

E-screening for sexually transmissible infections and blood-borne viruses in New South Wales, Australia: a cost analysis

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ABSTRACT

Background. MyCheck is an e-testing pathway, first implemented at Sydney Sexual Health Centre, which enhances access to STI/HIV testing via telehealth and off-site sample collection; thus, reducing clinic visits. This study evaluates MyCheck's direct and indirect costs versus standard in-person screening (Xpress). **Methods.** A 12-month bottom-up cost analysis from a societal perspective compared MyCheck and Xpress. Direct medical (health system), direct non-medical (patient travel) and indirect non-medical (productivity) costs were calculated using retrospective Sydney Sexual Health Centre data. Costs included pathology, staff time, overheads, consumables, patient travel and forgone productivity. Statewide scale-up costs were estimated, with sensitivity analyses adjusting for inflation, minimum wage and an increase in the proportion of MyCheck users with productivity loss. **Results.** From January to July 2023, Sydney Sexual Health Centre conducted 2548 screening episodes (45% MyCheck, 55% Xpress), with MyCheck attracting more men who have sex with men/transgender and gender diverse patients. MyCheck's shorter appointments (median 5 min vs Xpress's 15 min) led to lower staff costs (A\$5 vs A\$16). MyCheck had higher overall health system cost (A\$127/patient) compared with Xpress (A\$91/patient), mostly due to pathology costs. However, considering patient travel cost and productivity loss for Xpress, MyCheck's societal cost (A\$137) was lower than Xpress (A\$146), yielding A\$104,260 annual savings. Statewide scale-up provides significant societal savings (A\$419,077/year). **Conclusion.** This analysis of MyCheck's direct and indirect costs compared with traditional in-person screening demonstrates significant societal savings, despite higher direct pathology costs. It underscores the importance of a broader societal perspective in cost analyses. Lowering private pathology costs could further enhance MyCheck's cost-effectiveness. MyCheck, an innovative e-screening pathway, reduces barriers for STI/blood-borne virus screening by improving patient convenience and reduced opportunity costs. Despite higher direct pathology costs, its societal cost savings support statewide scale-up for improved screening accessibility.

Keywords: blood-borne viruses, budget impact analysis, cost analysis, health economics, remote testing, screening, sexually transmitted infections, telehealth.

Introduction

Accessible screening tests for the early diagnosis of sexually transmissible infections (STI) and blood-borne viruses (BBV) remain a key strategy to decrease transmission and maintain low prevalence in the community.^{1,2} Publicly funded sexual health clinics (PFSHCs) provide a large proportion of the STI/BBV screening in Australia in a free and confidential manner for key groups, such as gay and bisexual men (GBM), and trans and gender diverse (TGD) patients.³

MyCheck, a novel e-testing STI/BBV screening pathway, was implemented in 2021 to improve accessibility and convenience for patients at Sydney Sexual Health Centre (SSHC); an urban PFSHC in New South Wales (NSW).⁴ NSW, the most populous state in Australia, has >8 million residents. MyCheck involves a telehealth appointment between patients and staff at a PFSHC to assess screening needs before an e-request is issued via e-mail. The e-requests

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then allow patients to have samples collected at a local private pathology centre at a convenient time of their choice, negating the need for a pre-booked in-person appointment (for further detail of patient journey, see Supplementary Fig. S1).⁵ MyCheck operated in parallel with the standard in-person screening option (Xpress). The choice of service is based on patient preference and service appointment availability. Both Xpress and MyCheck (including private pathology cost) are funded by SSHC. To understand the financial implications of providing this service, we measured the direct and indirect costs of both screening pathways.

Methods

Study design

A cost analysis using a bottom-up approach with a societal perspective over a 12-month time horizon was conducted comparing MyCheck with Xpress. Direct medical (health system) and non-medical (patient out-of-pocket travel), and indirect (productivity) costs were calculated for patients accessing STI/BBV screening using retrospective data collected from SSHC. We defined societal costs as including direct health system medical, direct non-medical transport and indirect non-medical productivity costs. We also estimated the annual health system and societal cost to scale-up MyCheck to all PFSHCs in NSW.

