 26,300 RTs performed.

**Methodology** A large number of people attend the carnival celebrations in the cities of Recife and Salvador and are the focus of Ministry of Health campaigns. In 2013, for the first time, the “Get to Know” campaign in these cities offered RTs for HIV, syphilis, and hepatitis B and C. Testing was conducted in health centres near places where large numbers of people congregated and at temporary centres at the carnival venues. In cases with RT reactive results, patients received the test results and were referred to qualified services for follow-up and healthcare.

**Results** More than 8,000 tests were performed during the four days of carnival in Recife and Salvador. In Salvador, 5,280 tests were conducted in three locations, and 1,458,984 condoms were distributed by eleven mobile teams. Of those tested, 16 were reactive for HIV, 84 for syphilis, 7 for hepatitis B, and 14 for hepatitis C. In Recife, 5,527 RTs were performed in 3 locations, and 800,000 condoms were distributed. Twenty people were reactive for HIV, 60 for syphilis, 2 for hepatitis B, and 4 for hepatitis C.

**Conclusion** The “Get to Know” campaign has been proven efficient in scaling up access to early diagnosis and reaching large numbers of people with information about the importance of getting tested and with awareness-raising activities about prevention.

**009.5 OPTIMIZING CARE EFFICIENCY AT THE STI CLINIC: USING CHLAMYDIA HOME COLLECTION KITS**

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**Background** To study the efficiency of Chlamydia home collection kits for young people, in order to optimise care at the Amsterdam STI clinic.

**Methods** Since 2012, young people under the age of 25 with a low risk profile for STIs are only tested for Chlamydia. Tests for other STIs are indicated after testing Chlamydia positive. From September-November 2012, young people using the online intake were offered two different ways of Chlamydia testing: receiving a home collection kit, or coming to the clinic. The collection kit is send to the client by mail and is used to collect a swab or urine sample. This sample is send back to the laboratory for testing. The client can retrieve the results online by using the provided login.

**Results** In the study period, 525 online requests were done. Of these, 388 (74%) opted for the home collection kit and 135 (26%) preferred an appointment at the clinic. Of the requested kits, 86% were send back. All clients checked their test result online. Chlamydia was diagnosed in 5.8% of the clients receiving a home kit and in 2.9% of those tested at the clinic. Women were more likely to request a home collection kit (77% versus 60% of men, p<0.001) as were young people aged 20–24 years (76% versus 64% aged < 20