

## 13 HEALTH webtest update

13 HEALTH webtest was set up as a pilot and research project to offer additional chlamydia and gonorrhoea urine test request options designed to appeal to young people when they are unlikely or unable to attend a health service for sexually transmissible infections (STI) testing. The webtest project built on the success of the Townsville Sexual Health Services home mailing kit service. A pathology form option was added for more timely results and cost effectiveness, and all follow up provided through 13 HEALTH (13 43 25 84) which is available 24 hours a day and seven days a week. The webtest request must be made online and more information is available at [health.qld.gov.au/13health/webtest](http://health.qld.gov.au/13health/webtest).

The webtest online testing project is implemented by the Queensland Department of Health Communicable Diseases Branch (CDB) and Health Contact Centre (HCC). A reference group provides advice to the project team and includes representatives from CDB, HCC, pathology providers, sexual health services, general practitioners, and youth service providers. This outcomes summary has been selected based on a preliminary analysis of noteworthy findings and was used to develop recommendations for service enhancements. Data collection is continuing.

13 HEALTH webtest received 2371 requests from 3 August 2017 to 31 December 2018 and 1460 urine samples for testing. There were 90 positive chlamydia and 11 positive gonorrhoea results which might not have been detected if people were reluctant to access a health service to discuss sexual health and STI testing. Some individuals used webtest more than once.

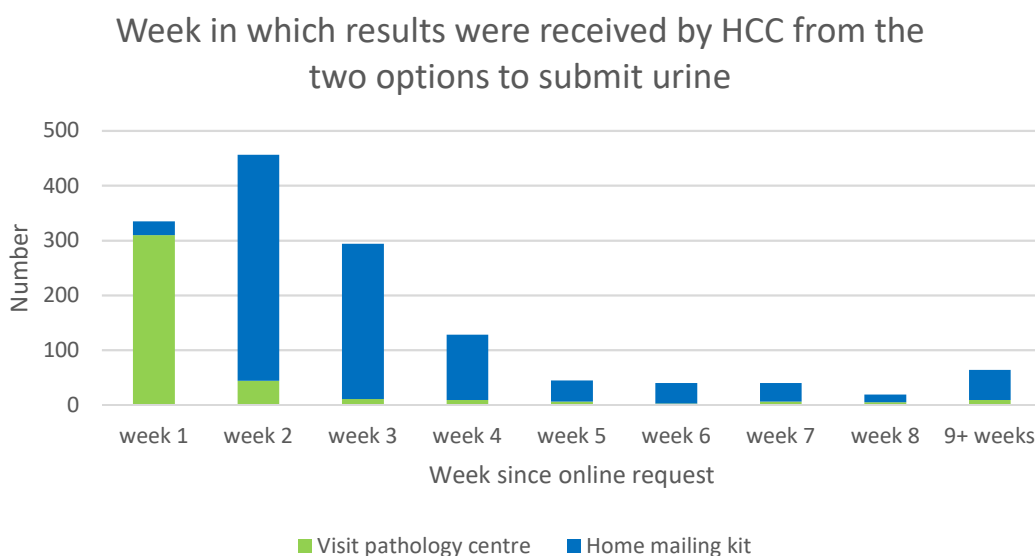
The webtest project is reaching the target group of young people at risk of STIs and is closer to achieving a gender balance, with the number of webtest results received for females 1.5 times as high as for males compared to 2.0 times in the general practice setting. The risk assessment outcomes identify those at increased STI risk effectively and lead to higher chlamydia positivity rates. In the target age group (16-29 years old) webtest chlamydia positivity is 7.4% versus 6.2% for all ages. Young people with a high online risk assessment outcome have the highest chlamydia positivity rate of 13.3%, medium risk assessment outcomes have a chlamydia positivity rate of 3.7%, and no low risk assessment outcomes had a positive chlamydia result. The number of positive gonorrhoea results was unexpected but is in line with increasing notifications at a national level. For webtest, three positive gonorrhoea results were in people under 20 years old. Online webtest requests were most popular among those aged 20-24 years old and test uptake for people 16-19 years old could be improved.



There have been 23,167 visitor sessions for the webtest webpages increasing awareness and engagement with STI testing by young people. Promotional activity was successful in increasing website visits but only in the short-term. These interactions provided the opportunity for people to think about whether webtest or other STI testing options were best. Over 4000 of the website visits resulted in the four STI risk assessment questions being completed and results suggest that the recommendation to visit a doctor for high risk outcomes or those experiencing symptoms is having an effect.

Over 1000 requests were followed up to remind clients to submit urine after four weeks had passed and no results were received, this was labour intense and generated only a limited number of additional samples for testing. The most common response at follow up was for 318 clients who said they still intended to test. However, only 28.9% of these did submit urine and these samples were often received a long time after the follow up. 228 clients said that they had tested elsewhere and 66 that they decided not to test through webtest. A quarter of clients were uncontactable for the follow up (after eight call attempts and two SMS messages) suggesting they may also have decided not to test through webtest and did not wish to discuss this further.

The convenience of the home mailing kit generates a slightly higher sample return rate than visiting a collection centre (62.9% versus 58.6%). However, the time to results is much quicker for those choosing a pathology form with 76.9% having results available within one week and 87.8% within two weeks compared with 42.9% for home mailing kits after two weeks (see graph). While the postal service has some influence, it is not a major contributor as most samples have been received for clients in major cities (72.8%) or inner (11.5%) and outer (13.8%) regional areas, with only 1.9% from remote or very remote areas.



Contact for further information about the 13 HEALTH webtest project  
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