Methods A total of 96 households treating water at home, by boiling (n=15), filtration (n=6) or sodium hypochlorite solution (Safewat® n=75) in urban slums of Haridwar and Dehradun districts of Uttarakhand were studied. Respondents were administered a pretested semi-structured interview schedule for identification, measurement and valuation of all the resources involved in these three methods. The mean and 95% CIs of cost of treating ten litres of drinking water were estimated.

Results The cost of using Safewat, water filter and boiling was estimated to be INR 1.44[1] (1.29–1.50) INR 1.79 (1.31–2.27) INR 5.82 (5.24–6.40) per ten litres of water treated respectively. The cost of boiling was high because of the cost of fuel (69%) despite a subsidy by the government on the gas. The use of filter required an initial capital investment for purchase of filter (Approximately INR 500). Safewat solution accounted for 13% of the total cost of treatment by chlorination.

Conclusion Assuming similar effectiveness rates, Safewat use appears a more affordable alternative, with little initial investment. This makes a case for promotion, by the physicians, of water chlorination in place of the more costly option of boiling, which has been advocated for long.

**SP5-30** EVALUATING THE IMPLEMENTATION OF TRACHOMA TREATMENT GUIDELINES IN AUSTRALIA

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Introduction Trachoma control guidelines for the WHO recommend the SAFE strategy which includes surgery for trichiasis, antibiotic treatment, facial cleanliness and environmental improvement. Australia is the only developed country where trachoma persists. In contrast to other countries, it has largely been assumed that lack of access to antibiotics and health services is not a major contributor to the persistence of trachoma in Australia. We assessed the relationship between reported treatment with azithromycin, levels of treatment required by WHO guidelines and the supply of azithromycin.

Methods Data on the supply of azithromycin to health services (2007/2008) was obtained from Medicare Australia. The reported treatment with azithromycin reported by individuals and trachoma prevalence was estimated based on data from the National Trachoma Surveillance and Reporting Unit (NTSRU) in 2008.

Results Reported treatment by Azithromycin was below levels suggested WHO guidelines. This disparity occurred despite the presence of sufficient available doses at health services.

Conclusion All aspects of the SAFE strategy are important in the eradication of trachoma. However, improving the supply and distribution of azithromycin is relatively easy to implement, fund and monitor. This study highlights the importance of continued focus on the delivery of azithromycin in the treatment of trachoma.

**SP5-31** FOOD AND NUTRITIONAL INSECURITY AMONG COLLECTORS OF RECYCLED MATERIAL IN SOUTHERN BRAZIL, 2010

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The objective of this study was to estimate the prevalence of Food and Nutritional Insecurity (FNI) and its association with socio-demographic factors in a population under social vulnerability of a metropolitan region in the Southern Brazil. The outcome (FNI) was determined through the Brazilian Food Insecurity Scale and the independent variables analysed were gender, skin colour, age, marital status and scholarity. Categorical variables are presented in percentages and χ² test (Yates’ correction for 2×2 tables) analysed the existence of associations. The significance (p) was set at 5%. The sample was formed by 123 collectors of recycled material members of six cooperatives. The FNI in this population was high (61%), and according to the independent variables the prevalences were: adults 92%, non-white 70.7%, women 69.3%, non-married 54.7% and illiterate 52%. The statistical analysis only showed association with gender, women presented more prevalence of FNI than men, 69.3% and 30.7% respectively, (p=0.002). The results showed high prevalence of FNI in the population investigated and the women have more probability to present food intake in insufficient quality and quantity: this way actions that aim the improvement of adequate food intake access without damaging the access to other essential necessities like food intake practices promotes health that respect the cultural diversity and that is, environmentally, culturally and socially sustainable must be intensified once Brazil has public politics in this area but does not achieve the investigated population in the correct way.

**SP5-32** RISK PROFILE FOR TRANSMISSION OF MYCOBACTERIUM ULCERANS IN AKUAPEM SOUTH AND SUHUM KRABOA-COALTAR, GHANA

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Introduction Buruli ulcer (BU) disease is a chronic debilitating skin disease caused by Mycobacterium Ulcerans. The ulcer can be so