Retrospective audit

A retrospective audit of clinical episodes at SSHC involving asymptomatic STI/BBV screening through MyCheck and Xpress over a 6-month period (1 January 2023 to 1 July 2023) was conducted. Extracted variables included attendances by patient population (MSM/TGD patients, cisgender men who have sex with women (MSW) and cisgender women), age, employment status (employed, unemployed, retired or student), tests ordered and staff time per episode.

Health economic evaluation

Health system costs

Pathology costs were calculated separately for each population group due to differences in screening recommendations.⁶ The average pathology cost per screening episode in each of the three populations was estimated to account for variations in tests ordered. Costs for MyCheck invoiced to the public clinic were estimated from the retrospective audit. For Xpress, item numbers based on the rebates paid through Australia's universal healthcare Medicare Benefits Scheme were used.⁷ Staff time costs were estimated using NSW Health Nurses' and Midwives' State Award⁸ assuming a 36-h work week, and base wages have 30% added on top to account for leave, loadings and superannuation contributions.

Costs for overheads and consumables were estimated based on an audit of the total units of disposable and non-disposable equipment required for each pathway, and on the proportion of time utilised. Assets were depreciated over 8 years. This audit included costs associated with the installation and maintenance of hardware and software required for both pathways, as well as all equipment required from start-up, such as capital costs. The mean direct health system cost per patient for each pathway was calculated by adding costs for staff, pathology, overheads and consumables divided by the number of patients using the service. The cost associated with the design and implementation of MyCheck was considered a 'sunk cost' and, therefore, not included in the analysis.

Patient costs

We estimated an average direct non-medical cost per patient, which accounted for out-of-pocket travel costs and the value of productivity loss related to the use of Xpress and MyCheck. Out-of-pocket costs were calculated for travel to attend an in-person Xpress appointment. We calculated an average travel cost per patient based on patient postcode, distance to SSHC and the lowest public transport fare for travel <10 km,⁹ reflecting the clinic catchment area and distance from other neighboring PFSHCs, with 25% of patients walking.

Based on findings from previous patient surveys and qualitative interviews, it was assumed that a smaller proportion of MyCheck users would have incurred out-of-pocket or loss of productivity to attend pathology collection.¹⁰ MyCheck is supported by a large network of pathology centers located within walkable distances in most suburbs, and end-users have reported attending convenient and streamlined appointments outside of work hours at nearby locations.^{4,10} A monetary value on time of forgone productivity to attend appointments was estimated based on average staff time engagement, age and employment status of patients, and the average expected hourly remuneration in Australia.¹¹ The remuneration was calculated based on proportion of employed (full-time and part-time) and unemployed (applying unemployed wages for time) by age range, and respective average wages and unemployment benefits.¹²

We used the human capital approach, which takes into consideration income to estimate the value of lost productivity.¹³ It was assumed that all patients using Xpress, which is only available during business hours, incurred 2 h of lost productivity to attend the appointment. We assumed that only 20% of patients using MyCheck incurred 1 h of lost productivity to attend the pathology collection, as the large number of locations, streamlined collection process and opening times before or after regular business hours enable patients to attend during their free time without affecting productivity.⁴ As the telehealth component of MyCheck involves a brief phone call, we assumed no loss of productivity or travel time associated with this part of the patient journey.

Finally, based on the number of patients who used Xpress or MyCheck over 6 months and the mean cost per patient, we estimated the total annual societal cost for both pathways. This assumed there were no seasonal variations in testing patterns.

Scale-up cost

A budget impact analysis was conducted to estimate the annual cost of expanding the MyCheck service to people attending PFSHCs in NSW. Data on the number of attendances for asymptomatic screening at six PFSHCs in NSW for the study period were obtained from the Australian Collaboration for Coordinated Enhanced Sentinel Surveillance.¹⁴ The costs of scale-up were obtained by multiplying the number of attendances by the average patient costs from MyCheck and Xpress.

All costs were estimated in 2025 Australian dollars.

Sensitivity analysis

We performed sensitivity analysis to examine the effect of minimum wage (rather than average wage) on loss in productivity,¹⁵ and price increases and inflation. Xpress (public) pathology costs were increased by the Consumer Price Index, 2.8%,¹⁶ and MyCheck (private) pathology cost by 3.03% (private insurance premium 2025).¹⁷ We also performed a sensitivity analysis to explore the impact of a larger proportion (50%) of MyCheck users incurring 1-h of loss productivity to attend pathology collection.

