sexual health service in Birmingham, UK has provided free online home-based sampling in addition to a clinic-based service. The objectives of the study were to: - assess whether there were differences between the groups accessing screening online and in clinic; - evaluate the health outcomes associated with screening by setting; - analyse the interactions between online services and clinic-based services in terms of patient usage, and changes in access over time.

Methods A retrospective analysis of the clinic and online databases was undertaken to identify patients who undertook home-based and clinic-based testing between January and December 2017. Statistical analyses were undertaken to assess the uptake of screening by population group and identify predictors of screening uptake in different settings.

Results Overall 31,901 online testing kits were requested, with 18,087 returned, which equated to 14,667 patients. In the same period, 44,047 appointments were conducted in clinic, for 36,209 patients. A higher proportion of patients accessing online screening compared to clinic-based services were female (66.3% vs 52.1%, $p<0.001$), aged <25 (52.5% vs 41.5%, $p<0.001$), white (74.4% vs. 40.1%, $p<0.001$), asymptomatic (79.6% vs. 49.4%, $p<0.001$), and a lower proportion were from the two most deprived socio-economic groups (38.8% vs. 50.5%, $p<0.001$). There were also differences in positivity rates for chlamydia and gonorrhoea (7.25% vs. 9.98% and 1.53% vs 3.47%, $p<0.001$).

Conclusion This study provides valuable insights into differences in patient characteristics between those accessing online and clinic based services. This knowledge will allow those involved in planning and delivering services to understand how different service elements can complement each other. Our findings can be used to ensure that digital health services are integrated effectively alongside other types of services, in the context of limited resources, both in the UK and internationally.

Disclosure No significant relationships.

P090 UNDERSTANDING YOUNG PEOPLE'S PRIORITIES FOR SEXUALLY TRANSMITTED INFECTION (STI) SCREENING

¹Louise Jackson*, ²Hareth Al-Janabi, ²Tracy Roberts, ³Jonathan Ross. ¹University of Birmingham, Health Economics Unit, Birmingham, UK; ²University of Birmingham, Health Economics Unit, Birmingham, UK; ³University Hospital NHS Foundation Trust, Birmingham, UK

10.1136/sextrans-2019-sti.285

Background It is important that STI screening provision reflects the priorities of young people, as they bear the greatest burden of disease. Such provision has become possible in a wider range of settings but there are constraints due to budget pressures. The objectives of the study were: • To assess how young people prioritise different characteristics of STI screening; • To analyse whether there are differences across socio-demographic groups; • To predict participation rates for different service configurations.

Methods Eight qualitative focus groups were used to design a discrete choice experiment (DCE) to analyse the choices made by young people. DCEs are an attribute-based survey method which involve respondents making choices between hypothetical scenarios, comprising two or more alternatives. The DCE

included the following service characteristics: waiting times for appointments, waiting times for results, type of consultation, staff attitude, type of screening test, STIs tested for, and setting. The DCE was administered to 2000 young people who were part of an online panel in the UK, with quotas set to ensure inclusion of minority ethnic groups.

Results Analyses indicated that all seven service characteristics investigated were statistically significant factors for participants. Feeling that staff were non-judgemental was the most important characteristic to young people. Being tested for all STIs, having a full consultation and getting results quickly were also characteristics identified as important. Further analyses revealed some heterogeneity in priorities by gender, ethnicity and age group.

Conclusion This study provides valuable insights into the service characteristics that are seen as the most important by young people. This knowledge will allow those involved in providing and designing services to understand the relative importance of different service characteristics. At a time when sexual health services are facing pressures, such findings can be used to inform service development to ensure that decision-making is informed by young people's priorities.

Disclosure No significant relationships.

P091 ESTIMATING NEONATAL HERPES SIMPLEX VIRUS INFECTIONS USING CHAPMAN'S CAPTURE-RECAPTURE METHOD, FLORIDA, 2011–2017

¹James Matthias*, ²Sonya Du Bernard, ³Gayle Keller, ⁴Julia Schillinger, ⁵Thomas Peterman, ³Craig Wilson. ¹Centers for Disease Control and Prevention, Division of STD Prevention, Tallahassee, USA; ²University of Florida, Gainesville, USA; ³Florida Department of Health, STD and Viral Hepatitis Section, Tallahassee, USA; ⁴Centers for Disease Control and Prevention, New York City, USA; ⁵Centers for Disease Control and Prevention, Division of STD Prevention, Atlanta, USA

10.1136/sextrans-2019-sti.286

Background Neonatal infection with Herpes Simplex Virus (nHSV) is a reportable condition in Florida. Healthcare providers are required to report cases of nHSV, and clinical laboratories are required to report the results of tests in which HSV is detected. However, electronic laboratory reporting (ELR) to the Florida Department of Health is incomplete, and results are not captured in the repository used for case-based reporting of other nationally reported sexually transmitted infections. We estimated the incidence of laboratory-confirmed nHSV in Florida using provider-reported cases alone, ELR alone, both provider and ELR reports, and the incidence yielded by a capture-recapture methodology.

Methods Provider-reported cases of nHSV (infants ≤ 60 days of age with HSV infection confirmed by culture or polymerase chain reaction) during 2011–2017, and laboratory reports of HSV-positive culture or PCR results in the same age group, over the same period, were extracted and analyzed. Provider-reported cases were matched with ELR results using name, date of birth, and specimen collection dates. Chapman's estimator for capture-recapture was used to estimate nHSV incidence in Florida. Rates of nHSV infections per 100,000 live births were calculated.

Results Providers reported 113 nHSV cases and ELR identified 197 nHSV cases during 2011–2017. Of these, 44 cases were common to both datasets, leaving 266 unique nHSV reports. Given the number of unmatched cases, Chapman's estimator suggests 501 (95% C.I. 401–600) nHSV cases occurred in Florida during the study period. The incidence of nHSV using