**Introduction** Public Health England recommends that local authorities should work towards making STI testing more accessible. Since August 2015, sexual health services in Birmingham and Solihull area (Umbrella) have provided online home-based testing.
**Methods** We conducted a retrospective analysis of the clinic and online database to identify patients who undertook home-based and clinic-based testing in the Birmingham and Solihull clinics between January and June 2016.
**Results**

**Abstract O15 Table 1** Home based v clinic based testing

| | Home-based testing (n=9258) | Clinic-based testing (n=19193) | P value |
|---|---|---|---|
| **Age** | | | |
| 16–24 | 6033 (65%) | 9654 (50%) | <0.001 |
| >25 | 3225 (35%) | 9539 (50%) | |
| **Gender** | | | |
| Female | 5986 (65%) | 10861 (57%) | <0.001 |
| Male | 3258 (35%) | 8306 (43%) | |
| Transgender | 14 (0%) | 26 (0%) | |
| **Ethnicity** | | | |
| White | 6648 (72%) | 7996(42%) | <0.001 |
| Black/British Black | 892 (10%) | 4026 (21%) | |
| Asian/British Asian | 558 (6%) | 2167(11%) | |
| Other: | 920 (10%) | 2160 (11%) | |
| Not specified: | 240 (3%) | 2844 (15%) | |
| **Asymptomatic** | 7408/9258 (80%) | 9729/19193 (51%) | <0.001 |
| **Return rate** | 4476 (48%) | – | |
| **Prevalence rates** | 382/4476 (9%) | 2141/19193 (11%) | <0.001 |
| **Treatment rate** | 174/382 (46%) | 1663/2141 (78%) | <0.001 |

**Discussion** Home-based testing appears to be popular among asymptomatic, younger (16–24 years), white and female patients, with poor overall return rates. There may be a need for promotion of this method of testing among ethnic minorities. The current method of recall needs to be reviewed to improve treatment rates in the home-based testing group.

## O16 ACCEPTABILITY, UPTAKE AND IMPACT OF ONLINE HOME-SAMPLING FOR STIS IN HAMPSHIRE, UK: A SERVICE EVALUATION

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**Introduction** Home-sampling offers cost-effective and equitable approaches, allowing hard-to-reach populations to remotely access screening for sexually transmitted infections (STIs). We aimed to evaluate a pilot home-sampling service - its utilisation, acceptability and impact on clinic attendance and service delivery, notably its capacity to direct 10% of asymptomatic clinic attenders to the online service.
**Methods** We ran descriptive statistics on six-month data (Sep 2015–Mar 2016) on STI kit requests and completion in Hampshire, and conducted trend analysis to examine the impact on attendances. Overall acceptability was assessed via online feedback survey and in-depth interviews with service users.
**Results** In total, 4,305 kits were requested and 1974 (48%) were returned, with 15% providing insufficient blood samples. After analysis, 73 samples were positive (1 HIV, 1 syphilis, 5 Hepatitis-B, 53 Chlamydia, and 13 Gonorrhoea). There was no significant reduction in asymptomatic attendances since the introduction of the service (p=0.12). While 95% would use the online service again and 93% would recommend it to family and friends, 39% reported difficulties taking blood samples.
**Discussion** Online home-sampling is an acceptable method of screening for STIs. The overall positivity rates are comparable to those reported in the clinic. However, the introduction of the online home-sampling might not reduce clinic attendances, due to the novelty aspects of the service. Further development of online screening needs to increase kit return rate and educate service users on more effective ways of providing sufficient samples for blood analysis.

## O17 TRANSFORMING SEXUAL HEALTH SYSTEMS THROUGH ONLINE SERVICES

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**Introduction** Online sexual health services can transform sexual health systems through increased access and self-management. They are one element of the whole sexual health economy. Best practice facilitates appropriate movement of users between online and clinic services according to their sexual health need.
**Methods** Using routinely collected, anonymised service activity data, SHHAPT codes, and interviews with users/providers we studied online options for system transformation in sexual health services in two London Boroughs with high rates of sexual ill health. We focused on: Total sexually transmitted infection testing capacity; Access for new populations; Testing and treatment choices; Online contraceptive pills provision
**Results** Online services increase STI testing capacity, total testing in the area by 9.6% from 73,714 (01/04/14–31/3/15) to 80,757 (01/04/15–31/03/16). 90.8% of online users were asymptomatic with a positivity rate of 6.8%. Users move between online and clinic – 55% of online users had used a clinic within the last year and 6.8% of online users were referred to clinics. The online service engaged new populations – 19% of online users had never used a clinic before. 11,353 treatments for chlamydia were provided across the whole system (2015/16). A pilot of online treatment and partner notification shows 95% uptake demonstrating the potential impact of an online only chlamydia management pathway. Users engage with online medical histories, self reported blood pressure and SMS based clinical conversations for contraceptive prescribing.

**Discussion** Online services can transform sexual health systems by increasing capacity, increasing access and by offering new treatment choices.