Results

Between 1 January 2023 and 1 July 2023, a total of 2548 STI/BBV screening episodes took place at SSHC, with 1150 (45%) through MyCheck and 1398 (55%) through Xpress (Table 1).

Table 1. Characteristics of STI/BBV screening encounters at SSHC via the two pathways between 1 January 2023 and 1 July 2023.

	Novel pathway (MyCheck)		Standard of care (Xpress)	
	<i>n</i>	%	<i>n</i>	%
Population group				
Men who have sex with men and transgender and gender diverse patients	961	83.6	882	63.1
Cisgender men who have sex with women	58	5.04	201	14.4
Cisgender women	131	11.4	315	22.5
Total	1150	100.0	1398	100.0
	Median	IQR	Median	IQR
Appointment duration ^A	5 min	3–6 min	15 min	15–15 min

^ACalculated based on an audit of clinic encounters from medical records.

There was a higher proportion of MSM/TGD patients who used MyCheck compared with Xpress (83.6% vs 63.1%; Table 1).

The median duration of appointments was 5 min for MyCheck (IQR 3–6 min) and 15 min for Xpress (IQR 15–15 min) resulting in staff cost of A\$5 and A\$16 per episode respectively. The average pathology costs for MyCheck (A\$130 for MSM/TGD patients, A\$93 for cisgender men who have sex with women and A\$68 for cisgender women) versus Xpress (A\$81 for MSM/TGD patients, A\$61 for cisgender men who have sex with women and A\$51 for cisgender women) were higher in all three populations (Table 2). Overall, the healthcare system cost was higher for MyCheck versus Xpress (A\$127/patient vs A\$91/patient; Table 3, Fig. S2).

The estimated per episode cost for the use of Xpress was A\$5 for travel expenses, and the value of productivity loss was A\$50. The value of productivity loss from MyCheck was A\$10 per episode. The societal cost per patient was higher for Xpress versus MyCheck (A\$146 vs A\$137, respectively; Table 2). MyCheck was associated with a total annual cost saving of A\$104,260 (Table 3).

Based on the uptake of MyCheck at SSHC and attendances at PFSHCs in NSW, we estimate 9951 people attending for STI/BBV screening would use MyCheck annually in a statewide scale-up with an additional cost to the government of A\$1,273,413 (Table 3). MyCheck was associated with a cost difference of A\$143,072/year compared with Xpress. Including out-of-pocket costs and productivity generated savings of A\$419,077/year.

In the sensitivity analysis adjusting for inflationary price increases, MyCheck was still associated with a relative cost saving (A\$9093/year) or 2.17% increase in costs. Taking a societal perspective, after adjusting for inflation, we estimate savings of A\$428,170 per year. Using the minimum wage decreased total savings by 40.8% (Table 3, Fig. S2). In the sensitivity analysis adjusting for a higher proportion (50%) of MyCheck users needing to incur 1 h of productivity loss from attending pathology collection, the cost saving from using MyCheck was reduced to A\$279,078 (Table 3).

Discussion

This analysis was the first to evaluate the financial and societal costs of MyCheck, and compared it with standard in-person STI/BBV screening. We found that when indirect costs are considered in addition to health system costs, the convenience of MyCheck as an e-testing pathway leads to significant savings to society. A recent meta-analysis compared the direct costs of different e-testing pathways in Australia, but only from the health system perspective.¹⁸ Personal costs have been identified by end-users as the major strength of MyCheck in its early evaluation,^{4,5,10} and this cost analysis has quantified the resulting savings.

Table 2. Health system and societal costs per patient incurred by STI/BBV screening pathways (in Australian dollars) at SSHC.

