



Illustrations: Rayka Kumru

There is a need for evidence on the health equity effects of digital STBBI testing interventions especially among historically disadvantaged and health equity seeking groups with higher prevalence of STBBIs.

Why is this important?

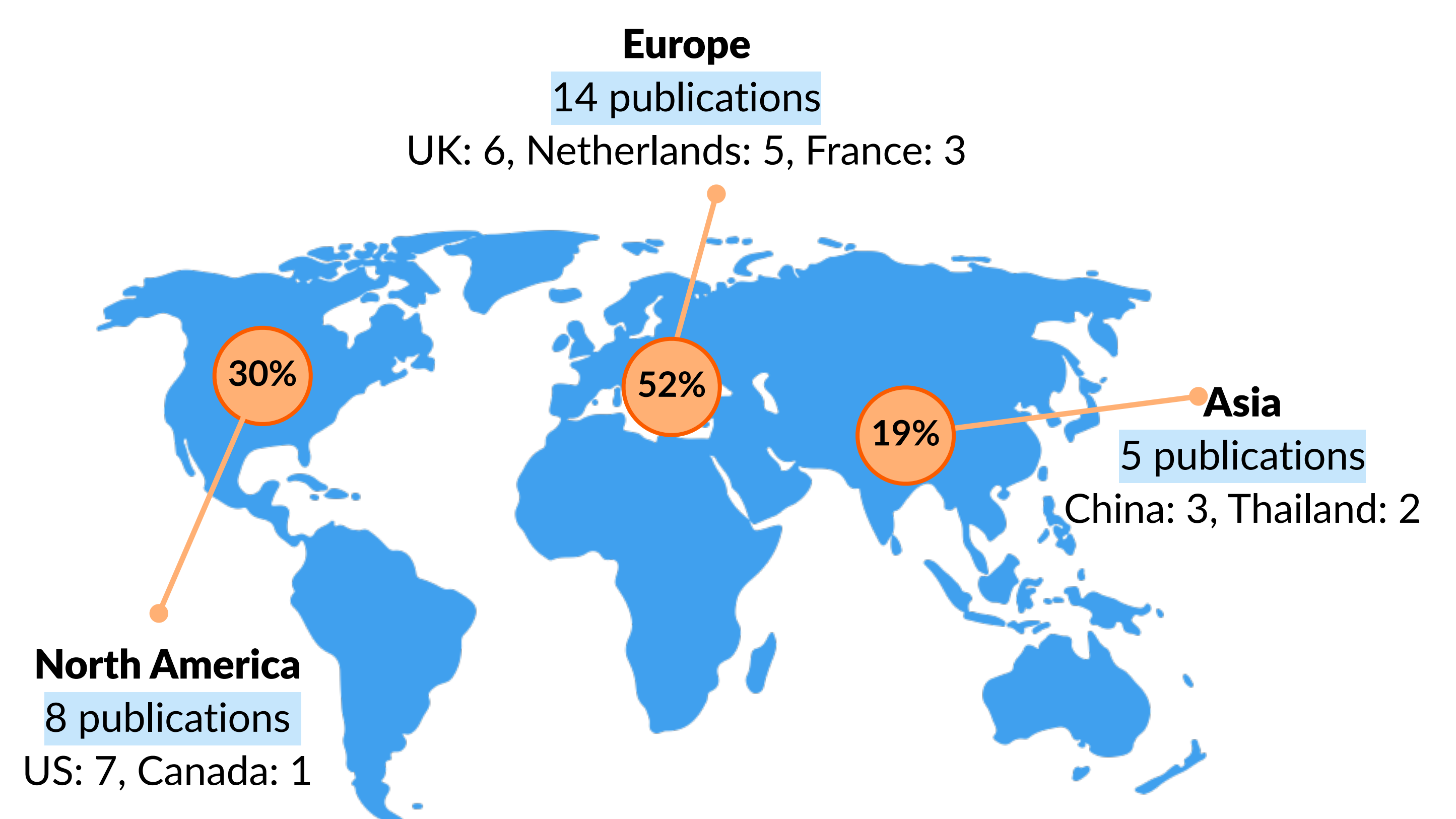
The health equity effects of digital interventions for sexually transmitted and blood-borne infections (STBBI) testing interventions are not well described among health equity seeking groups, despite their popularity as cost-effective, convenient and accessible alternatives to provider-based testing.

What did we do?

- Used Arksey and O'Malley's framework (2005) for scoping reviews to assess peer-reviewed and grey literature published between 2010 and 2022.
- Reviewed studies comparing uptake of digital STBBI testing with provider-based alternatives using factors from the PROGRESS-Plus framework (Place of residence, Race, Occupation, Gender/Sex, Religion, Education, Socio-economic status (SES), Social capital, and other characteristics).

What did we find?

- Included 27 articles from 7914 titles and abstracts. Only 3 articles compared digital STBBI testing with in-person models stratified by any of the PROGRESS-Plus factors.
- Evidence of increased uptake of digital STBBI testing across social strata. Uptake was higher among women, white people with higher SES, urban residents, and heterosexual people.
- Co-design, representative user recruitment, and emphasis on privacy and security may increase use among health equity seeking groups.



Type of digital STBBI testing intervention	N (%)
Web-based testing	23 (85.2)
Video-assisted, web-based testing, and electronic health records	2 (7.4)
Mobile applications	1 (3.7)
Social media	1 (3.7)
Sample collection methods	
Postal-based Self-sample collection	18 (66.7)
Self-sample collection and interpretation	6 (22.2)
Lab-assisted sample collection	2 (7.4)
Self-sample collection and interpretation; Self-sample collection and postal	1 (3.7)

Health equity effects of digital interventions for sexually transmitted and blood-borne infection testing: A scoping review

Ihghosa Iyamu^{1,2}, Rodrigo Sierra-Rosales^{1,2}, Claudia S. Estcourt³, Amy Salmon^{1,4}, Mieke Koehoorn^{1,4}, Mark Gilbert^{1,2}

1: School of Population and Public Health, University of British Columbia, Vancouver, Canada; 2: BC Centre for Disease Control, Vancouver, Canada; 3: Glasgow Caledonian University School of Health and Life Sciences, UK; 4: Centre for Health Evaluation and Outcomes Sciences (CHEOS), Vancouver, Canada



Acknowledgements & Conflict of Interest: MG and CSE coauthored two studies included in this review.