Abstract P5-S4.03 Table 1 Participation and selection in three screening rounds

	Round 1	Round 2	Round 3	*Overall*
Invited	13 269	25 189	38 395	76 853
Filled in questionnaire (% of invited)	2973 (22%)	3825 (15%)	4381 (11%)	11 179 (15%)
Average score* (95% CI)	6.16 (6.07 to 6.25)	6.41 (6.33 to 6.48)	6.31 (6.23 to 6.38)	6.30 (6.26 to 6.35)
Sufficient score (% respondents)	1851 (62%)	2480 (65%)	2777 (63%)	7108 (64%)
Package returned (% package requests)	1477 (80%)	1927 (78%)	2149 (77%)	5553 (78%)
Positive test (% of tested)	74 (5.0%)	103 (5.3%)	90 (4.2%)	267 (4.8%)

*Average score of all persons who filled in the questionnaire.

sufficient score of 6 or more could proceed and receive a testkit. Mailed samples were tested at a regional laboratory with NAAT. A sample of excluded participants received an acceptability questionnaire.

Results The selection led to exclusion of 36% of potential participants and a positivity rate of 4.8% among participants (see Abstract P5-S4.03 table 1 Women scored on average higher than men (6.6 with 95% CI 6.5 to 6.7 vs 5.8 with 95% CI 5.7 to 5.9, p<0.001). Higher scores were clearly related to higher positivity rates. Persons who were excluded from participation in the first year because of a low risk score had a significantly lower response to the invitation the second round (21% vs 29%, p<0.01). The acceptability questionnaire among excluded participants (n=67, response 34%) revealed disappointment about exclusion in 30% of them but most approved of the screening set-up; 8% still went to a GP or STI centre for a Ct test.

Conclusions Systematic selection of screening participants by risk score in Chlamydia screening is feasible and successful in realising higher positivity rates than without selection. A previous study showed a population prevalence of 2% in the same population. Acceptability of selection is high but could still be improved by better communication on expectations.

P5-S4.04 THE INTERFACE BETWEEN HPV VACCINE IMPLEMENTATION AND STI PREVENTION: HPV VACCINE DISCUSSIONS AS AN OPPORTUNITY TO PROVIDE MESSAGES ABOUT SEXUAL HEALTH

doi:10.1136/sextrans-2011-050108.545

[1]S Gottlieb, [2]A L McRee, [2]P Reiter, [1]P Dittus, [2]C Halpern, [2]N Brewer. *[1]CDC, Atlanta, USA; [2]UNC Gillings School of Global Public Health, Chapel Hill, USA*

Background Early parent–child communication about sex is associated with healthier behaviour during adolescence. Understanding parents' cues to initiating these conversations may provide new opportunities for public health intervention. Human papillomavirus (HPV) vaccine is recommended for all 11–12-year-old girls and is highly acceptable to parents. We sought to characterise mothers' communication with their daughters about HPV vaccine and the potential for HPV vaccine discussions to provide an opportunity for discussions about sex.

Methods During December 2009, we conducted an online survey with a nationally representative sample (n=900) of US mothers of adolescent females aged 11–14 years (response rate=66%). We compared the proportion of all mothers using HPV vaccine discussions as a cue to talking about sex vs other potential cues using McNemar's χ^2. We also assessed whether communication about HPV vaccine was independently associated with communication about sex using multivariate logistic regression. Estimates are weighted.

Results Sixty-five per cent of mothers reported talking with their daughters about HPV vaccine, of whom 41% said that doing so led to a conversation about sex. Thus, 27% of all mothers talked about sex as a result of HPV vaccine conversations, similar to the proportion talking about sex as a result of some more widely recognised cues, such as their daughter starting menses (21%) or talking about alcohol or drugs (29%), but less than some others, such as their daughters showing an interest in boys (36%; p<0.05) or having sex education at school (46%; p<0.05). Mothers who had talked with their daughters about HPV vaccine were more likely than those who had not to have ever talked with their daughters about sex (92% vs 74%, p<0.001), even after controlling for other cues and factors associated with communication about sex (OR=3.1, 95% CI 1.4 to 6.5). Among mothers who talked about sex when talking about HPV vaccine, many felt HPV vaccine provided a good reason to do so (64%) or that it made it easier to start a conversation (33%).

Conclusions HPV vaccine discussions provide an acceptable opportunity for mothers to talk with their daughters about sex at an age when such communication is most influential. It may be possible to capitalise on HPV vaccine discussions to promote parent–child communication about sex and provide messages about sexual health and STI prevention to early adolescents.

P5-S4.05 THE USE OF FINANCIAL COMPENSATION AS AN INCENTIVE FOR INFECTIOUS SYPHILIS CASE FINDING AMONG VULNERABLE POPULATIONS IN EDMONTON, CANADA

doi:10.1136/sextrans-2011-050108.546

[1]J Gratrix, [1]S Fan, [1]B Anderson, [1]P Conroy, [1]S Hewitt, [1]T Parnell, [1]J Jaipual, [1]P Parker, [1]A E Singh, [2]J Talbot. *[1]Alberta Health Services, Edmonton, Canada; [2]Alberta Health and Wellness, Canada*

Background Edmonton, Canada has been experiencing a rise in infectious syphilis cases since 2003, attributed to individuals engaging in transactional sex and substance use. As well, Aboriginal people had disproportionately higher rates of the infection. The results of a case study of primary syphilis cases were shared with community organisations serving vulnerable populations to ascertain their suggestions on strategies to increase testing for syphilis among this population. Agencies suggested that compensating clients for syphilis screening at a community organisation would increase testing rates. We sought to determine if more cases among the target population were diagnosed through outreach testing that provided financial compensation than by routine screening methods by other healthcare professionals.

Methods A data extract containing demographics, ethnicity, and risk behaviours for infectious syphilis cases in Edmonton between April 2007 and November 2008 was obtained from the provincial STI database. An additional database, which held demographic and risk group information on participants in the project, was also analysed. Client demographics and risk behaviours were compared using χ^2 or Fisher's exact test for categorical variables and Mann–Whitney for continuous variables.