

Supplementary Table 2. Key findings of included studies (n=37).

Reference	Key Findings
Arias et al. 2016 ¹	Women reported self-collection with HerSwab to be easy (97.1%) and comfortable (88.3%). They preferred self-collection over physician collection (80.9%) and would consider using HerSwab for self-collection at home (79.7%). Samples of SCV and PCV showed an overall agreement of 94.7% ($\kappa = 0.64$) for CT and of 98.4% ($\kappa = 0.56$) for GC, and HerSwab collection detected 7 more positive patients than PCV collection. The overall prevalence of infection was 10.6% for CT and 2.6% for GC.
Bernstein et al. 2011 ²	The prevalence of pharyngeal GC and CT infection was 6.7% (32/480) and 1.3% (6/480), respectively. The percent agreement between self-collected and clinician-collected GC and CT specimens using nucleic acid amplification testing was 96.6% with a κ of 0.766 (95% confidence interval: 0.653–0.879) and 99.4% with a κ of 0.766 (95% confidence interval: 0.502–1.000), respectively. Acceptability was high among participants.
Berry and Stanley 2017 ³	We found an overall prevalence of 10.5 % for CT infections and 4.2% for GC infections in our patient population. Meatal swab testing had a sensitivity and specificity of 91 and 99% with a negative predictive value (NPV) of 99% and a positive predictive value (PPV) of 96% for CT testing compared to a sensitivity and specificity of 100 and 99% with an NPV of 100% and a PPV of 98% for urine samples. The sensitivity and specificity of meatal swabs was 100 and 99%, respectively, for GC detection with an NPV of 100% and PPV of 89% compared to urine which had 93% sensitivity and 99% specificity with an NPV and PPV of 99 and 93%, respectively.
Camus et al. 2021 ⁴	Self-sampling was not inferior to conventional-sampling for the detection of STIs. 322 (31%) women preferred self-sampling and 268 (26%) preferred conventional sampling ($p = 0.045$) (43% did not have a preference. Of the 1027 surveyed participants, 84% (867) would recommend the use of self-sampling.
Chai et al. 2010 ⁵	Of 501 samples received for testing, 106 (21%) were positive for at least one STI, 64 (13%) for chlamydia, 4 (1%) for gonorrhea, and 49 (10%) for trichomonas. In multivariable analyses, age, race, household income, and frequency of condom use were independently associated with infection with at least one STI. Of the total respondents, 34% had a prior STI; 29% reported having a partner with an STI, but only 13% reported always using a condom. Among the men who participated in this study, 77% preferred a self-administered specimen versus attending a clinic, 89% reported that swab use was easy, and 89% reported that they would use internet-based screening again.
Charin et al. 2021 ⁶	Among 5051 valid CT and 5040 valid NG asymptomatic test results, overall prevalence was 5.9% (298/5051) and 4.5% (228/5040), respectively. Among MSM with asymptomatic CT, 71.8% (214/298) had extragenital infection only, χ^2 (1, n=298) =56.71, $p < 0.001$. Among those with asymptomatic NG, 89.9% (205/228) had extragenital infection only, χ^2 (1, n=228) =145.281, $p < 0.001$.

Chernesky et al. 2014⁷	There was a total of 22 CT, 19 TV and 2 GC infections with dual infections in 6 people (one CT and GC, one GC and TV and four CT and TV). Prevalence were as follows: CT 3.9% (GYC 1.3% and YHC 12.6%); GC 0.3% (2.0% in YHC); TV 3.4% (GYC 0.4% and YHC 13.4%). Sensitivity for CT infections were CSCT 100%, PC 100%, SP 81.8%; VSCT-self 100%, VSCT-physician 95.4%: for TV infections CSCT 89.4%, PC 84.2%, SP 63.2%; VSCT 100%: for GC all collections 100%. There were no false positives (% specificity 100). Results of the survey revealed that the majority of patients found opening the package, self sampling, insertion of the SCT swab into preservation media and uncapping and recapping the tube were relatively easy to perform. Eighty-two per cent experienced no discomfort using the SCT kit for collection.
