



World Health
Organization

**GUIDELINES FOR THE MANAGEMENT OF SYMPTOMATIC
SEXUALLY TRANSMITTED INFECTIONS**



**WEB ANNEX C. SYSTEMATIC
REVIEW OF RISK FACTORS
FOR CERVICAL INFECTIONS
IN SYMPTOMATIC OR
ASYMPTOMATIC WOMEN**

JUNE 2021

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Guidelines for the management of symptomatic sexually transmitted infections: Web Annex C. Systematic review of risk factors for cervical infections in symptomatic or asymptomatic women
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This publication forms part of the WHO guideline entitled *Guidelines for the management of symptomatic sexually transmitted infections*. It is being made publicly available for transparency purposes and information, in accordance with the *WHO handbook for guideline development*, 2nd edition (2014).

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1. METHODS

We performed a systematic review of prevalence of or association of risk factors with gonococcal and chlamydial infections in women who are symptomatic or asymptomatic.

Electronic searches

We searched OVID Medline and Embase from 2000 to early December 2019 for relevant studies.

Eligibility criteria of included studies

Population	<p>Female participants who are:</p> <ul style="list-style-type: none"> • Symptomatic: <ul style="list-style-type: none"> – women presenting with or self-reporting symptoms related to vaginal discharge; including itching, odour, burning, lower abdominal pain with another vaginal symptom – women with confirmed symptoms related to vaginal discharge, based on physical examination by health care provider • Asymptomatic: <ul style="list-style-type: none"> – women without symptoms related to vaginal discharge.
Exposures	<p>Risk factors of interest:</p> <ul style="list-style-type: none"> • Age or age group • Contraceptive use, condom use • Sex work • Partner who travels • Other cervical infection; i.e., co-infection with NT and CT • Vaginal infections: <ul style="list-style-type: none"> – <i>trichomonas vaginalis</i> (TV) – <i>bacterial vaginosis</i> (BV) • Signs and symptoms, including: <ul style="list-style-type: none"> – vaginal discharge – vaginal itching (pruritus) – vaginal burning – lower abdominal pain – pain during sex (dyspareunia) – dysuria (painful urination).
Outcomes	<p>Cervical infections, confirmed by laboratory testing:</p> <ul style="list-style-type: none"> • <i>Neisseria gonorrhoeae</i> (NG) • <i>Chlamydia trachomatis</i> (CT) • NG and/or CT.
Study design	<p>Primary comparative studies in any setting</p>

Exclusions

We excluded the following:

- Case-control studies
- Case reports, letters to editor, reviews
- Conference abstracts.

We excluded studies that:

- reported less than 10 women had NG and/or CT
- used self-report for the presence/absence of genital NG and/or CT
- did not specify whether the population was symptomatic or asymptomatic
- included both men and women, but did not report findings separately for women
- included both symptomatic and asymptomatic, but did not report findings separately for each group, and one group included $\leq 12\%$.

Studies that are “on hold”

For this report, we excluded non-English publications and studies in which *only* participants with the following specific risk factors were included:

- Female sex workers only
- HIV-positive women only
- Women infected with NG and/or CT only
- Women whose partners are infected with NG and/or CT.

The studies have been identified based on title and abstract screening, and are considered “on hold”; that is, full-text screening and analyses will be completed at a later date.

Data collection

We extracted the following data: study characteristics (country, setting, sample size, and risk factors), population characteristics (age, inclusion criteria), and outcome measures (type of infection, diagnostic test used). If a study used more than one diagnostic test, we extracted data for polymerase chain reaction (PCR) testing.

We extracted odds ratios (OR) or data from which an estimate could be calculated. We extracted adjusted OR when provided. If adjusted data was not provided, we extracted crude data. We extracted risk data separately for each infection when studies reported data for NG and CT separately. We extracted data for NG and/or CT when studies only reported risk data for combined cervical infections.

Statistical analysis

A random effects model was used to pool the effect estimates. Heterogeneity across pooled studies was expressed using the I^2 statistic. Each risk factor was analysed using subgroups for symptomatic women and asymptomatic women. Pooled effect measures were presented using forest plots.

2. RESULTS

Search strategy

Electronic databases searched:

- Embase 1974 to 2019 December 10
- Ovid MEDLINE(R) 1996 to December 04, 2019
- Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 2015 to December 10, 2019

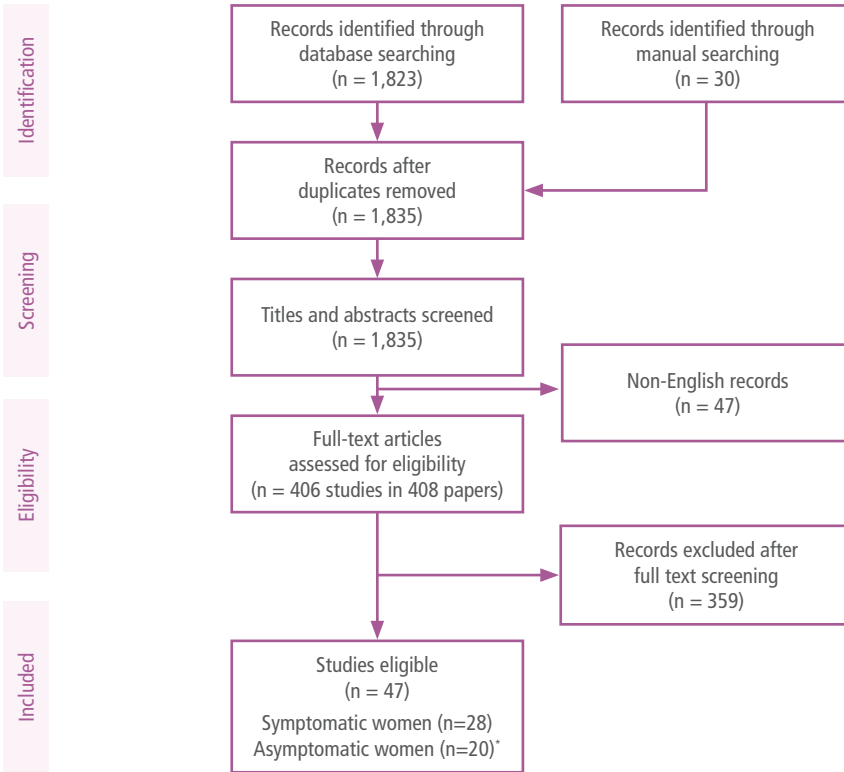
Search date:

- 2019 December 10

Search results:

- 1 (gonoc* or gonorr* or chlamydia* or trachomatis).mp. (98239)
- 2 (cervix or cervical or women or woman or female*).tw. (5093707)
- 3 1 and 2 (26710)
- 4 (questionnaire* or survey*).mp. (3187593)
- 5 (associat* or correlat* or odds or risk or risks).ti,ab. (16612250)
- 6 risk factor*.sh. (1996675)
- 7 or/4-6 (18639759)
- 8 (contracepti* or condom* or birth control*).tw. (163311)
- 9 (sex worker or FSW*).mp. (7051)
- 10 travel*.tw. (141198)
- 11 ((sale or sell or selling or traffi*) adj2 sex*).tw. (1389)
- 12 (vagina* adj2 (itch* or pain* or muco* or pus* or discharge* or secretion* or fluid*)).tw. (19238)
- 13 (pain* or dysuria or urinat*).tw. (1679475)
- 14 adolescen*.tw. (629887)
- 15 or/8-14 (2574044)
- 16 3 and 7 and 15 (5539)
- 17 limit 16 to yr="2000 -Current" (4435)
- 18 limit 17 to (books or chapter or conference abstract or conference paper or "conference review" or editorial or erratum or letter or note or autobiography or bibliography or biography or case reports or comment or congress or consensus development conference or consensus development conference, nih or dictionary or directory or interview or legal case or legislation or news or newspaper article or patient education handout or portrait or webcasts) (818)
- 19 17 not 18 (3617)
- 20 remove duplicates from 19 (1857)

PRISMA Flow Diagram



*One study (Mania-Pramanik 2008) reported data separately for symptomatic and asymptomatic.