## O18 INTERNET TESTING FOR CHLAMYDIA REPORTED THROUGH NATIONAL SURVEILLANCE IN ENGLAND

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**Introduction** To support and monitor growth of online testing, the National Chlamydia Screening Programme published guidance on commissioning online testing services. Coding was amended in national surveillance systems to differentiate tests requested online from testing in other venues.
**Methods** National surveillance data from January 2015–September 2016 were linked to the IMD 2015 and ONS urban rural classification indices to analyse the trends in online testing and test positivity by gender for 15–24 year olds. Patterns of repeat testing were explored.
**Results** 163,062 tests and 13,422 diagnoses were reported from online services covering 89% of local authorities in England. Test positivity was higher in men (10% vs. 7.6% women; RR 0.80, $p<0.0005$), residents of urban areas (8.4% vs. 7.4% rural; RR 1.08, $p=0.002$) and those living in the most deprived areas of England (9.6% vs 7.0% least deprived; RR 0.79, $p<0.0005$). Test positivity online was higher than in general practice (8.2% vs GP 6.1% p<0.0005) and lower than in specialised sexual health services (8.2% vs 9.9% GUM and 9.5% SRH p<0.0005). In 2015, 18% of online testers had a subsequent online test within 6 months. Test positivity was higher at first than subsequent test (8.5% vs 7.3%).
**Discussion** Patterns in online test positivity were comparable with those found in other services suggesting that they are used by the population at risk not just the 'worried well'. Around 1-in-5 of those testing online had subsequent online tests. These findings support the provision of online testing services as well as face-to-face venues.

## O19 WHO USES ONLINE SERVICES WHERE? A COMPARISON OF ONLINE STI TESTING SERVICE USE ACROSS ENGLAND

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**Introduction** Online sexual health testing services may enable access to testing by different sectors of the population. An innovative online sexual health service designed to improve access to and availability of sexual health services in partnership with terrestrial services is commissioned in seven areas across England. This study compares use across commissioned areas.
**Methods** We used routinely collected testing data to analyse use of the service in different areas. We included cumulative data on use of the service since roll-out.
**Results** In areas outside London, fewer users had been to a clinic before (66.5%–73.1% vs 81.1%). Positivity rate was also generally higher outside London (6.8 – 11.0% vs 6.8%). The majority of users were asymptomatic, which is appropriate for the service. Within the London boroughs, the majority of users (51.8%) were in the 25–34 age bracket while in all other areas there was a higher proportion of younger users. In all areas, females used the service more than males. Use by ethnicity was related to local area demographics.

**Abstract O19 Table 1** Use of service as of end November 2016

| | Area 1 | Area 2 | Area 3 (London) | Area 4 | Area 5 | Area 6 |
|---|---|---|---|---|---|---|
| Orders to date | 9760 | 462 | 15,924 | 713 | 1,048 | 1,726 |
| Return rate | 68.8% | 58.9% | 71.1% | 76.9% | 76.7% | 78.9% |
| Positivity rate | 7.6% | 11.0% | 6.8% | 6.8% | 9.0% | 10.4% |
| % asymptomatic | 90.1% | 89.2% | 90.8% | 85.6% | 86.6% | 85.5% |
| Clinic visited before | 66.5% | 67.1% | 81.1% | 73.1% | 66.7% | 67.1% |

**Discussion** The online service increased access to STI testing in all commissioned areas and shows important differences in online service use in different geographical regions. This may reflect differences in unmet need and access to terrestrial services. Further work is needed to understand these differences.

## O20 ONLINE PRESCRIBING FOR SEXUALLY TRANSMITTED INFECTIONS – WHAT'S ON OFFER!

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**Introduction** In 2016, The British Association of Sexual Health and HIV (BASHH) expressed concern over the use of medications purchased online to treat Sexually Transmitted Infections (STIs) 'without full examination and specialist input'. Few studies have investigated the extent of this practice; our service wanted to establish availability of treatment and determine if patients are managed according to BASHH guidelines.
**Methods** A prospective internet search was performed using the keywords 'STI treatment online'. UK based internet pharmacies offering treatment for Gonorrhoea, Chlamydia, Herpes and Trichomonas were included in the study.
**Results** 30 websites were identified; 5 were excluded. 25 (100%) required assessment by a Doctor/Pharmacist Prescriber. 5(20%) offered Gonorrhoea treatment; of these, only one offered Ceftriaxone 500mg/Azithromycin 1 gram and no websites made customers aware that Gonorrhoea cultures were required prior to treatment.

23(92%) websites offered Chlamydia treatment as Azithromycin 1 gram stat and/or Doxycycline 100mg twice daily for seven days however, none of the websites asked whether treatment was required for patients at risk of rectal Chlamydia or Lymphogranuloma Venereum. Patients seeking Chlamydia treatment were advised to abstain from sex on 16(64%) websites and partner notification was advised on 18(72%) websites.

22 (88%) websites offered treatment for Herpes. 6(27%) required no photographic/laboratory diagnosis of Herpes before purchase. 15(68%) did not discuss partner disclosure of a Herpes diagnosis.
**Discussion** Online pharmacies have established a niche market for patients who are reluctant to access clinic based healthcare. Our results show variable adherence to BASHH guidelines which may compromise health outcomes for patients seeking internet based therapy.