Chinnock et al. 2020⁸	A total of 533 patients completed enrollment and answered survey questions, 515 of whom had laboratory results for both SOVS and PPES. There were 86 patients with a positive result: 29 with GC, 47 with CT, and 10 with coinfection. SOVS had a sensitivity of 95% (95% confidence interval = 88% to 99%) for the detection of GC/CT when compared to PPES. SOVS were felt to be an acceptable collection method in 93% of patients and 75% preferred SOVS to PPES.
Conejero et al. 2013⁹	We studied 344 patients with an average age of 21.7 years. Detection of <i>C. trachomatis</i> was positive in 7.9% women, and it was not found in any of the patients studied for <i>N. gonorrhoeae</i> . 98% considered self-sampling instructions easy to understand, 87.5% felt comfortable taking the sample.
De Baetselier et al. 2019¹⁰	A total of 473 home-based samples from 213 MSM were received with a mean age of 38.5 years. TV was not detected. A very good to almost perfect agreement was found for CT, GC and MG of $\kappa=0.75$, 0.87 and 0.85, respectively. Using the Colli-Pee device only one low positive CT and two MG infections were missed, however, three additional CT, two GC and six MG infections were detected.
Dukers-Muijers et al. 2020¹¹	Among the 4,916 women, 1,763 (35.9%) were preselected, of whom 560 (31.8%) were included. The study population had diverse baseline characteristics: study site, migration background, high education, and no STI history were associated with non-preselection and non-inclusion. Retention was 76.3% (n = 427). Attrition was 10.71/100 person/month (95% confidence interval 9.97, 12.69) and was associated with young age and low education.
Galvez et al. 2021¹²	In 206 women of childbearing age, we identified some sexually transmitted infections such as <i>Chlamydia trachomatis</i> or <i>Trichomonas vaginalis</i> in 9/206 (4.4%). We obtained a high degree of agreement in the identification of <i>Candida</i> spp. ($k = 0.97$), <i>Chlamydia trachomatis</i> ($k=0.92$) and <i>Trichomonas vaginalis</i> by microscopy ($k=1.00$), and a considerable agreement for the identification of <i>Trichomonas vaginalis</i> by culture ($k=0.66$).
Grabert et. al 2022¹³	Detection of <i>T. vaginalis</i> and <i>N. gonorrhoeae</i> in dry and wet samples was similar, but <i>C. trachomatis</i> detection in dry samples appeared lower.
Estcourt et al. 2017¹⁴	Between July 21, 2014, and March 13, 2015, 2340 people used the eSHC. Of 197 eligible patients from genitourinary medicine clinics, 161 accessed results online. Of the 116 who consented to be included in the study, 112 (97%, 95% CI 91-99) received treatment, and 74 of those were treated exclusively online. Of the 146 eligible NCSP patients, 134 accessed their results online, and 105 consented to be included. 93 (89%, 95% CI 81-94) received treatment, and 60 were treated exclusively online. In both groups, median time to collection of treatment was within 1 day of receiving their diagnosis. 1776 (89%) of 1936 NCSP patients without chlamydia accessed results online. No adverse events were recorded.

Grandahl et al. 2020^{15 16}	Of the 1,785 participants 69.4% were women. The majority of participants (77.1%) were single and heterosexual (88.2%) and 5.3% of samples tested positive. The self-sampling service was appreciated, with > 90% considering it good/very good. The main reason subjects gave for testing was to check their health after unprotected sex (72.9%). Almost half (44.7%) had regretted having sex after alcohol intake. Differences in attitudes were seen between categories: born vs not born in Sweden, employed vs student, single vs married/having a partner. Participants were happy with the self-sampling test service, and sexual risk behaviours motivated use of the test.
Habel et al. 2018¹¹	In 2015, University Health Services experienced a 28.5% increase in chlamydia (CT)/gonorrhea (GC) testing for male individuals and 13.7% increase in testing for female students compared to 2013 (baseline). In 2015, 12.4% of male students and 4.8% of female students tested positive for CT/GC via clinician testing, whereas 12.9% of male students and 12.4% of female students tested positive via self-testing. Female students were more likely to test positive for CT/GC when electing to test via self-test versus a clinician test ($\chi^2(1, N = 3068) = 36.54, P < 0.01$); no significant difference in testing type was observed for male students. Overall, 22.5% of students who opted for the self-test option completed the acceptability survey; 63% reported that their main reason for testing was unprotected sex. In the past year, 42% reported 4 or more partners. The majority were very satisfied and likely to use the service again (82%).
