abnormal discharge (15%) were the most common presenting symptoms and most likely to be turned away.

Diagnosis of all accepted and turned away	Number	Number initially
re-attenders	diagnosed	turned away
Chlamydia	33	16 (49%)
Gonorrhoea	19	8 (42%)
Primary Syphilis	2	1 (50%)
PID/epididymitis	26	9 (35%)
Non-specific genital infection	34	17 (50%)

Conclusions Turned away patients who re-attended had a significant number of STIs and BASHH concerns are justified. Patients who never return heighten these concerns. Management of excess demand in the current financial climate is challenging, but closer links between clinics in a region, central booking systems and social media could help to direct individuals to clinics with availability.

0009

EVALUATION OF A PILOT OF INTERNET REQUESTED CHLAMYDIA TEST KITS IN 25 TO 34 YEAR OLDS

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Background In the UK, Chlamydia is most prevalent in those aged 16–24 years. However, 1.5% of women and 1.0% of men aged 25–34 years are estimated to be infected. Attending health-care venues may be challenging in rural settings and internet-requested tests may help individuals to access testing. We report results from a pilot of internet-requested testing among 25 to 34 year-olds resident in a rural region of England.

Aim(s) To evaluate the pilot of internet-requested chlamydia test kits in 25 to 34 year-olds.

Methods Internet-requested test kits were made available to those aged 25 to 34 years through a dedicated website from 1st

April to 31st December 2015. Number of test kit requests, returns, positivity (positive tests/number tested) and cost data were reviewed for those aged 15 to 24 and 25 to 34 years.

Results The proportion of kits that were returned was significantly higher among the older age group (Table 1). Positivity was similar in the two age groups. The average cost per test and per positive was £22.58 and £244.47, respectively, in the younger group and £22.08 and £303.45 for the older group.

Discussion The pilot shows that chlamydia internet tests were accessed by an older group who were at significant risk of infection as evidenced by the positivity in that group. Return rates were high. Provision of internet tests to older age groups may represent an attractive option for some local commissioners and providers.

0010

USE AND PERCEPTIONS OF THE ONLINE CHLAMYDIA PATHWAY (OCP): FINDINGS FROM QUALITATIVE INTERVIEWS AMONG PEOPLE TREATED FOR CHLAMYDIA

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Introduction Within the *eSTI*² consortium, we conducted exploratory studies of an innovative *Online Chlamydia Pathway* (OCP: results service, automated clinical consultation, electronic prescription via community pharmacy, online partner management, with telephone helpline support). Access to traditional services was facilitated where appropriate.

Objectives To describe patients' use and perceptions of the *OCP*. **Methods** In-depth qualitative interviews with 40 purposively-sampled *OCP* users (21/40 female, aged 18–35) analysed thematically.

Results Interviewees chose the *OCP* to obtain treatment rapidly, conveniently and inconspicuously, within busy lifestyles that impeded clinic access. They described completing the online consultation promptly and discreetly, often using smartphones. Many found the online information provided comprehensive, but those who completed the consultation in public locations

	15 to 24 years		25 to 34 years		Unadjusted OR (95%CI)	p value
	N	%	n	%		
Kits requested	2,203		571			
Total test kits	1,548	70.3%	426	75%	1.24 (1.01 to 1.53)	0.042
returned						
Suitable specimen						
returned for testing						
Total specimens	1,508		411			
Specimens from women	1,062		252			
Specimens from men	446		159			
Test positive for chlamydia						
Total	139/1508	9.2%	31/411	7.5%	0.80 (0.54 to 1.21)	0.29
Women	84/1062	7.9%	14/252	5.6%	0.68 (0.38 to 1.23)	0.20
Men	55/446	12.3%	17/159	10.7%	0.85 (0.49 to 1.52)	0.58