for young women over 19 years of age who have aged out of the Vaccines for Children entitlement program. The objectives of this study were to assess a sample of minority women who attend neighborhood health centers to determine predictors of vaccination, and to assess for the presence of HPV infection in these women. Those without evidence of prior HPV infection may benefit from a prophylactic vaccine.

Methods Between April 2009 and April 2010, we enrolled a convenience sample of 118 African American and Latina women in order to decrease cervical cancer disparities.

Results Participants were poor with 113 (57%) having a household income of <$20,000; and at risk for HPV infection. One hundred twenty-one (61%) did not use condom at last sex. However, only 17/21 (61%) did not use condom at last sex. However, only 17/21 (61%) did not use condom at last sex.

Conclusions Promotion interventions should be tailored to meet specific needs of young people seeking partners both online and offline. Sex-seeking, dating, and social networking websites may represent important intervention contexts.

S14.4 DETECTING CHLAMYDIAL AND GONOCOCCAL INFECTIONS THROUGH SOCIAL AND SEXUAL NETWORKS

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Background The overall goal of this ASTDA award was to adapt and evaluate Respondent-Driven Sampling (RDS) to enhance Chlamydia trachomatis (Ct) and Neisseria gonorrhoeae (GC) screening activities. Specifically, the aims were to develop and evaluate a programmatic approach using RDS as a method to prospectively screen for Ct/GC in networks of infected persons, to compare the prevalence of Ct/GC infections detected via current venue-based screening activities to the prevalence of infection detected using RDS as a referral mechanism, and to determine and compare the cost per infection detected via current screening activities to the cost per infection using RDS.

Methods Using two components of RDS, the systematic referral scheme and the dual incentive structure, we developed a program to refer social and sexual contacts for Ct/GC screening. Initial seed participants ages 15–24 were identified and asked to recruit their peers for screening, who in turn recruited their peers, and so on. Persons received incentive for their own participation ($10) in addition to incentive for participation of those they refer ($10). Participants could refer up to 5 social and sexual contacts. Participants provided a urine specimen for Ct/GC screening and completed a brief survey questionnaire.

Results Between December 2008 and March 2010, 66 initial seeds were recruited. Of the 66 seeds, 17 (25%) were successful at recruiting referrals. A total of 439 referrals were recruited, resulting in 7 networks initiated from an infected seed and 10 networks from a non-infected seed. The majority of referrals, 372 (85%), belonged to a single network (Abstract S14.4 figure 1). The remaining 67 referrals belonged to 16 networks ranging in size from 2 to 18 members. Across all networks, 67% of referrals were male and 33% were female. The overall prevalence of infection was 5.7% for Ct and 6.9% for GC among the referrals. This is compared to a prevalence of 12.2% for Ct and 1.5% for GC detected through venue-based screening in the same age demographic.
S14.3 Evaluating the internet as an STD risk environment for teens: findings from the communication, health, and teens (CH@T) study
E R Buhi, N Klinkenberger, H Blunt, E M Daley, J Baldwin and C Rietmeijer

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