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 pre tested 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) and 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.

SP5-29 CARDIOVASCULAR RISK FACTORS AMONG SANTAL POPULATION IN BANGLADESH

Introduction In Bangladesh tribal race constitutes <1% and among them Santals is the oldest and largest ethnic group. Data on risk factors of CVDs in Bangladesh, specially from tribal, are virtually non-existent. The present study was undertaken to explore the anthropometric and clinical risk factors among the Santal in Bangladesh.

Methods A total of 316 Santal participants (135 male and 181 female, aged 20 years) were screened though camps from the northwestern part of Bangladesh. Sociodemographic, anthropometric and clinical data were collected and OGTT preformed following WHO guidelines.

Results The age (M±SD) of the subjects was 39 (±11) years, BMI 18.7±2.8, WHR 0.85±0.17. Using BMI for Asian 61.3% found underweight of whom 35%, 12% and 14% were in chronic energy deficiency stage I, II and III respectively; for WHR females were in risk (70%) which not corresponding with male (within range 94%). Among males & females alcohol habits (≥3 serves/day) had 98% and 64%; prevalence of hypertension were 15.6% and 7.2%; dyslipidemia 49% and 29% respectively. Males had high (77%) smoking habits. The prevalence of diabetes and prediabetes among the participants were 4.4% and 11.1%. Hypertension showed significant association with age, chol, LDL and dyslipidemia with BMI, 2HBG and SBP on logistic regression analysis (p<0.05).

Conclusion A substantial number of Santals are still suffering from underweight. All kind of RR are less among Santal comparing with other population. This investigation was in the correct way.

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

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 on 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.