Harvey-Lavoie et al. 2021¹⁷	Among 1177 GBM, the prevalence of rectal, urogenital, pharyngeal, and overall were respectively 2.4%, 0.4%, 0.4%, and 2.8% for CT infections, and 3.1%, 0.4%, 3.5%, and 5.6% for NG infections. If testing had been limited to the urogenital site, 80% and 94% of CT and NG infections, respectively, would have been missed.
Holland-Hall et al. 2002¹⁸	Twenty-four percent of sexually active subjects had one or more infections diagnosed by self-testing: 11.3% had <i>C. trachomatis</i> , 8.5% had <i>N. gonorrhoeae</i> , and 11.7% had <i>T. vaginalis</i> . Only 30% of subjects with infections had pelvic exams while detained; therefore 70% of girls with infections would have been missed in the absence of the self-testing option. The self-collection technique was acceptable to 95% of subjects.
Kanji et al. 2016¹⁹	We obtained a total of 606 vaginal specimens, 341 nurse collected and 265 self-collected. The sensitivity and specificity of SCV versus urine were 86.7% and 99.1% for CT, 100% and 100% for GC, respectively. For HCV versus EC the sensitivity and specificity were 100% and 97.9% for CT and 71.4% and 99.4% for GC, respectively.
Ladd et al. 2014²⁰	Of the 205 rectal samples returned and eligible for testing, 38 (18.5%) were positive for at least one STI. The women were young (mean age 25.8 years), mostly African American (50.0%), and only 14.0% always used condoms. After adjusting for age and race, Black race (AOR=3.06) and vaginal STI positivity (AOR=40.6) were significantly correlated with rectal STI positivity. Of women testing positive for rectal STIs who also submitted vaginal swabs, 29.4% were negative in the vaginal sample.

Leenen et al. 2020 ^{21, 22}	Adoption was 85.3% (110/129), participation was 58.2% (64/110), and sampling-kit return was 43.8% (28/64). Of the tested MSM, 64.3% (18/28) did not recently (< 3 months) undergo a STI test; during the programme, 17.9% (5/28) were diagnosed with an STI. Of tested MSM, 64.3% (18/28) was vaccinated against hepatitis B. MSM reported that the sampling kits were easily and conveniently used. Care providers (hospital and STI clinic) considered the programme acceptable and feasible, with some logistical challenges. All (100%) self-taken chlamydia and gonorrhoea samples were adequate for testing, and 82.1% (23/28) of MSM provided sufficient self-taken blood samples for syphilis screening. However, full syphilis diagnostic work-up required for MSM with a history of syphilis (18/28) was not possible in 44.4% (8/18) of MSM because of insufficient blood sampled.
Lippman et al. 2007 ¹⁵	Slightly more women responded to the initiative within 2 weeks in the home group (80%) than in the clinic group (76%) with younger women showing improved response to home-based screening. Ninety-four percent of home group participants successfully completed self-collection and self-testing on their first attempt.
Lockhart et al. 2018 ²³	Baseline STI prevalence was 2.9% for <i>N. gonorrhoeae</i> , 5.2% for <i>C. trachomatis</i> , 9.2% for <i>T. vaginalis</i> , and 20.1% for MG in self-collected samples, and 2.3%, 3.7%, 7.2%, and 12.9%, respectively, in physician-collected samples. κ Agreement was consistently strong (range, 0.66–1.00) for all STIs over the 18-month study period, except for MG, which had moderate agreement (range, 0.50–0.75). Most participants found self-collection easy (94%) and comfortable (89%) at baseline, with responses becoming modestly more favorable over time.
