

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

018 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.

019 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 019 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.

020 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 health-care. Our results show variable adherence to BASHH guidelines which may compromise health outcomes for patients seeking internet based therapy.