Pooled adjusted and crude odds ratios (ORs) for each risk factor in SYMPTOMATIC women

Risk factor	No. studies	No. participants	Pooled adjusted OR [95% CI]	Pooled crude OR [95% CI]
Younger age: <25 vs =>25 years old				
<i>Risk of NG</i>	1	549		1.21 [0.74, 1.97]
<i>Risk of CT</i>	3	1357		2.24 [1.38, 3.63]
Hormonal contraceptive use				
<i>Risk of CT</i>	1	100		0.78 [0.16, 3.85]
<i>Risk of NG and/or CT</i>	1	249		0.37 [0.12, 1.12]
Intrauterine device (IUD) use				
<i>Risk of CT</i>	1	100		0.54 [0.03, 10.56]
Type of hormonal contraceptive: injectable vs non-injectable				
<i>Risk of CT</i>	1	72		1.50 [0.34, 6.54]
No condom use				
<i>Risk of NG</i>	2	1,223		1.48 [0.95, 2.31]
<i>Risk of CT – unadjusted</i>	5	1827		1.36 [0.86, 2.14]
<i>Risk of NG and/or CT</i>	1	621		1.26 [0.80, 2.00]
Inconsistent condom use				
<i>Risk of NG</i>	2	484		0.56 [0.02, 16.08]
<i>Risk of CT – unadjusted</i>	3	959		1.57 [0.62, 3.95]
Withdrawal method (for contraception)				
<i>Risk of CT</i>	1	110		1.94 [0.62, 6.01]
Female sex worker				
<i>Risk of NG</i>	1	1165		6.01 [3.08, 11.71]
<i>Risk of CT</i>	2	1,315		3.14 [1.94, 5.07]
Infected with CT				
<i>Risk of NG</i>	6	3311		7.70 [3.23, 18.33]
Infected with NG				
<i>Risk of CT</i>	10	3895		5.47 [2.63, 11.39]
Infected with TV				
<i>Risk of NG</i>	5	4,019		2.41 [0.87, 6.70]
<i>Risk of CT</i>	8	4,449		3.43 [1.65, 7.10]

Risk factor	No. studies	No. participants	Pooled adjusted OR [95% CI]	Pooled crude OR [95% CI]
Infected with BV				
<i>Risk of NG</i>	2	589		0.24 [0.00, 28.79]
<i>Risk of CT</i>	4	916		0.54 [0.22, 1.30]
<i>Risk of NG and/or CT</i>	1	598		1.32 [0.78, 2.23]
Vaginal discharge				
<i>Risk of NG</i>	2	825		1.05 [0.59, 1.86]
<i>Risk of CT – unadjusted</i>	5	1750		1.04 [0.44, 2.43]
<i>Risk of NG /CT – adjusted</i>	1	4,690	2.00 [1.10, 3.64]	
<i>Risk of NG/CT – unadjusted</i>	1			0.38 [0.22, 0.64]
Itching				
<i>Risk of NG</i>	1	549		0.78 [0.45, 1.37]
<i>Risk of CT</i>	2	649		1.62 [0.44, 6.01]
<i>Risk of NG and/or CT</i>	2	1,219		0.70 [0.33, 1.48]
Burning				
<i>Risk of CT</i>	1	100		1.15 [0.40, 3.36]
<i>Risk of NG and/or CT</i>	1	598		2.65 [1.51, 4.67]
Lower abdominal pain				
<i>Risk of CT</i>	2	406		1.10 [0.52, 2.36]
<i>Risk of NG and/or CT</i>	1	621		1.25 [0.81, 1.92]
Dysuria				
<i>Risk of NG</i>	2	1,284		1.72 [0.57, 5.19]
<i>Risk of CT</i>	4	1661		0.93 [0.62, 1.41]
<i>Risk of NG and/or CT</i>	1	598		4.23 [2.32, 7.72]
Pain at sexual intercourse				
<i>Risk of NG</i>	2	1274		1.40 [0.84, 2.34]
<i>Risk of CT</i>	3	1570		1.58 [0.75, 3.34]
<i>Risk of NG and/or CT</i>	1	621		0.67 [0.40, 1.13]
Any symptoms				
<i>Risk of CT – unadjusted</i>	2	686		1.10 [0.28, 4.38]
Partner who travels				NO DATA

Pooled adjusted and crude odds ratios (ORs) for each risk factor in ASYMPTOMATIC women

Risk factor	No. studies	No. participants	Pooled adjusted OR [95% CI]	Pooled crude OR [95% CI]
Younger age: <25 vs =>25 years old				
<i>Risk of NG</i>	1	7,596		3.44 [2.27, 5.22]
<i>Risk of CT</i>	1	6,313	1.46 [1.19, 1.90]	
	5	8,578		2.35 [1.06, 5.19]
Hormonal contraceptive use				
<i>Risk of CT</i>	2	1,276		0.91 [0.69, 1.20]
Type of hormonal contraceptive: injectable vs non-injectable				
<i>Risk of CT</i>	1	72		1.50 [0.34, 6.54]
No condom use				
<i>Risk of CT – adjusted</i>	1	1,355	2.60 [1.20, 5.63]	
<i>Risk of CT – unadjusted</i>	4	5,867		1.56 [1.00, 2.42]
Inconsistent condom use				
<i>Risk of NG</i>	2	484		0.56 [0.02, 16.08]
<i>Risk of CT – adjusted</i>	3	11,651	2.16 [1.73, 2.70]	
<i>Risk of CT – unadjusted</i>	5	3,952		1.10 [0.80, 1.50]
Withdrawal method (for contraception)				
<i>Risk of CT</i>	2	1,181		0.93 [0.55, 1.58]
Female sex worker				
<i>Risk of NG</i>	1	258		1.14 [0.46, 2.81]
Infected with TV				
NO DATA				
Infected with CT				
<i>Risk of NG</i>	1	8,539		5.93 [3.27, 10.75]
Infected with NG				
<i>Risk of CT</i>	4	9664		3.68 [2.20, 6.16]
Infected with BV				
<i>Risk of CT</i>	2	245		1.49 [0.52, 4.25]
Vaginal discharge				
<i>Risk of CT – adjusted</i>	1	4,690	1.90 [1.00, 3.63]	
<i>Risk of CT – unadjusted</i>	2	966		1.47 [0.40, 5.44]
<i>Risk of NG/CT – unadjusted</i>	1	427		2.23 [1.05, 4.74]
Itching				
NO DATA				
Burning				
NO DATA				
Lower abdominal pain				
<i>Risk of CT</i>	1	389		1.00 [0.22, 4.55]
Dysuria				
<i>Risk of CT</i>	1	389		3.76 [1.13, 12.46]
Pain at sexual intercourse				
<i>Risk of CT</i>	1	998		1.55 [1.08, 2.24]
Any symptoms				
<i>Risk of CT – adjusted</i>	1	450	2.50 [1.00, 6.25]	
<i>Risk of CT – unadjusted</i>	1	375		6.36 [0.67, 60.64]
Partner who travels				
NO DATA				

Study characteristics of all included studies

1a. Symptomatic women (n=24):

women presenting for symptoms related to vaginal discharge, itching, odour, burning, lower abdominal pain with another vaginal symptom; but excluding genital ulcers

Study	Study Design	Country/Territory	Setting	Population (age range)	Symptomatic / asymptomatic	N	Prevalence (%)	Diagnostic test
Barry 2008	Prospective cross-sectional	Senegal	Hospitals, primary health facilities	Non-pregnant women (15-49 years)	Symptomatic vaginal discharge or itch (with or without burning, dyspareunia or bleeding between menstrual cycles / during sexual intercourse)	276	CT: 4.7 NG/CT: 35.9	NG/CT: NAAT
Bhatla 2013	Cross-sectional	India	Outpatient OB/GYN clinics	Sexually active women (30-74 years)	Symptomatic (persistent vaginal discharge for over 6 months, intermenstrual or postcoital bleeding; or detected to have an unhealthy cervix on examination)	600	CT: 4.8	CT: DNA
Bristow 2014	Cross-sectional	Haiti	Rural outpatient clinic	General population women (>18 years, mean 31.9)	Symptomatic (complaints of vaginal itching, discharge, pain, or lesions or associated urinary symptoms)	206	CT: 5.4	CT: PCR
Chirenje 2018	Cross-sectional	Zimbabwe	STI clinics	General population women (18-53 years)	Symptomatic vaginal discharge	200	NG: 24.0 CT: 14.0	NG/CT: PCR
Dela 2019	Surveillance	Ghana	Military clinics, civilian STI clinic	General population women (>18 years)	Symptomatic vaginal discharge (89% with clinical symptoms/clinical presentation of vaginal discharge)	549	NG: 16.4 CT: 8.2	NG/CT: NAAT
Fonck 2000	Cross-sectional	Kenya	Peripheral health centres, major STD referral clinic	Pregnant (54%) and non-pregnant women (>14 years)	Symptomatic vaginal discharge (spontaneous or prompted complaints of vaginal discharge with or without other symptoms)	621	NG: 7.1 CT: 9.3 NG and/or CT: 15.6	NG/CT: PCR
García 2007	Epidemiologic	Peru	Pharmacies	Adult women (>18 years)	Symptomatic vaginal discharge	122	CT: 9.1	CT: PCR