Mabonga et al. 2021 ²⁴	Three hundred and sixty-three PLHIV had an STI screen. Asymptomatic STIs were only diagnosed in women (prevalence 5.7%), overall prevalence 3.9% ($n = 14$). Factors independently associated with an STI in women were being under 25 years (OR 9.63 95% CI 1.56–59.5) and having more than one sexual partner (OR 8.06 95% CI 1.07–60.6). Four hundred and seven completed the acceptability questionnaire. More than 95% of patients found self-sampling easy and comfortable and 83.8% would believe the results. Women significantly preferred the option of self-sampling, 56.9% versus 29.3% of men ($p < 0.001$). Acceptability of self-sampling was high.
Masek et al. 2009 ²⁵	Of the first 500 swabs submitted, 46 were <i>C. trachomatis</i> infected (9.2%) and 5 were <i>N. gonorrhoeae</i> infected (1.0%), and 3 of these were coinfecting (0.6%). All <i>C. trachomatis</i> and <i>N. gonorrhoeae</i> Combo2-positive/ProbeTec-negative samples were confirmed as true positives by an alternative NAAT. For <i>C. trachomatis</i> , ProbeTec, Combo2, and PCR had sensitivities of 82.6%, 100%, and 100%, with specificities of 100%, 100%, and 99.3%, respectively. For <i>N. gonorrhoeae</i> , ProbeTec, Combo2, and PCR had sensitivities of 80%, 100%, and 100%, with specificities of 100%, 100%, and 98.8%, respectively. Of the total 1,000 swabs submitted, 92 were <i>C. trachomatis</i> infected (9.2%) and 15 were <i>N. gonorrhoeae</i> infected (1.5%), and 7 of these were coinfecting (0.7%). There were no ProbeTec-positive/Combo2-negative samples. For <i>C. trachomatis</i> , ProbeTec and Combo2 had sensitivities of 81.5% and 100%, with specificities of 100% and 100%, respectively. For <i>N. gonorrhoeae</i> , ProbeTec and Combo2 had sensitivities of 80% and 100%, with specificities of 100% and 100%, respectively. Overall, ProbeTec had 17 <i>C. trachomatis</i> false-negative results (1.7%) and 3 <i>N. gonorrhoeae</i> false-negative results (0.3%), while Combo2 had none. Our results were consistent with the sensitivities and specificities stated by the manufacturers. NAATs perform well for detection of chlamydia and gonorrhoea with self-obtained vaginal swabs shipped in a dry state to a laboratory. For 1,000 self-collected vaginal swabs tested by NAATs, the sensitivities for <i>C. trachomatis</i> and <i>N. gonorrhoeae</i> for Combo2 were 100% and 100%, while they were 81.5% and 80%, respectively, for ProbeTec. For 500 PCR samples, the C.

trachomatis sensitivity was 100% and the *N. gonorrhoeae* sensitivity was 100%, with specificities of 99.3% and 98.8%, respectively.

McCartney et al. 2022²⁶	All survey respondents (100%; n = 23) indicated willingness to provide samples for STI screening during a future study visit. Preference was for self-collection of urine samples (83%; n = 19), urethral swabs (82%; n = 18), and anorectal swabs (77%; n = 17). A lower preference for self-collection of oropharyngeal swabs (48%; n = 11) was observed. Most respondents (78%; n = 18) indicated that they would not prefer specimens to be collected by a health professional, mainly due to 'more privacy' (72%; n = 13). All respondents indicated that they would feel comfortable to provide a self-collected sample based on instructional diagrams shown. In FGDs, although the collection by a health professional was described as a technically safer option for some participants, there was a preference for self-collection to avoid discomfort and embarrassment in exposing the body.
Nodjikouambaye et al. 2019²⁷	A total of 251 women (mean age, 35.1 years) were prospectively enrolled. Only seven (2.8%) women were found to be infected with at least one common STIs [<i>C. trachomatis</i> : 3 (1.2%), <i>N. gonorrhoeae</i> : 1 (0.4%), <i>M. genitalium</i> : 4 (1.6%) and <i>T. vaginalis</i> : 1 (0.4%)], while the prevalence of genital mycoplasmas was much higher (54.2%) with a predominance of <i>Ureaplasma parvum</i> (42.6%). Self-collection by veil was non-inferior to clinician-based collection for genital microorganisms DNA molecular testing, with “almost perfect” agreement between both methods, high sensitivity (97.0%; 95%CI: 92.5-99.2%), and specificity (88.0%; 95%CI: 80.7-93.3%). Remarkably, the mean total number of genital microorganisms detected per woman was 1.14-fold higher in self-collected specimens compared to that in clinician-collected specimens.