	Novel pathway (MyCheck)	Standard of care (Xpress)	Comment	References
Health system (direct medical) costs per patient				
Staff cost	\$5	\$16	Estimated using NSW Health Nurses' and Midwives' State Award ⁸ assuming a 36-h work week and 30% on cost.	8
Pathology cost				
MSM/TGD	\$130	\$81	Average pathology costs were determined from an audit of invoices at SSHC. Both private (MyCheck) and public (Xpress) pathology costs are invoiced to SSHC and publicly funded. Screening tests were ordered according to national STI/BBV screening guidelines – e.g. in MSM/TGD, this included chlamydia/gonorrhoea testing in three anatomical sites (urogenital, throat and anorectum) along with serology testing for blood-borne viruses and syphilis).	6,7
Cisgender men who have sex with women	\$93	\$61		
Cisgender women	\$68	\$51		
Overhead, capital and consumable costs	\$1	\$3	Assets (including furniture, computers and other electronics) with 8 years depreciation, overheads (facility fees) and consumables (including medical disposables and stationaries).	–
Societal costs per patient				
Direct non-medical costs				
Travel cost	\$0	\$5	Calculated based on lowest fares for travel <10 km (bus fare peak \$4.20 and off peak \$2.94, train fare peak \$4.36 and off peak \$3.05) based on clinic catchment area and distance from other neighbouring clinics, with 25% of patients walking.	9
Indirect costs				
Loss of productivity from time away from work to attend appointment	\$10	\$50	A monetary value on time of forgone productivity to attend Xpress appointment (2 h of lost productivity for all patients) and MyCheck pathology collection (1 h of lost productivity for 20% of patients) was estimated based on average staff time engagement, age and employment status of patients, and the average expected hourly remuneration in Australia. The remuneration was calculated based on proportion of employed (full-time and part time) and unemployed (applying unemployed wages for time) by age range, and respective average wages and unemployment benefits.	11,12
Total cost per patient				
MSM/TGD	\$146	\$155		
Cisgender men who have sex with women	\$109	\$136		
Cisgender women	\$84	\$126		

This study highlights the importance of considering societal perspective in cost analyses. There is increasing awareness of the importance of taking a broader perspective in resource allocation decisions, particularly when costs and benefits fall in different sectors.^{19,20} If only healthcare costs had been considered, both loss of productivity and social benefits to patients would have been excluded. Such benefits from providing alternative screening options should be a consideration in policy decisions around the implementation of MyCheck.²⁰

Another finding of this study is that pathology cost via private laboratories forms a significant proportion of the direct healthcare cost for MyCheck. This finding is important, because strategies to reduce the cost of pathology billing will lead to further savings from MyCheck. Policymakers may choose to

focus on negotiating lower pathology costs, as a statewide scale-up offers economies of scale for pathology providers, and an opportunity to achieve savings from both health systems and societal perspectives.

This study has a few limitations. First, the retrospective audit was conducted at a single site, and there may be differences in costs for equipment and disposables between different PFSHCs. However, we did explore a range of costs in the sensitivity and budget impact analyses. The base case data were drawn from an urban metropolitan clinic – this may under-estimate the out-of-pocket expenses and loss of productivity for patients who live in outer-urban areas further from a PFSHC or pathology centre. Although a minority of patients may need to pay more for transport and take more time off work, the flexibility of MyCheck would still provide

Table 3. Health system and societal costs of each STI/BBV screening pathway at SSHC and in a hypothetical statewide scale-up including sensitivity analysis for inflationary price increases and minimum wage.

Description of cost	Annual costs (in Australian dollars)					% Difference	Mean cost per patient (AUD)					% Difference
	Novel pathway (MyCheck)	% of total cost	Standard of care (Xpress)	% of total cost	Difference ^A		Novel pathway (MyCheck)	% of total cost	Standard of care (Xpress)	% of total cost	Difference ^A	
Clinic costs												
Health system cost												
Direct medical cost	\$291,966	96.1%	\$254,540	62.4%	\$37,426	12.8%	\$127	92.7%	\$91	62.4%	\$36	28.3%
Patient cost												
Direct non-medical cost	\$0	0.0%	\$13,924	3.4%			\$0	0.0%	\$5	3.4%		
Indirect cost	\$11,751	3.9%	\$139,513	34.2%			\$10	7.3%	\$50	34.2%		
Total (health system and patient) cost	\$303,717		\$407,977		−\$104,260	−34.3%	\$137		\$146		−\$9	−6.6%
Statewide scale-up ^B												
Base case												
Health system cost												
Direct medical cost	\$1,273,413	92.6%	\$1,130,341	63.0%	\$143,072	11.2%	\$128	92.8%	\$93	63.0%	\$35	27.0%
Patient cost												
Direct non-medical cost	\$0	0.0%	\$60,243	3.4%			\$0	0.0%	\$5	3.4%		
Indirect cost	\$101,699	7.4%	\$603,606	33.6%			\$10	7.2%	\$50	33.6%		
Total (health system and patient) cost	\$1,375,113		\$1,794,190		−\$419,077	−30.5%	\$138		\$148		−\$10	−7.5%
Sensitivity analysis – increases due to inflation ^C												
Health system cost												
Direct medical cost	\$1,311,710	92.6%	\$1,161,990	63.0%	\$149,719	11.4%	\$132	92.6%	\$96	63.0%	\$36	27.1%
Patient cost												
Direct non-medical cost	\$0	0.0%	\$61,930	3.4%			\$0	0.0%	\$5	3.4%		
Indirect cost	\$104,547	7.4%	\$620,507	33.6%			\$11	7.4%	\$51	33.6%		
Total (health system and patient) cost	\$1,416,257		\$1,844,427		−\$428,170	−30.2%	\$142		\$152		−\$10	−7.1%
Sensitivity analysis – assuming minimum wage												
Health system cost												
Direct medical cost	\$1,273,413	97.7%	\$1,130,341	72.9%	\$143,072	11.2%	\$128	97.7%	\$93	72.9%	\$35	27.0%
Patient cost												
Direct non-medical cost	\$0	0.0%	\$60,243	3.9%			\$0	0.0%	\$5	3.9%		

