who were tested for GC/CT but not empirically treated. Either GC or CT was positive at 90 (14.7%) visits. Median age and race/ethnicity did not differ between the groups. Mean and median time to treatment for GC/CT decreased from 6 and 4 days prior to implementing GeneXpert™ to 1.7 and 0 days for those tested with the POC test (p<0.001).

Conclusion Prevalence of GC and CT was high among asymptomatic patients on PrEP. The introduction of POC testing decreases time to treatment, reducing duration of infectivity and potentially preventing ongoing transmissions.

Disclosure No significant relationships.

014.5 CHLAMYDIA TRACHOMATIS TESTING: A NATIONAL EVALUATION OF INTERNET BASED SELF-SAMPLING IN SWEDEN

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Background Chlamydia trachomatis (CT) testing in Sweden is free of charge and now exceeds 600,000 annual tests in a population of 10 million. These tests include internet-based self-sampling tests, a service that gradually has been implemented as a part of routine diagnostics in all 21 counties. To our knowledge Sweden is the country with the highest coverage of internet based self-sampling for CT. This study evaluates the diagnostic outcome for self-sampling.

Methods Requests for both self-sampling at home and clinic based sampling for CT-testing were sent to the laboratories in 18 of 21 counties. All 18 counties provided data on self-sampling in 2017 and 12 counties (representing 80% of the population) provided data on both self-collected samples at home and clinic based testing for the years 2013 to 2017.

Results The proportion of self-sampling increased from 12.9% in 2013 to 17.8% in 2016 when compared to national chlamydia test figures. Between 23% and 26% of delivered test kits were never sent back for analysis during 2013–2017. In analysis of 12 counties self-sampling increased by 110% between 2013 (n=32,993) and 2017 (n=69,181) for women, compared to 67% for men (2013: n=21,008; 2017: n=35,091). Test volumes for clinic based sampling was fairly constant for both sexes (women 2013 n=245,274; 2017 n=243,338; men 2013 n=97,519; 2017 n=110,617). The proportion of men was 36% for self-sampling compared to 67% for men (2013: n=21,008; 2017: n=35,091). Test volumes for clinic based testing for the years 2013 to 2017.

Conclusion Self-sampling has increased significantly in recent years, especially among women. The positivity rate is similar in self-collected and clinic collected samples.

Self-sampling reaches men more than clinic based testing, but not as much as expected.

Disclosure No significant relationships.

014.6 MAFRICA: ZENZELE, A MOBILE-PHONE ENABLED HIV TESTING AND LINKAGE TO CARE PATHWAY FOR YOUNG PEOPLE IN RURAL SOUTH AFRICA

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Background The uptake of HIV testing with linkage to care or prevention interventions such as Pre-Exposure Prophylaxis (PrEP) remains low among young men and women outside antenatal settings. This contributes to the high HIV incidence and HIV-related mortality in South Africa.

Methods We conducted formative work (8/2016–12/2018) to co-develop and pilot Zenzele, a mobile-phone enabled HIV self-test to support decentralized HIV care and prevention in a HIV high burden rural area of South Africa. We conducted surveys with a representative sample of 13–35-year-olds (n=3460); provider and user interviews (n=40 and 54 respectively); and group discussion (n=9). We piloted Zenzele, a simulated online pathway with n=30 individuals aged 18–30 attending a rural clinic. The Zenzele application supported an audio-visual guide in isiZulu and English; a timer to support self-testing according to the manufacturer guidelines; photographing the test using the smartphone camera and providing an automated interpretation of the result; and post-test health promotion and linkage to care.

Results 75.6% of 13–35-year-olds owned a mobile phone. After adjustment phone ownership was associated with age (aOR:1.48;95%CI1.42–1.54); male (aOR:1.64;95%CI 1.33–2.03); and recent HIV test (aOR:1.33;1.09–1.62). Interviews suggested that the mobile-phone enabling HIV-self testing was broadly acceptable to users and providers. During the pilot study, everyone completed the self-test and received a result; the majority without resorting to the online support. The one participant testing positive was successfully linked to care. Mobile-phone enabled HIV self-testing combined the advantages of self-testing with provision of live support for those who struggle with the test, or who test positive. It provides the prospect of safe, decentralized, de-medicalised HIV care and prevention, including PrEP.

Disclosure No significant relationships.

Disclosure No significant relationships.