Study	Study Design	Country/Territory	Setting	Population (age range)	Symptomatic / asymptomatic	N	Prevalence (%)	Diagnostic test
Goyal 2011	Prospective	United States	Pediatric emergency department	Adolescent females (14-19 years)	Symptomatic (chief complaint suggestive of an STI, including lower abdominal, pelvic, flank pain; and/or genitourinary symptoms, e.g., dysuria, vaginal pain, discharge, lesions, itching, or bleeding)	236	CT: 19.7	CT: NAAT
Hoque 2013	Prevalence study	Bangladesh	Hospital OB/GYN department, non-government health organization	Sexually active women of reproductive age and brothel-based female sex workers (FSW) (<45 years)	Symptomatic (complaints of chlamydial infection-like clinical symptoms)	150	CT: 33.3	CT: PCR
Huppert 2003	Retrospective chart review	United States	Teen health centre (July 2000 to June 2001)	Adolescent females (15-21 years)	Symptomatic (91% with chief complaint of urinary symptoms such as dysuria, urgency, and frequency; or vaginal symptoms such as vaginal discharge, odor, and itching)	81	CT: 22.2	CT: Ligase chain reaction (LCR)
Huppert 2008	Cross-sectional study	United States	Teen health centre (July 2004 to May 2006)	Adolescent females (14-21 years)	Symptomatic (89% with any genitourinary symptoms)	326	NG: 10.7 CT: 24.4	NG: Culture or strand displacement assay CT: Strand displacement assay
Kufa 2018	Cross-sectional	South Africa	Primary healthcare centres	Adult women (median 27 years)	Symptomatic vaginal discharge (presenting with vaginal discharge syndrome)	757	NG: 18.5 CT: 17.7	NG/CT: PCR
Landers 2004	Prospective	United States	Health care sites	Non-pregnant women (18-45 years)	Symptomatic (presenting with \geq one untreated genital complaints related to vaginal discharge: significant change in the character of vaginal discharge, abnormal vaginal odor, vaginal itching, or lower genital tract burning)	598	NG/CT: 10.5	NG: Culture CT: PCR

Study	Study Design	Country/Territory	Setting	Population (age range)	Symptomatic / asymptomatic	N	Prevalence (%)	Diagnostic test
Lewis 2003	Annual STI aetiological surveys	South Africa	Public health care clinics	General population women (mean 29 years)	Symptomatic vaginal discharge (vaginal discharge syndrome on physical exam, nurse-confirmed)	1,232	NG: 12.7 CT: 16.0	NG/CT: PCR
Lubbad 2007	Prevalence study	Occupied Palestinian Territory, including East Jerusalem	Child and mother health centre	Pregnant women (>16 years)	Symptomatic (complaints of vaginal discharge, cervicitis, and other clinic signs)	423	CT: 8.3	CT: not reported
Molaei 2017	Cross-sectional	Iran (Islamic Republic of)	Hospital gynaecological outpatient department	Married women of reproductive age (18-49 years)	Symptomatic vaginal discharge (with or without other symptoms)	100	CT: 16.0	NG: Gram stain CT: ELISA
Ngandjijo 2003	Prevalence study	Cameroon	Not reported	Sexually active students (mean 25.6 years)	Symptomatic (89% reported urogenital symptoms: vaginal discharge, vaginal itching, lower abdominal pains)	605	CT: 4.0	CT: PCR
Pepin 2004	Prevalence study	Benin, Burkina Faso, Ghana, Guinea, Mali	Health centres	Non-pregnant women who denied being sex workers (>12 years)	Symptomatic vaginal discharge (presenting with vaginal discharge without lower abdominal pain)	726	NG: 1.9 CT: 3.2	NG/CT: PCR
Pepin 2006	Clinical trial	Ghana, Guinea, Mali, Togo	Health facilities	Sex workers and non-sex workers (>11 years)	Symptomatic vagina discharge (presenting with vaginal discharge)	1,165	NG: 5.0 CT: 3.4	NG/CT: PCR
Reed 2007	Cross-sectional	United States	Hospital pediatric emergency department	Adolescent females (13-18 years)	Symptomatic (seeking care because of genitourinary or abdominal symptoms that may be explained by STIs, including abdominal pain, vaginal bleeding, vaginal discharge)	250	NG: 8.8 CT: 16.8	NG: Culture CT: Wet mount, gram stain
Sonkar 2016	Cross-sectional	India	Hospital OB/GYN department	Non-pregnant women (>18 years)	Symptomatic (seeking diagnosis and treatment of vaginal discharge syndrome)	634	NG: 7.9 CT: 10.0	NG/CT: PCR

Study	Study Design	Country/Territory	Setting	Population (age range)	Symptomatic / asymptomatic	N	Prevalence (%)	Diagnostic test
Sonkar 2017	Cross-sectional	India	Hospital OB/GYN departments	Married non-pregnant women (18-56 years)	Symptomatic (vaginal discharge, green to brown color frothy discharge, foul odor of discharge, vaginal itching, edema or erythema pruritus or genital ulcers, colpitis, masclaris by punctate hemorrhages, dysuria, pain during intercourse, urinary tract infection, soreness, vaginitis, lower abdominal pain, elevated pH greater than 4.5, presence of amines, vaginal leucocytosis, vulvar erythema, purulent with white blood cells, cervicitis, or frequency of micturation, burning and pain on micturition)	1,797	NG: 6.6 CT: 8.2	NG/CT: PCR
Thomas 2019	Prospective	India	Hospital gynecology outpatient department	General population women (18-72 years)	Symptomatic (92.9% vaginal discharge with or without other vaginal symptoms)	296	CT: 7.4	CT: IgG ELISA
Zimba 2011	Cross-sectional	Mozambique	Health centre	General population women (mean 35.5 years)	Symptomatic vaginal discharge (presenting with symptoms and signs of vaginal discharge syndrome)	154	NG: 12.3 CT: 11.0	NG/CT: NAAT

1b. Women with confirmed symptoms (n=4)

Study	Study Design	Country/Territory	Setting	Population (age range)	Symptomatic / asymptomatic	N	Prevalence (%)	Diagnostic test
Abbai 2016	Secondary analysis of trial	South Africa	Family planning, well-baby and general health clinics	Sexually active, HIV-negative women (18-49 years)	Confirmed symptomatic based on physical examination (abnormal vaginal discharge, abnormal vaginal epithelium, abnormal perineum / perianal area, abnormal cervical mucus, abnormal cervical epithelium)	435	NG: 2.8 CT: 10.2	NG/CT: PCR
De Jongh 2010	Prevalence study	South Africa	Tertiary teaching hospital serving semi-rural population	Termination of pregnancy patients (13-41 years)	Confirmed symptomatic based on speculum examination (vaginal discharge)	146	CT: 15.7	CT: Culture / PCR
Mania-Pramanik 2008	Labaratory-based	India	Hospital gynecology outpatient department	General population women (18-44 years)	Confirmed symptomatic based on pelvic examination (clinical signs and symptoms of lower genital tract infections; such as vaginal discharge, cervicitis, and vaginitis with one or more children)	185	CT: 10.8	CT: PCR
Marconi 2012	Cross-sectional	Brazil	Women's health outpatient clinic	General population women; 89% sexually active (mean 31.2 years)	Confirmed symptomatic based on medical examination (dyspareunia, pain during bimanual exam, excessive cervical mucus, cervical ectopy, or 3 or more episodes of altered vaginal flora in previous year)	142	CT: 23.9	CT: PCR

2. Asymptomatic women (n=20): women screened for NG and/or CT for reasons other than symptoms (e.g. routine screening, other risk factors, part of study protocol)