(Continued on next page)

Table 3. (Continued).

Description of cost	Annual costs (in Australian dollars)					% Difference	Mean cost per patient (AUD)					% Difference
	Novel pathway (MyCheck)	% of total cost	Standard of care (Xpress)	% of total cost	Difference ^A		Novel pathway (MyCheck)	% of total cost	Standard of care (Xpress)	% of total cost	Difference ^A	
Indirect cost	\$29,674	2.3%	\$360,732	23.3%			\$3	2.3%	\$30	23.3%		
Total (health system and patient) cost	\$1,303,087		\$1,551,316		−\$248,229	−19.0%	\$131		\$128		\$3	2.1%
Sensitivity analysis – assuming 50% of MyCheck patients take 1 h off												
Health system cost												
Direct medical cost	\$1,273,413	84.0%	\$1,130,341	63.0%	\$143,072	11.2%	\$128	84.0%	\$93	63.0%	\$35	27.0%
Patient cost												
Direct non-medical cost	\$0	0.0%	\$60,243	3.4%			\$0	0.0%	\$5	3.4%		
Indirect cost	\$241,699	16.0%	\$603,606	33.6%			\$24	16.0%	\$50	33.6%		
Total (health system and patient) cost	\$1,515,112		\$1,794,190		−\$279,078	−18.4%	\$152		\$148		\$4	2.6%

^ADifference in cost between MyCheck and Xpress pathway.

^BHypothetical attendance pattern using Australian Collaboration for Coordinated Enhanced Sentinel Surveillance data and proportion of each pathways utilised at SSHC (see Table S1).

^CXpress (public) pathology costs were increased by the Consumer Price Index, 2.8%, and MyCheck (private) pathology cost by 3.03% (private insurance premium 2025).

more options for testing locations compared with the limited number of PFSHCs. Therefore, we do not expect this to change the overall findings in terms of relative cost savings.

Although there is high level of patient-reported acceptability and effectiveness in the early implementation of MyCheck,¹⁰ there has not been direct head-to-head comparison between Xpress and MyCheck in terms of their impacts on health outcomes. Future studies comparing the effectiveness of the two pathways in detecting and treating STIs and their sequelae are needed to strengthen the argument for a statewide scale-up. Finally, our analysis did not consider the impact of e-testing pathways on equitable access by different demographic groups, which is an important aspect when evaluating new STI/BBV testing models.²¹ We found that MSM/TGD patients were more likely to choose MyCheck compared with other groups. Future studies examining cost-effectiveness and understanding preferences for service provision will inform scale-up decisions.

Conclusion

An innovative model of STI/BBV screening is important to reduce barriers to early diagnosis of these infections. Patient convenience with reduced need to travel and opportunity cost from time off work are major strengths of MyCheck as an e-screening pathway. Despite higher direct pathology costs, MyCheck's societal cost savings support its statewide scale-up for enhanced STI/BBV screening.

Supplementary material

Supplementary material can be accessed from the article page online.

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