SH:24 the development of an online service and impact on sexual health in London.

Presenting Author^{*1}, Co-author² (initials then last name / underline presenting author/s) ¹ Presenting author's affiliation ² Co-author's affiliation

<u>GMC Holdsworth¹</u>, J Moore¹, E Ardines¹, P Baraitser¹. ¹SH:24

Please type your abstract of no more than 250 words. Use this document as a template, please keep the font Calibri and the font size 11.

Issues: Lambeth and Southwark are two London boroughs with the highest rates of STIs and HIV in England and insufficient capacity in clinics.

Description: We describe the development of an online sexual health service offering home sampling for sexually transmitted infections. SH:24 users order a testing kit to their home which they use to self-sample for chlamydia, gonorrhoea, HIV and syphilis. The samples are returned to the laboratory and SH:24 issues the service user with results and options for treatment.

The service is a result of work of a multiple professional team including public health, sexual health, designers and academics working alongside users to shape the service.

Lessons learned: STI testing in Lambeth and Southwark doubled following the introduction of SH:24 with an 8% reduction in STI rates.

Those testing online are appropriately high risk with overall Chlamydia positivity 6.8%, Gonorrhea 0.9%, Syphilis 0.6% and HIV reactive rate of 0.8%. 36.4% of users report never using a clinic before. These 'new-testers' have high infection rates. In BME and U25s the overall positivity rate is 7% higher in never tested compared with previous clinic attenders. Among MSM overall positivity in those who never tested is lower (14%) than those who have tested before (18%).

Next steps: Home sampling for STIs is an effective and acceptable approach to increase access to testing in the UK with implications for New Zealand and high return rates can be achieved amongst previously untested populations. Health professionals should embrace innovative ways to increase access to STI testing for their patient cohort.

NB: We encourage work that introduces new ideas and conceptualizations, research and understandings to the field, as well as analysis of both success and failure.

Abstracts should disclose primary findings and avoid, whenever possible, promissory statements such as "experiments are in progress" or "results will be discussed".