Study	Study Design	Country/Territory	Setting	Population (age range)	Symptomatic / asymptomatic	N	Prevalence (%)	Diagnostic test
Al-Sweih 2011	Prevalence study	Kuwait	Primary health care centres	Married women (not reported)	Asymptomatic	8,539	NG: 1.5 CT: 2.1	NG/CT: Amplified DNA-assay
Balle 2018	Cross-sectional	South Africa	High risk communities	Adolescent females using hormonal contraceptives (16-22 years)	Asymptomatic	72	CT: 41.7	CT: PCR
Cai 2011	Cross-sectional	Italy	STD centres	Sexually active women (18-43 years)	Asymptomatic (no genitourinary symptoms; and no medical history of vulvar itching, fissures, abnormal discharge, and persistent pain at intercourse)	998	CT: 29.2	CT: IgA
Corbeto 2010	Cross-sectional	Spain	Sexual and reproductive health centres	Sexually active women (16-35 years)	Asymptomatic (>94%)	397	CT: 4.5	CT: PCR
de Lima 2014	Cross-sectional	Brazil	Public health program	Sexually active, non-pregnant women (15-24 years)	Asymptomatic	574	CT: 9.6	CT: PCR
Geisler 2007	Cross-sectional	United States	Gynecology clinic, STD clinic	Non-pregnant women (17-25 years)	Asymptomatic (excluded women reporting genital symptoms or symptomatic partners)	577	CT: 11.8	CT: NAAT
Goldzier Thomas 2001	Cross-sectional	United States	Navy bases: shore-based command; ship-based submarine tender	Navy-enlisted, healthy women (18-45 years)	Asymptomatic	277	CT: 4.7	CT: LCR

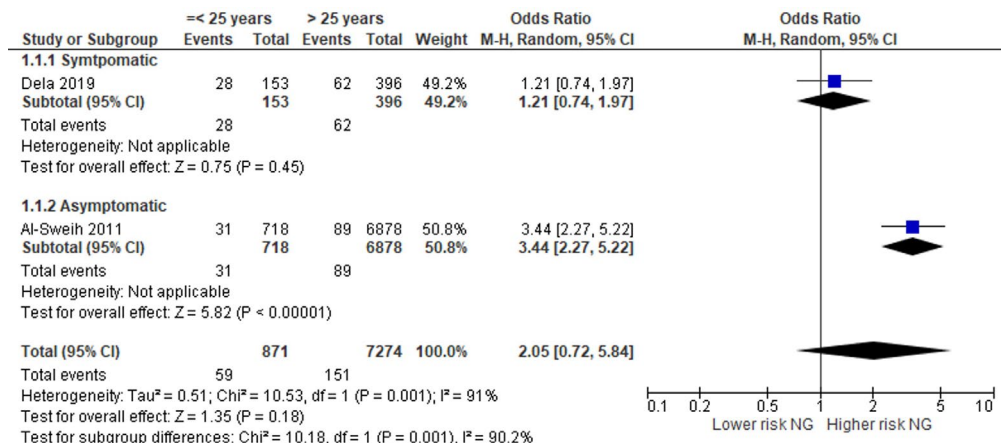
Study	Study Design	Country/Territory	Setting	Population (age range)	Symptomatic / asymptomatic	N	Prevalence (%)	Diagnostic test
Guimaraes 2009	Population-based cross-sectional	Brazil	Households	Sexually active adolescent females (15-19 years)	Confirmed asymptomatic (91% without mucopurulent discharge on gynecological examination)	427	CT: 14.5	CT: PCR
Ikeme 2011	Prospective	Nigeria	Teaching hospital gynecological clinic	Female undergraduates and general population women, 12.6% with secondary infertility (20-34 years)	Asymptomatic	286	CT: 29.4	CT: Cell culture, direct fluorescent antibody, enzyme immunoassay, NAAT
Imai 2004	Prevalence study	Japan	Universities, professional schools (October 2001 to February 2002)	Sexually active women (= > 18 years)	Asymptomatic	451	CT: 9.1	CT: PCR
Imai 2010	Cross-sectional	Japan	Universities, junior colleges, major professional schools (January 2004 to March 2006)	Sexually active female students (18-36 years)	Asymptomatic	4,003	CT: 9.5	CT: PCR
Mania-Pramanik 2008	Laboratory-based	India	Hospital gynecology outpatient department	General population women (18-44 years)	Asymptomatic (no clinical signs and symptoms of lower genital tract infections; such as vaginal discharge, cervicitis, and vaginitis with one or more children)	173	CT: 9.2	CT: PCR
Mbizvo 2001	Cross-sectional	Zimbabwe	Primary health care clinics	Sexually active women; 46% pregnant (15-49 years)	Asymptomatic (not presenting for urogenital symptoms)	389	CT: 3.9	CT: LCR
Mossong 2009	Prospective	Luxembourg	Family planning centres	Sexually active women (15-25 years)	Asymptomatic	1,355	CT: 7.7	CT: CT assay

Study	Study Design	Country/Territory	Setting	Population (age range)	Symptomatic / asymptomatic	N	Prevalence (%)	Diagnostic test
O'Connell 2009	Prevalence study	Ireland	Higher education institutions	Sexually active female students (17-34 years)	Asymptomatic (excluded women presenting with symptoms suggestive of an STI or requesting assessment for STIs)	450	CT: 4.8	CT: PCR
Obasi 2001	RCT	United Republic of Tanzania	Household in rural communities	Female adolescents (15-19 year olds)	Asymptomatic (11.9% reported any current STD symptoms)	4,690	CT: 2.4	CT: PCR
Putu Yuda Hananta 2016	Prevalence study	Indonesia	STD clinics, outreach programs	Heterosexual women and female sex workers (>=16 years)	Asymptomatic	258	NG: 26.4	NG: Culture, DNA Hybridization method
Tibaldi 2009	Retrospective	Italy	Outpatient clinic for genital tract diseases	Non-pregnant females (not reported)	Asymptomatic (no report of genital symptoms)	12,357	CT: 0.09	CT: Transcription Mediated Amplification (TMA) with DNA probe
Wand 2011	Population attributable risk study	Australia	Urban sexual health clinic	Heterosexual, female international travellers and residents; backpackers and non-backpackers (<=30 years)	Asymptomatic (98.7% not presenting with genital symptoms)	6,313	CT: 3.9	CT: NAAT
Yeung 2014	Cross-sectional	Australia	Rural and metropolitan general practice clinics	General population women (16-29 years)	Asymptomatic (6% presenting with STI symptoms or contact)	3,027	CT: 4.4	CT: NAAT

