P046 ENSURING QUALITY-ASSURED AND PERSONALIZED ONLINE SELF-TESTING WITHIN A MARKET-DRIVEN CONTEXT

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10.1136/sextrans-2019-sti.251

Background The number of private and online providers of STI tests is increasing in the Netherlands. The autonomy and accessibility of online self-testing may contribute to timely diagnosis, lower healthcare costs and shorter waiting lists at STI clinics. But ill-informed self-testing can also lead to under-diagnosis and insufficient partnermanagement of STIs. To improve linkage to high quality private testing providers the online advice application Advies.chat was launched in 2017. We assessed process indicators for the successful implementation of this online advice instrument in 2018.

Methods The application generates tailored advices based on clinical guidelines. The questionnaire takes into account personal characteristics, sexual behaviour, sexual risks and symptoms. The advice refers to STI testing providers if testing is indicated and explains which specific STIs need to be tested for. All test advices refer to GP's and the specific diagnostic tests offered by selected online testing providers. Key populations (MSM, sex workers and young people < 25 years) are also referred to STI clinics. Anonymous process data from the Advies.chat database were analysed.

Results Advies. chat was visited 337,736 times in 2018; 113,257 visitors started the questionnaire, 17,449 the chatbot. Visits increased on Sundays, peaked on Mondays and decreased during the week. The most indicated reason for using Advies.chat was the 'possibility of being STI or HIV infected' (75%). Around 60% finished the questionnaire, leading to 65,736 advices and 8,700 clicks to online self-test providers.

Conclusion Online self-management tools can play a keyrole in improving the quality of the growing online STI testing market. Advies.chat shows that online triage and tailored advice is feasible and increases traffic to quality testing providers. The contribution of Advies.chat to the estimated 430,000 consultations at GP's and STI clinics in the Netherlands is sizable. Methods need to be developed to assess the impact of online self-management and self-testing on STI control.

Disclosure No significant relationships.

P047 THE THREE RS: RECALLS, REMINDERS AND RETESTING FOR CHLAMYDIA – VIEWS OF GPs AND YOUNG ADULTS

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10.1136/sextrans-2019-sti.252

Background Chlamydia reinfection increases the risk of pelvic inflammatory disease. Reinfection is common in Australia and while clinical guidelines recommend retesting 3 months post-treatment, less than 25% are retested. We aimed to examine general practitioner (GP) and patient views on retesting for chlamydia and recall/reminder systems to facilitate retesting.

Methods As part of a trial of chlamydia testing in general practice, GPs were provided with resources and support to implement recall/reminder systems to increase retesting. GPs' attitudes and practices were examined pre- and mid-intervention using semi-structured interviews. Semi-structured interviews were also conducted with patients throughout the trial. Data were analysed thematically.

Results 44 GPs undertook a pre-intervention and 24 a mid-intervention interview; 22 patients were interviewed. GPs viewed recalls/reminders as essential to a formal chlamydia control program. There was disparity in whether systems to enable retesting were adopted during the intervention. Barriers to implementing these systems included concerns about costs and time required to 'chase up' patients; these barriers persisted during the intervention. Concerns about privacy were raised by most GPs but not patients. Over half of patients were not provided with advice about retesting at the time of their initial chlamydia test. Of the four patients who tested positive, two were retested as per guidelines. Patients were universally supportive of receiving reminders for chlamydia retesting, though retesting when at the clinic for another reason was viewed as 'more practical'. Patients did not have strong preferences about reminder type (letter, SMS, email). Knowledge gaps were identified by both GPs and patients, and GPs identified a need to improve knowledge of the risks of chlamydia reinfection.

Conclusion GPs raised more concerns about retesting and reminders than patients. Increasing GP and patient knowledge of the risks of reinfection is crucial. GPs require additional support to implement strategies to increase re-testing.

Disclosure No significant relationships.

P048 IMPROVING 'HOME-BASED' STI/HIV SELF-SAMPLING AND BOOSTING SAMPLE RETURN RATES

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10.1136/sextrans-2019-sti.253

Background STI/HIV self-sampling has the potential to improve sexual health by increasing access to testing, yet uptake and sample return rates are currently sub-optimal. Our inter-disciplinary research team explored home-based self-sampling from the user perspective, to inform its optimisation (within the context of LUSTRUM, a UK based trial of Accelerated Partner Therapy (APT)). We describe how implementation science approaches were used to reconcile user, professional and practical requirements for APT and to suggest a series of simple improvements.

Methods 11 focus groups with the public (n=36), and those recently diagnosed with an STI (n=20), explored perceived barriers and facilitators to using prototype self-sampling packs and returning samples. Using the behaviour change wheel approach to direct intervention development, we engineered an optimised self-sampling and treatment pack and instructions, supported by audio-visual online materials. In this way we translated lay perspectives into evidence-based and theoretically informed, pragmatic recommendations.