Perkins et al. 2013²⁸	The sample included: 413 (80.4%) men and 101(19.6%) women. The median age was 30 (range 15–72) years. Among the men: 135 (32.7%) African-American; 211 (51.1%) White; 262 (63.4%) men who have sex with men only; 34 (8.2%) men who have sex with both men and women. Among the women: 74 (73.3%) African-American; 18 (17.8%) White; 6 (5.9%) women who have sex with women only; 8 (7.9%) women who have sex with women and men. Among men, the prevalence of CT was 10.7% (2.7% throat, 5.8% rectal and 3.4% urine); for GC 8.5% (6.5% throat, 3.4% rectal and 1.2% urine). Among women, the prevalence of CT 12.9% (4.9% throat, 8.9% rectal and 8.9% urine); GC 3.0% (1.0% throat, 3.0% rectal and 1.0% urine). 95.9% of the individuals reported high acceptance of self-testing with 97.6% willing to do repeat testing and 96.7% to recommend self-testing to someone else.
Platteau et al. 2022²⁹	In total, 154 male clients of sex workers with a median age of 38 participated. A total of eight Ct and one Ng infections were detected. TLS analysis revealed a Ct/Ng prevalence of 8.2%.
Rahib et al. 2022³⁰	Overall, 1556 out of 1908 (81.6%) blood samples were tested for at least HIV. A total of eight participants (0.5%) were newly diagnosed with HIV and four with HCV (0.3%). No new infection was confirmed for HBV. Overall positivity was 9.3% for CT and 9.6% for NG. The highest positivity was reported in rectal swabs for CT (7.3%) and in pharyngeal swabs for NG (7.2%). Factors associated with extragenital CT/NG were age under 30 years (for pharyngeal and rectal infections) and having at least 10 partners in the past 6 months (p<0.001) (for pharyngeal infections only).

Regimbal-Éthier et al. 2018³¹	Prélib registered 708 profiles within 5 months post-launch, 66.5% of whom attended ≥ 1 appointment. Completion rates for each step were $>75\%$ (lowest was observed for payment/scheduling). Among 471 appointment attendees, mean number of partners in the past 2 months was 2.6 [median=2], 25.5% were men who have sex with men, 74.1% reported condomless anal or vaginal sex, and 23.6% reported first-time screening. STI prevalence was 6.5%, driven by GC and CT. Extragenital GC and CT were most prevalent. No HIV or HCV infections were identified.
Sambri et al. 2017³²	No failure results have been observed, the IC of all samples were amplified (average Ct 30). The real time PCR assay was able to identify 2/78 CT, 4/78 UU, 40/78 UP, 6/ 78 MH, 1/78 TV positive patients. No MG and GC positive patients have been detected. Women reported self-collection with HBSV easy and comfortable (100%).
Schick et al. 2015³³	Over two-thirds (67.5%, n=54) of the participants completed the baseline scheduled and attended the interview. The majority of these participants provided vaginal (87.0%, n=47), oral (85.2%, n=46) and/or anal (61.1%, n=33) samples. Participants with a history of anal play were significantly more likely to provide an anal sample. <i>C. trachomatis</i> infection was identified in the samples of 6.8% (n=3) of the participants including 4.5% (n=2) of the vaginal samples and 3.3% (n=1) of the anal samples. None of the samples were positive for <i>N. gonorrhoeae</i> or <i>T. vaginalis</i> . Participants who reported a recent history of anal sexual behaviour with a male partner were significantly more likely to self-collect an anal sample.
Sexton et al. 2013³⁴	Among those receiving specific tests, 8% of patients tested positive for R-GC, 9.3% for P-GC, 12.7% for R-CT, and 1.3% for P-CT. We performed McNemar tests, stratified by infection type and anatomic site to evaluate concordance. Self-administered testing was significantly better at identifying P-GC (discordant: 3%) and R-GC (discordant: 2.9%) ($P \leq .01$) and had results similar to provider- administered testing for P-CT (discordant: 0.5%) and R-CT (discordant: 1.1%) detection.