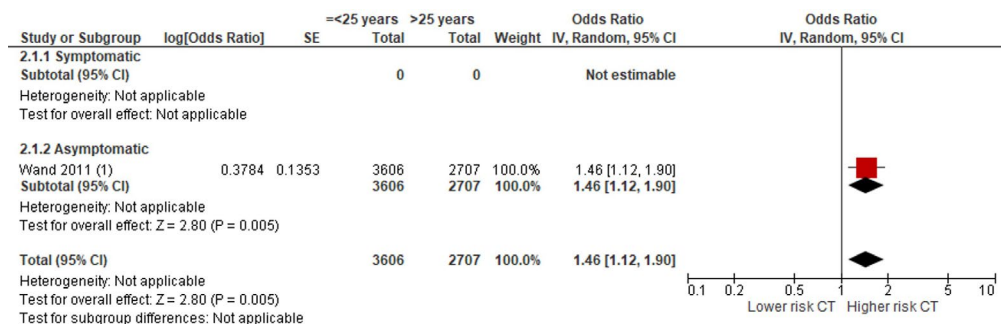
Forest plots, by risk factor

Younger age group: <25 versus =>25 years of age

Risk of NG



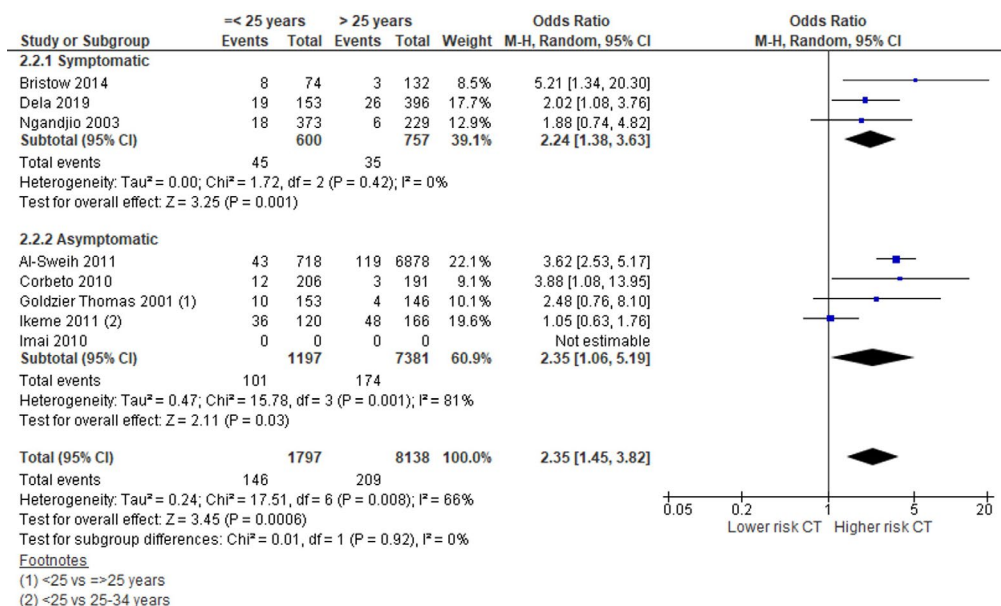
Risk of CT, adjusted



Footnotes

(1) Adjusted for country of birth, marital status, employment, smoking, alcohol use, prior CT, condom use, sexual partners

Risk of CT



Other age groups

Risk of NG

Study or Subgroup	Age group comparison (y)	Younger group		Older group		Odds ratio [95% CI]	Findings
		Events	Total	Events	Total		
Symptomatic							
Huppert 2008	14-17 vs 18-21	n/r	188	n/r	143	Not reported	Not associated with NG
Pepin 2004	<30 vs =>30	12	527	2	198	2.28 [0.51, 10.30]	
Kufa 2018	<35 vs =>35	121	600	19	158	1.85 [1.10, 3.11]	

Risk of CT, adjusted

Study or Subgroup	Age group comparison (y)	Younger group (n)	Older group (n)	Adjusted odds ratio [95% CI]
Asymptomatic				
Mossong 2009 (1)	15-17 vs 18-19	340	303	0.50 [0.27, 0.91]
Mossong 2009 (1)	15-17 vs 20-22	340	428	0.56 [0.32, 1.0]
De Lima 2014 (2)	15-17 vs 20-24	346	356	2.16 [1.18, 3.97]
Yeung 2014 (3)	16-19 vs 20-24	742	1,145	1.23 [0.81, 1.85]
Mossong 2009 (1)	15-17 vs 23-25	340	284	1.3 [0.59, 2.5]
Yeung 2014 (3)	16-19 vs 24-29	742	1,140	4.35 [2.27, 8.33]
Imai 2011 (4)	18 vs 21-36	786	1,288	1.99 [1.42, 2.79]
Imai 2011 (4)	19 vs 21-36	1,074	1,288	2.10 [1.55, 2.84]
Imai 2011 (4)	20 vs 21-36	842	1,288	1.45 [1.04–2.03]

1. Adjusted for number of partners in past 12 months and reported condom use
2. Adjust for age at first intercourse and number of lifetime sexual partners
3. Adjusted for number of partners in pas 12 months, education, duration of recent partnership, diagnosis of CT in past 12 months
4. Adjusted for condom use and number of sexual partners.

Risk of CT

Study or Subgroup	Age group comparison (y)	Younger group		Older group		Odds ratio [95% CI]	Findings
		Events	Total	Events	Total		
Symptomatic							
Huppert 2008	14-17 vs 18-21	n/r	188	n/r	143	Not reported	Younger age group were more likely to have CT older age group; 29.2% vs. 18.0%, p= 0.02
Bhatla 2013	25-39 vs 40-49	20	29	8	29	5.83 [1.88, 18.10]	
Pepin 2004	<30 vs =>30	19	527	4	198	1.81 [0.61, 5.40]	
Kufa 2018	<35 vs =>35	118	600	16	158	2.17 [1.25, 3.78]	
Tibaldi 2009	Childbearing vs menopause	38	10,293				
Asymptomatic							
Obasi 2001	15-17 vs 18-19	53	2,748	72	2,655	0.71 [0.49, 1.01]	
Imai 2004	18-19 vs =>24	Not reported				5.91 [1.61, 21.78]	
Imai 2004	20-21 vs =>24	Not reported				4.11 [1.10, 15.33]	
Imai 2004	22-23 vs =>24	Not reported				0.66 [0.66, 12.03]	
Tibaldi 2009	Childbearing vs menopause	88	99,950	1	164	0.14 [0.02, 1.04]	

Risk of NG and/or CT, adjusted

Study or Subgroup	Age group comparison (y)	Younger group (n)	Older group (n)	Adjusted odds ratio [95% CI]
Asymptomatic				
Mbivzo 2001 (1)	<20 vs 20-49	44	349	3.85 [1.37, 10.82]

1. Adjusted for age at first marriage, sexual debut, frequency of partner travels, previous STI, type of vaginal discharge, and pH level.

Risk of NG and/or CT

Study or Subgroup	Age group comparison (y)	Younger group		Older group		Odds ratio [95% CI]
		Events	Total	Events	Total	
Symptomatic						
Fonck 2000 (1)	<20 vs =>20	15	55	38	232	1.91 [0.96, 3.81]
Fonck 2000 (2)	<20 vs =>20	20	72	24	262	3.81 [1.96, 7.42]
Total			127		494	2.72 [1.38, 5.34]
<i>Total events</i>		35		59		

1. Non-pregnant women
2. Pregnant women

Hormonal contraceptive use

Risk of CT

Study or Subgroup	Hormonal contraceptive		No hormonal contraceptive		Total	Weight	Odds Ratio M-H, Random, 95% CI	Odds Ratio M-H, Random, 95% CI
	Events	Total	Events	Total				
2.3.1 Symptomatic								
Molaei 2017 (1)	2	15	14	85	3.0%	0.78 [0.16, 3.85]		
Subtotal (95% CI)		15		85	3.0%	0.78 [0.16, 3.85]		
Total events	2		14					
Heterogeneity: Not applicable Test for overall effect: Z = 0.30 (P = 0.76)								
2.3.2 Asymptomatic								
Cai 2011 (2)	97	345	194	653	91.6%	0.93 [0.69, 1.23]		
Goldzier Thomas 2001	4	104	10	174	5.4%	0.66 [0.20, 2.15]		
Subtotal (95% CI)		449		827	97.0%	0.91 [0.69, 1.20]		
Total events	101		204					
Heterogeneity: Tau ² = 0.00; Chi ² = 0.31, df = 1 (P = 0.58); I ² = 0% Test for overall effect: Z = 0.68 (P = 0.50)								
Total (95% CI)		464		912	100.0%	0.90 [0.69, 1.19]		
Total events	103		218					
Heterogeneity: Tau ² = 0.00; Chi ² = 0.34, df = 2 (P = 0.84); I ² = 0% Test for overall effect: Z = 0.72 (P = 0.47) Test for subgroup differences: Chi ² = 0.03, df = 1 (P = 0.85), I ² = 0%								