Results Using rich participant extracts we illustrate how our analysis suggests: the design of the package should physically separate and order components to be used at each stage in the self-sampling/treatment process; simple written and online audio-visual instructions, suitable for those with low literacy levels should be provided; the rationale for and health consequences of not testing for STIs, including HIV, should be clearly articulated, enabling users to opt-out of HIV testing without inadvertently opting-out of STI testing; specific information concerning the viability of both self-taken samples and postal delivery to laboratories is needed

Conclusion This study represents the first evidence-based approach to improving the design of self-sampling packs and sample return. Using qualitative approaches and implementation science it is possible to systematically suggest refinements to product design and the need for additional sources of psychological and behavioural support to improve user experience, increase acceptability of self-sampling, broaden uptake and boost sample return

Disclosure No significant relationships.

P049

STI TESTING AND DOCUMENTATION VIA A PHONE APPLICATION (APP): EXPERIENCE WITH THE SAFE APP

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10.1136/sextrans-2019-sti.254

Background The STI epidemic continues to grow among young people. Encouraging screening and careful partner selection are approaches to controlling STI transmission.

Methods The SAFE App is a free, phone-based program that encourages users to undergo regular testing for STIs. The app allows for the real-time collection of data concerning the frequency of testing among various demographic populations. Users may securely upload test results from their regular healthcare provider or arrange to be tested through the app. Users who test through the app can use health insurance or pay a flat fee to test without generating an insurance claim. Test results can be securely displayed on the user's phone so they have the ability to easily share them with potential sex partners. The app is available for both Apple and Android systems and is supported by a network of physicians who communicate results to users and arrange for treatment for any user with a positive result. State reporting requirements are also fulfilled through the app.

Results To date, a limited number of users have registered for the app including about 200 from 38 states who imported

results into the app and about 150 from 22 states who obtained testing through the app. Among the latter, testing was completed at a commercial laboratory and the result electronically transferred to the SAFE medical record for rapid review by a physician and release to the user. Some users reported that they had never had an STI screen prior to testing through the app. After completion of scalability testing, the app will be promoted through social media.

Conclusion Widespread use of this app should encourage more testing of at-risk populations, generate demographic data concerning the frequency of STI testing, as well as ultimately reducing the spread of STIs by more judicious partner selection.

Disclosure No significant relationships.

P050

SEXUAL HEALTH LONDON ONLINE TESTING: A REVIEW OF SERVICE USERS AND OUTCOMES

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10.1136/sextrans-2019-sti.255

Background Sexual Health London (SHL) provides online asymptomatic sexual health screen, channelling patients away from clinic attendances. We present data from commencement on the 8th January to 31st October 2018 from this service.

Methods Descriptive analysis of routine data from registered users, including general demographics, service metrics of test kits (including nuclear acid amplification testing of Chlamydia and Gonorrhoea and/or blood serology), infection results and outcomes of kits (returned by 18th January 2019).

Results 82,806 registered users ordered 81,542 kits. 80.3% (n=65,460/81,542) kits were returned from 51,039 unique users. Proportion of sufficient samples in return kits: blood samples = 77.24% (n=50482/65361), vaginal samples = 99.41% (n=38312/38541) and urine samples = 99.15% (n=26595/26822). Median age 27 years old (range 16–99). Sex and sexual orientation demographics of unique users (n): Heterosexual: female = 54% (27560), male = 27.13% (13848), trans* = 0.05% (24) Homosexual: female = 0.45% (232), male = 11.56% (5898), trans* = 0.03% (14) Bisexual: female = 4.29% (2190), male = 2.41% (1231), trans* = 0.08% (42) Reactive results from sufficient samples (numerator/denominator): Chlamydia 4.39% (2850/64907), Gonorrhoea 1.12% (726/64907), HIV 0.35% (173/49889), Syphilis 0.58% (283/48692), Hepatitis B 0.73% (n=69/9430) and Hepatitis C 0.56 (n=54/9635). 100% of patients with a reactive HIV result have been contacted by a health advisor. 119 patients were considered 'low level' or could not be confirmed due to low sample volume. Of 54 'high level' reactive results, 32 were true positives and 18 patients were new positive patients. Median time (days) from requesting kit to kit testing was 9 days (range 1- 280 days). 99.3% of reactive results were communicated within three days of receiving the sample. 97.2% (n=4454) of reactive Chlamydia results were confirmed to have transferred care to a clinic.

Conclusion These results provide an indication of service usage and outcomes of sexual health testing using online services.

Disclosure No significant relationships.