

#### 014.2 GOOD CALL! IMPLEMENTATION OF A REGIONAL ONLINE AND TOLL-FREE STD CLINICAL CONSULTATION PROGRAM

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**Introduction** Following significant changes to the United States healthcare system, community health centres and private providers are providing a greater amount of STI screening, treatment and management that, in the past, would have been performed at public health specialty (STI) clinics. However, general healthcare providers without a background in STIs may be unfamiliar with STI treatment protocols and unusual presentations. To assist healthcare providers in an eight state region, the Denver Prevention Training Centre (PTC) collaborated with the Southeastern National TB Centre (SNTC) to modify their tuberculosis clinical consultation database to serve clinicians performing STI exams.

**Methods** The Denver PTC and SNTC created an online database and call management system modelled on the TB system. The system tracks and facilitates the clinical consultation process from initiation to completion. A toll free number (1-800-4-STD-CCN) and website (www.STDCCN.org) were set up. Marketing was done through electronic channels and at healthcare events in the region.

**Results** The STI clinical consultation system received 2–5 requests a week from clinicians around the region. Unlike the TB system, whose requests have been primarily received through the phone, almost all of the requests for STI consultations came through the online portal. The STI consultation program has been successful both as a means of offering clinical consultation, and, importantly, as a way of tracking the consultations and technical assistance delivered by the training centre. As a result, the STI clinical consultation program will be expanded across the United States in the coming months. The Denver PTC and SNTC are also looking at expanding the process to mobile applications so that consultation can be initiated from mobile devices.

**Conclusion** Web-based processes can help simplify, facilitate and track the process of STI clinical consultation.

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#### 014.3 REFERRING CLINIC TURN-AWAYS TO BRITISH COLUMBIA'S INTERNET-BASED TESTING PROGRAM GETCHECKEDONLINE TO INCREASE CAPACITY FOR TIMELY STI/HIV TESTING

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**Introduction** Many jurisdictions face pressures to meet increasing demand for STI clinical services, including prolonged wait-times and turning away drop-in clients. The BC Centre for Disease Control has implemented internet-based STI/HIV testing (GetCheckedOnline.com, GCO) as a virtual extension of clinic

services. Here we report on the impact of providing same-day access to GCO through codes for clients seeking testing but unable to be seen (turn-aways).

**Methods** Starting March 3, 2015, clerical and nursing staff working in the provincial STI clinic in Vancouver, BC offered access codes to turn-away clients presenting in person or by phone seeking testing. On the GCO website, access codes permit clients to create accounts and print requisitions for HIV, syphilis, Chlamydia/gonorrhoea +/- hepatitis C testing. We examined offer, account creation, and testing for turn-away clients and STI clinic clients for the first month of implementation.

**Results** Between March 1–31, 2015, codes were provided to 57 of 107 turn-away clients by clerical staff (codes provided by nursing staff not tracked). 34 turn-away clients created accounts (26% female, 74% male; mean age 37 years). By March 31, 21 clients were known to have tested and received results. Two turn-away clients (10%) tested positive (for Chlamydia and gonorrhoea). Over the same period, 536 STI clinic clients were tested (31% female, 69% male; mean age 34 years); 64 clinic clients (12%) tested positive for these infections.

**Conclusion** Internet-based STI/HIV testing provides an opportunity to test for clients facing barriers due to clinic capacity. While these findings are preliminary, they suggest referring turn-away clients to GCO at this high-volume clinic increased overall testing capacity and reduced delays in diagnosis. This service has since been implemented at two other STI clinics in Vancouver with differing client populations. Findings from the first five months of implementation across all clinics will be presented.

**Disclosure of interest statement** The authors have no conflicts of interest to disclose.

#### 014.4 HOME-BASED SPECIMEN COLLECTION FOR CHLAMYDIA TRACHOMATIS AND NEISSERIA GONORRHOEAE TESTING DOES NOT IMPROVE CLINICAL MANAGEMENT OUTCOMES: SYSTEMATIC REVIEW

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**Introduction** Home-based specimen collection is promoted as an innovative method to improve convenience and uptake of, and reduce barriers to clinic-based *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (NG) testing. It is not known whether this strategy increases successful case management or the impact of screening programmes. The objective of this systematic review was to assess the effectiveness and safety of home-based and clinic-based specimen collection for CT and NG.

**Methods** We searched for randomised controlled trials (RCTs) in MEDLINE, EMBASE, CENTRAL and LILACS databases, the Cochrane Sexually Transmitted Infections Group Specialised Register, two trials registers and grey literature up to February 2015. The primary effectiveness outcome was complete case management, defined as completed testing, diagnosis and treatment of index cases with positive test results. Secondary outcomes included testing uptake, test positivity, partner treatment and infections cured.

**Results** We screened 496 unique records and included 10 RCTs (6,291 participants). All reported on testing uptake but only three (1,566 people) assessed the primary outcome. There was