Footnotes

- (1) Oral contraceptives
- (2) Oral contraceptives

Risk of NG and/or CT

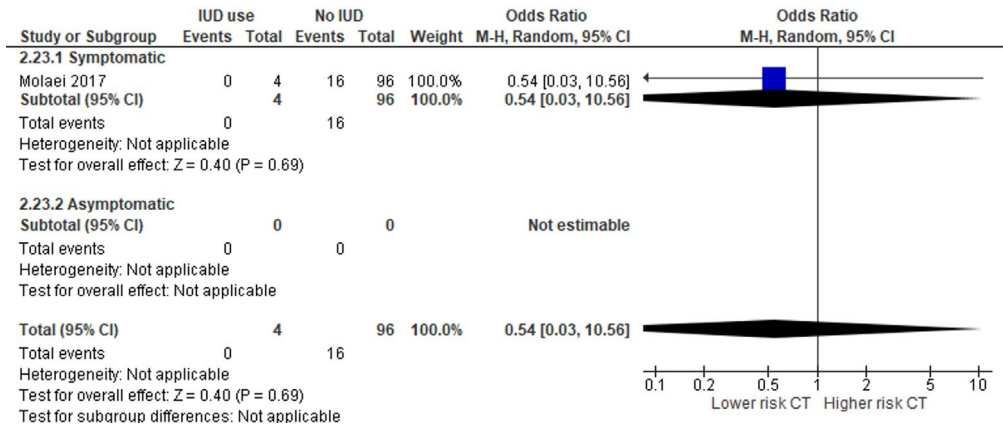
Study or Subgroup	Hormone contraceptive use		No hormonal contraceptive		Total	Weight	Odds Ratio M-H, Random, 95% CI	Odds Ratio M-H, Random, 95% CI
	Events	Total	Events	Total				
3.1.1 Symptomatic								
Reed 2007 (1)	4	24	79	225	100.0%	0.37 [0.12, 1.12]		
Subtotal (95% CI)		24		225	100.0%	0.37 [0.12, 1.12]		
Total events	4		79					
Heterogeneity: Not applicable Test for overall effect: Z = 1.76 (P = 0.08)								
3.1.2 Asymptomatic								
Subtotal (95% CI)		0		0		Not estimable		
Total events	0		0					
Heterogeneity: Not applicable Test for overall effect: Not applicable								
Total (95% CI)		24		225	100.0%	0.37 [0.12, 1.12]		
Total events	4		79					
Heterogeneity: Not applicable Test for overall effect: Z = 1.76 (P = 0.08) Test for subgroup differences: Not applicable								

Footnotes

- (1) Adolescents

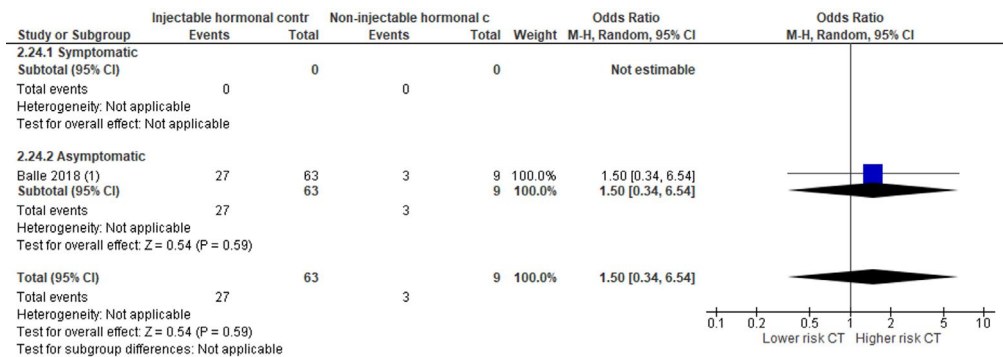
IUD use

Risk of CT



Contraceptive method

Risk of CT



Footnotes

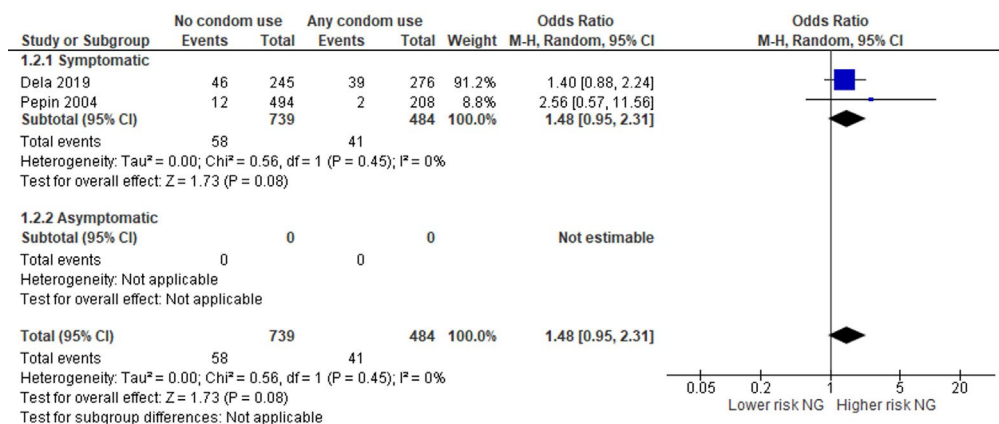
(1) Adolescents

Study or Subgroup	Comparison	Findings
Symptomatic		
Huppert 2003 (1)	Type of contraceptive	No differences in women with or without CT

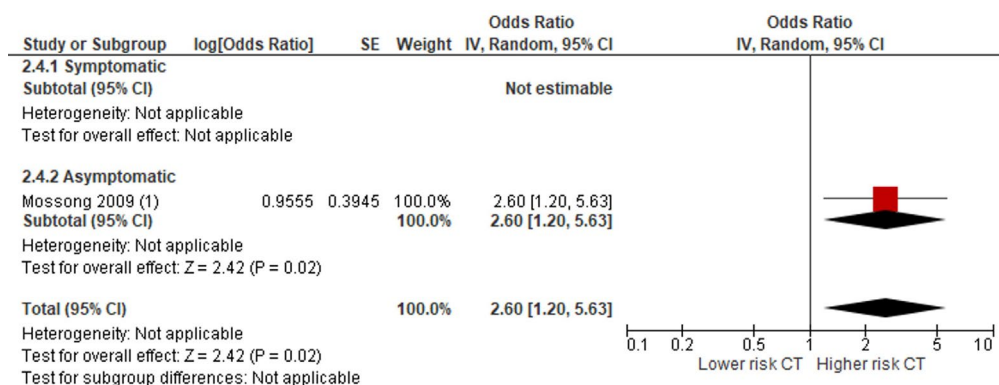
1. Adolescents

No condom use

Risk of NG



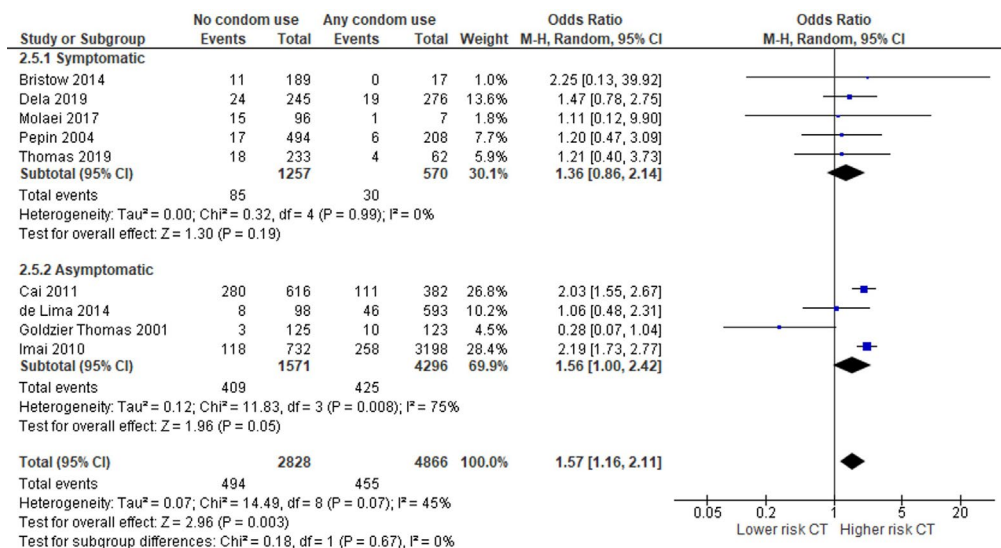
Risk of CT, adjusted



Footnotes

(1) Never vs always; adjusted for age, sex, setting, number of sexual partners in past year

