vs text, and open (anyone can access) vs closed models (provider controls access via e-mail invitation or access code).

**Methods** We conducted five focus groups with potential users (youth, men who have sex with men (MSM), STI clinic clients), community agencies, and public health nurses, and interviewed family physicians, recruited through multiple methods. Participants were shown visual depictions of OPN models and examples of existing services, and opinions elicited using discussion guides that probed acceptability, advantages, and challenges of differing models. Notes taken were supplemented by review of audio recordings and analysed thematically.

**Results** We spoke with 16 potential users (6 youth, 6 MSM, 4 clients), 4 agency staff, 11 nurses, and 8 physicians. Older and younger users preferred OPN through e-mail and texting respectively, each perceiving the chosen modality as more serious and private. Participant points of convergence included: OPN are beneficial; need for two-stage messaging (initial generic, followed by detailed disease and contact information); few concerns regarding misuse; limitations given online sex-seeking without contact information. Most users preferred OPN for all possible STI while providers more commonly emphasised reportable or treatable infections. Users preferred closed access models which were perceived as more serious and secure. Providers preferred open models, perceiving closed models to create barriers for clients and difficult to integrate into clinical practice.

**Conclusion** We found overall support for OPN, but key differences between client and provider perceptions may pose challenges to uptake. As OPN are best promoted by providers giving an STI diagnosis, understanding and addressing provider concerns is important.

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sexually transmitted infection depends in part on the underlying justification of presumptive treatment for a sexually transmitted infection that we aimed to ascertain the proportion infected with chlamydia, and factors predictive of infection, amongst females, heterosexual males and men who have sex with men (MSM) presenting to a sexual health service reporting sexual contact with a chlamydia infected partner. 

Methods Patients included were those attending the Melbourne Sexual Health Centre from October 2010 to September 2013. Proportions testing positive amongst females, heterosexual males, and MSM reporting sexual contact with a chlamydia infected partner were ascertained. Demographic and behavioural data obtained using computer assisted self-interview were analysed to determine predictive factors.