Shipitsyna et al. 2013³⁵	The overall prevalence of the examined STIs was 8.1% (85 of 1053) in the women and 7.8% (12 of 154) in the men. <i>C. trachomatis</i> , <i>N. gonorrhoeae</i> , <i>M. genitalium</i> and <i>T. vaginalis</i> were detected in 70 (6.6%), 6 (0.6%), 12 (1.1%) and 3 (0.3%) women, respectively. The prevalence of <i>C. trachomatis</i> and <i>M. genitalium</i> in the men was 6.5% (10 of 154) and 1.3% (2 of 154). <i>N. gonorrhoeae</i> or <i>T. vaginalis</i> were not detected in any men. In 7 women, multiple agents were found, i.e., <i>C. trachomatis</i> and <i>N. gonorrhoeae</i> (n = 3), <i>C. trachomatis</i> and <i>M. genitalium</i> (n = 2), and <i>M. genitalium</i> and <i>T. vaginalis</i> (n = 1).
Silva et al. 2020³⁶	GC and TV prevalence was 1.3% (95% confidence interval (CI) 0.7–2.5%) and 1.0% (95% CI 0.5–2.1%), respectively. The prevalence of TV was significantly higher in women aged >22 years ($p = .003$), with >6 years after sexual intercourse ($p = .003$), and who reported previous pregnancy ($p = .004$). Our study suggests that GC and TV are rare in Portuguese women of childbearing age.
Sultan et al. 2016³⁷	102 men (87 MSM) and 52 women were recruited to the study, 84 had GC infection and 71 had CT infection. The median age was 28 years. Unprotected sexual intercourse in the last month was reported by 68% of MSM, 56% of heterosexual men and 51% of women. Symptoms were reported by 25% of MSMs, 50% of heterosexual men and 51% of women. 86% of participants found the information clear and easily understandable. 85% felt confident taking their own samples. 58% found the samples easy to take, 75% were happy to take their own swabs and 78% were happy to take samples at home.

van de Wijgert et al. 2006 ³⁸	Self-sampling resulted in satisfactory validity for <i>N gonorrhoeae</i> , <i>C trachomatis</i> , bacterial vaginosis, and <i>Candida</i> species (tampons and swabs) and high-risk human papillomavirus (swabs only) when tested with molecular tests or microscopy, but not for <i>T vaginalis</i> by culture. Self-sampling was feasible and acceptable, but some women preferred speculum examinations, which allow the clinician to view the vagina and cervix.
van der Helm et al. 2009 ³⁹	Prevalence of rectal CT was 11% among the 1458 MSM and 9% among the 936 women. Rectal GC prevalence was 7% and 2%. In 98% of both MSM and women, SRS and PRS yielded concordant CT test results, for GC agreement was 98% for MSM and 99.4% for women. SRS performance for CT and GC diagnosis was good in both groups and was comparable for both study regions. Slightly more (57% of MSM, 62% of women) preferred SRS to PRS or had no preference; 97% would visit the STI clinic again if SRS was standard practice.
Weng et al. 2022 ⁴⁰	Of the 306 MSM who were offered to perform rectal self-sampling, 133 (43.46%) accepted, and 96.24% (128/133) of them successfully provided a valid rectal sample. The prevalence of urogenital CT and NG infections among 303 MSM was 4.29 and 0.66%, respectively. The prevalence of rectal CT and NG infections among 128 participants was 31.25 and 9.38%, respectively.
Wiesenfeld et al. 2001 ⁴¹	The prevalence of any STD was 18%. Trichomoniasis, chlamydia, and gonorrhea were diagnosed in 10%, 8%, and 2% of students, respectively. Nearly 13% of females who had never previously had a gynecologic examination tested positive for an STD, and 51% of infected students would not have pursued testing by traditional gynecologic examination if self-collection was not offered. Self-collection of vaginal swabs was almost uniformly reported as easy to perform (99%) and preferable to a gynecologic examination (84%). Nearly all (97%) stated that they would undergo testing at frequent intervals if self-testing were available.