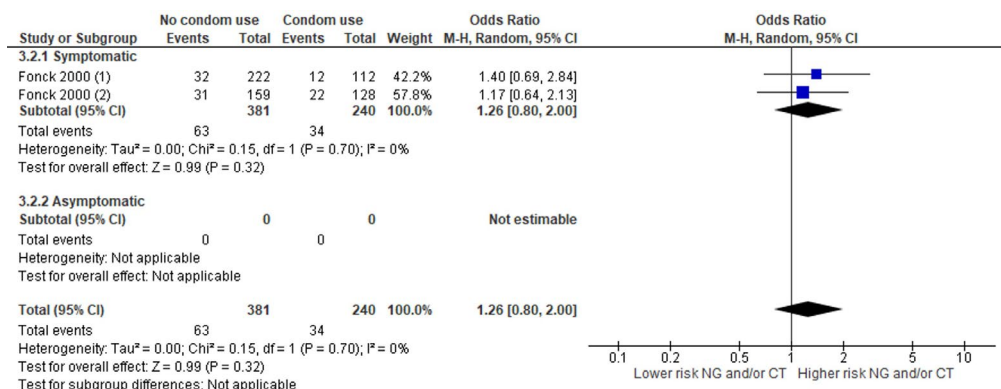
Risk of CT



Study or Subgroup	No condom use		Condom use		Findings
	Events	Total	Events	Total	
Symptomatic					
Hubbert 2003	Not reported				No differences in condom use in those with or without CT
Asymptomatic					
Corbeto 2010 (1)	n/r	210	n/r	183	Not significantly associated with the presence of CT