Wilson et al. 2020 ⁴²	Of 1793 participants (1284 females, 509 MSM), 116 had GC detected (75 urogenital, 83 rectum, 72 pharynx); 9.4% infected females and 67.3% MSM were urogenital-negative. A total of 276 had CT detected (217 urogenital, 249 rectum, 63 pharynx); 13.1% infected females and 71.8% MSM were urogenital-negative. Sexual history did not identify those with rectal infections. There was no difference in diagnostic accuracy between clinician- and self-taken samples from the rectum or pharynx. Clinicians took swabs more quickly than participants, so costs were lower. However, in asymptomatic people, nonqualified clinicians would oversee self-swabbing making these costs lower.
Wilson et al. 2020 ⁴³	Of 1793 participants (1284 females, 509 MSM), 116 had GC detected (75 urogenital, 83 rectum, 72 pharynx); 276 had CT detected (217 urogenital, 249 rectum, 63 pharynx). There was no difference in sensitivities between clinician triple samples and self-pooled specimens for GC (99.1% and 98.3%), but clinician samples analyzed individually identified 3% more chlamydia infections than pooled (99.3% and 96.0%; $P = .027$). However, pooled specimens identified more infections than VVS/FCU alone. Pooled specimens missed 2 GC and 11 CT infections, whereas VVS/FCU missed 41 GC and 58 CT infections. Self-taken pooled specimens were the most cost-effective.
Wong et al. 2022 ⁴⁴	At baseline, the overall STI (CT, NG, or syphilis) prevalence was 30%, with CT at 18%, NG at 13%, and syphilis at 5%. During follow-up, the incidences were 59.08/100 person-years (py) for any STI, 33.05/100 py for CT, 29.86/100 py for NG, and 10.4/100 py for syphilis. The detection rates of CT and NG in urine samples were lower than with pharyngeal swabs and rectal swabs. The scores for convenience, confidence of correct sampling, and accuracy of self-sampling were high (7 to 8 out of 10).

Wood et al. 2014⁴⁵ Thirty men were included in each group. Users of the nurse-delivered and postal services were older (nurse service median age 57.5 years vs. postal kit service 47 years vs. clinic 35.5 years, $p \leq 0.001$). Outreach groups were less likely to have undertaken sexually transmitted infection testing previously than the clinic group (53.3% and 60% vs. 93.3%, $p \leq 0.001$). *Chlamydia trachomatis* and *Neisseria gonorrhoeae* testing uptake was comparable across groups (nurse outreach 86.6%, 'do it yourself' postal kit 100% vs. clinic 100%, $p = 0.032$), but uptake for blood tests was lower in the postal kit group (nurse outreach 83.3%, postal kit 53.3% vs. clinic 100%, $p \leq 0.001$). No significant difference in active sexually transmitted infection positivity across the groups was observed.

SCV: self-collected vaginal; PCV: physician-collected vaginal; TV: *Trichomonas vaginalis*; GYC: gynaecology clinic; YHC: youth health clinic; CSCT: cervical specimen collection and transportation kit; VSCT: vaginal specimen collection and transportation kit; PC: PreservCyt liquid; SP: SurePath liquid; GC: *Neisseria gonorrhoeae*; SOVS: self-obtained vaginal swabs; PPES: provider-obtained endocervical swabs; MG: *Mycoplasma genitalium*; eSHC: e-sexual health clinic; NCSP: national chlamydia screening program; HCV: healthcare provider-collected vaginal; EC: endocervical; AOR: adjusted odds ratio; PLHIV: people living with HIV; HIV: human immunodeficiency virus; OR: odds ratio; NAAT: nucleic acid amplification test; STI: sexually transmitted infection; HCV: hepatitis C virus; UP: *Urvea parvum*; UU: *Ureaplasma urealyticum*; HBSV: home-based self-sampling vaginal kit; P-GC: pharyngeal-GC/CT; R-GC/CT: rectal-GC/CT; MSM: men who have sex with men; STD: sexually transmitted disease; SRS: self-collected rectal swabs; PRS: physician-collected rectal swabs; VVS/FCU: vulvo-vaginal swabs/first-catch urine;

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