1. Condom use at last sexual contact

Risk of NG and/or CT



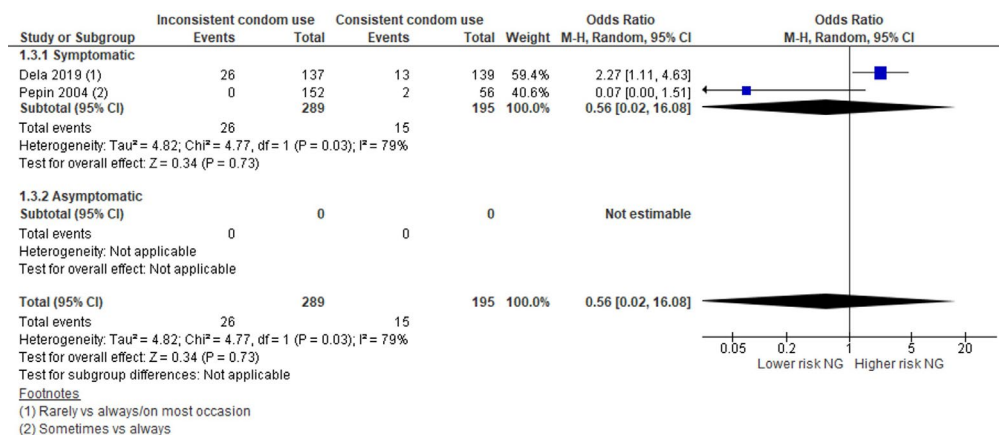
Footnotes

(1) Pregnant women

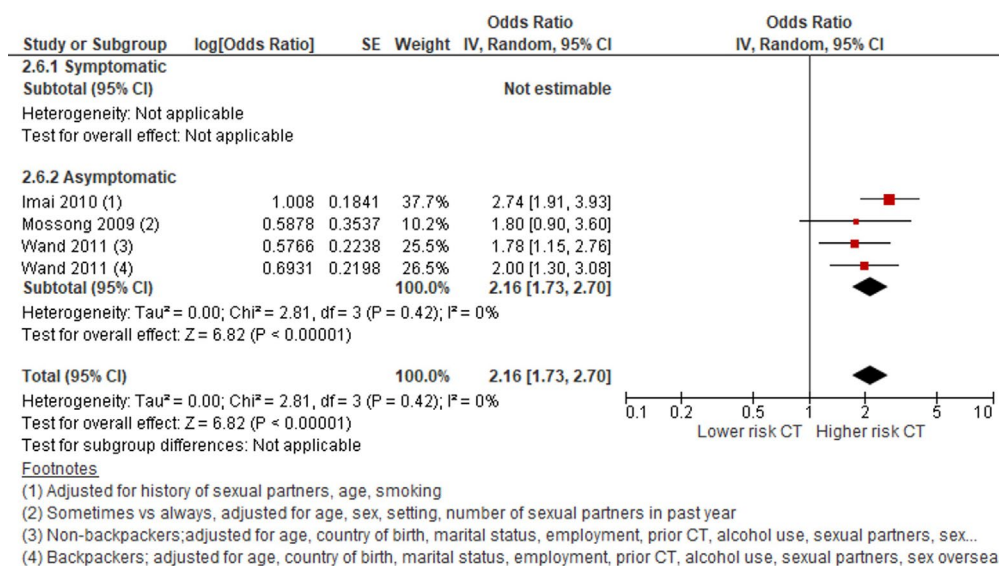
(2) Non-pregnant women

Inconsistent condom use

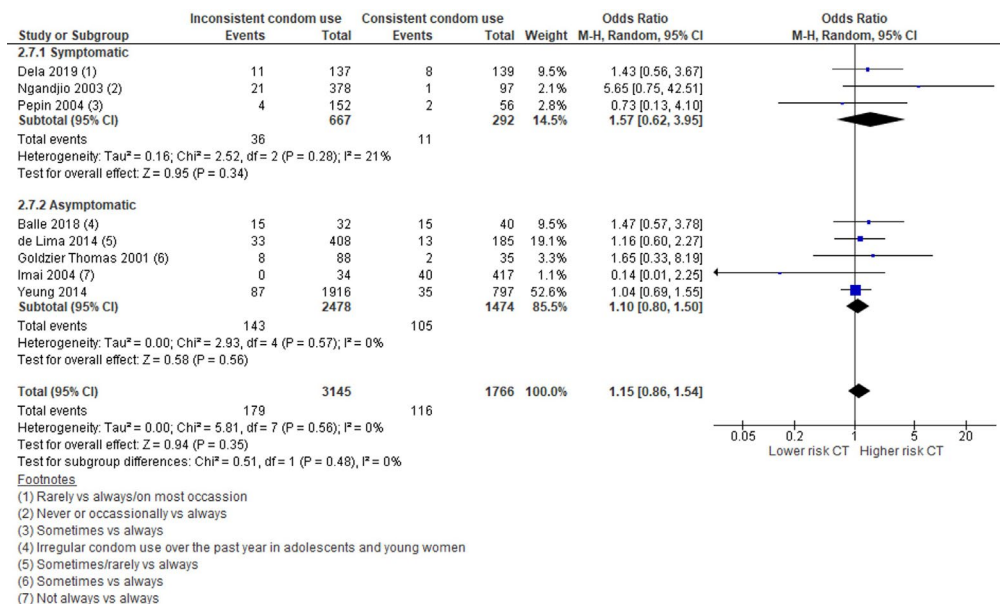
Risk of NG



Risk of CT, adjusted

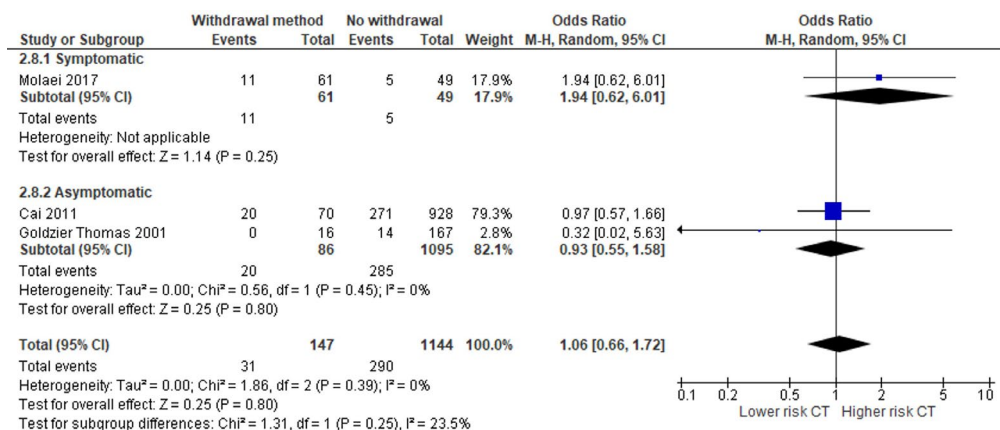


Risk of CT



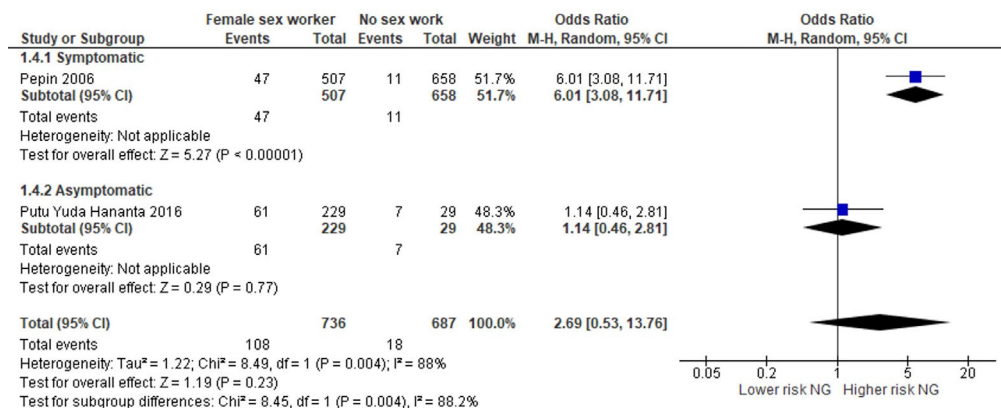
Withdrawal method

Risk of CT

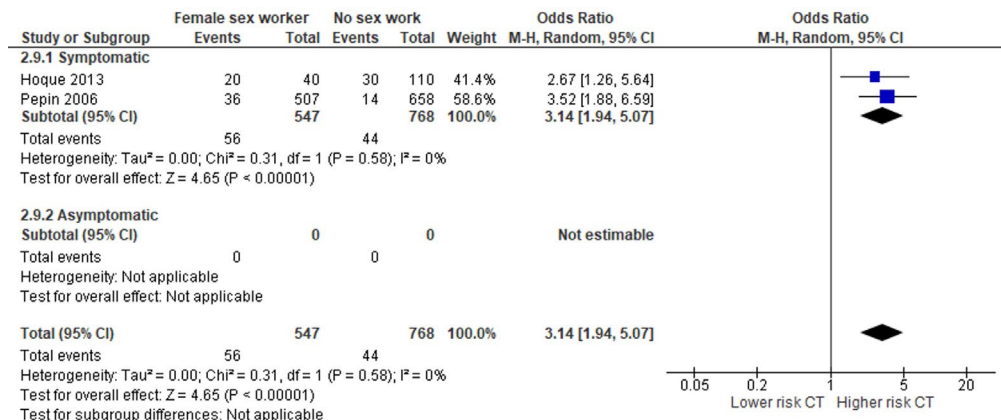


Female sex worker

Risk of NG

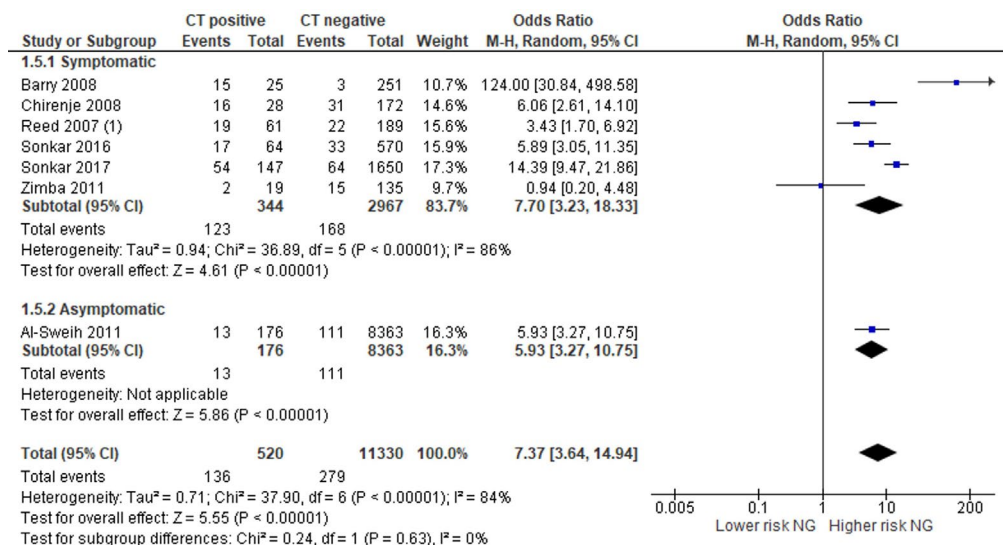


Risk of CT



Infected with CT

Risk of NG

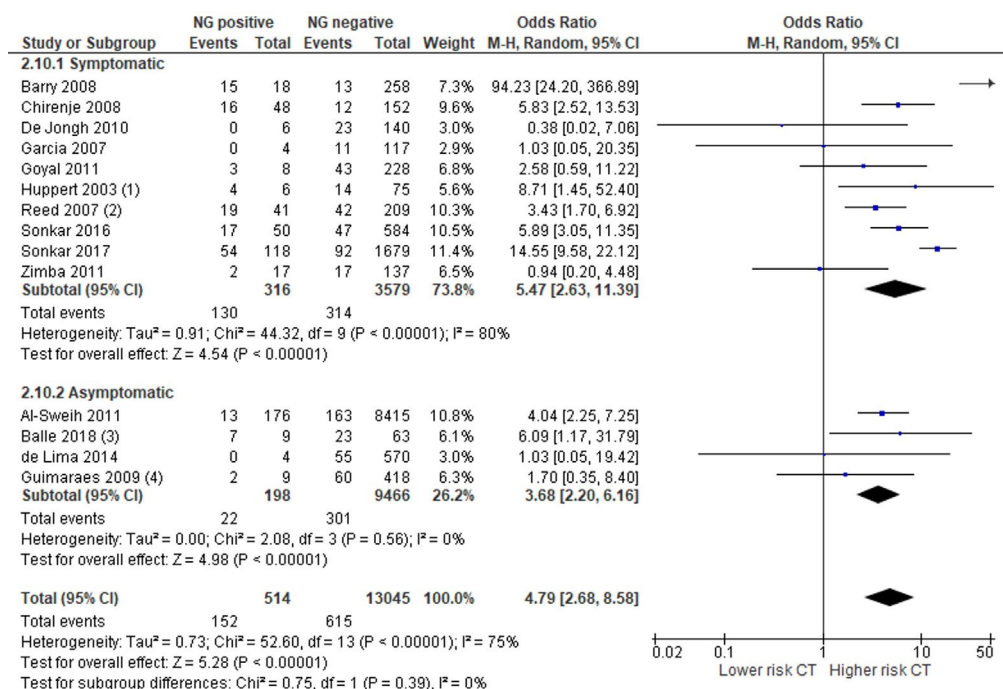


Footnotes

(1) Adolescents

Infected with NG

Risk of CT



Footnotes

(1) Adolescents and young women (15-21 years)

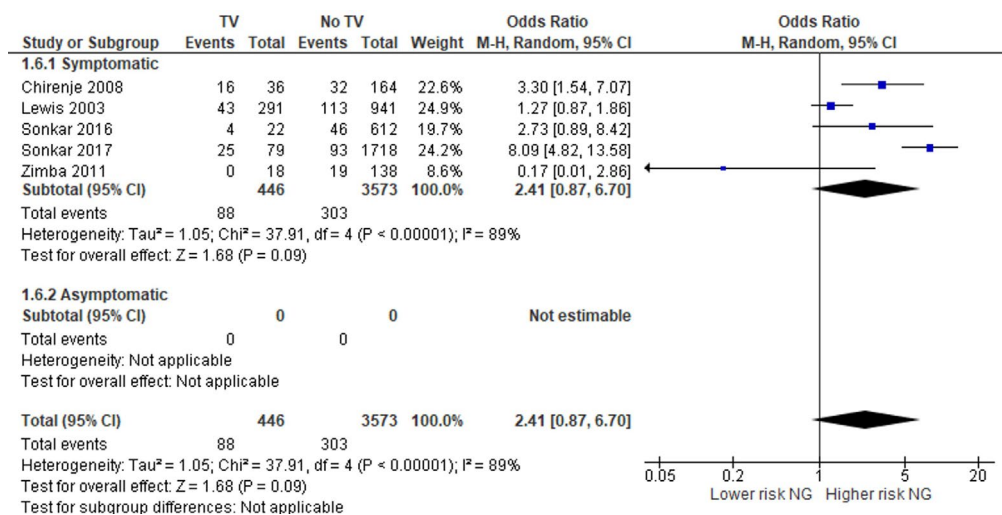
(2) Adolescents

(3) Adolescents

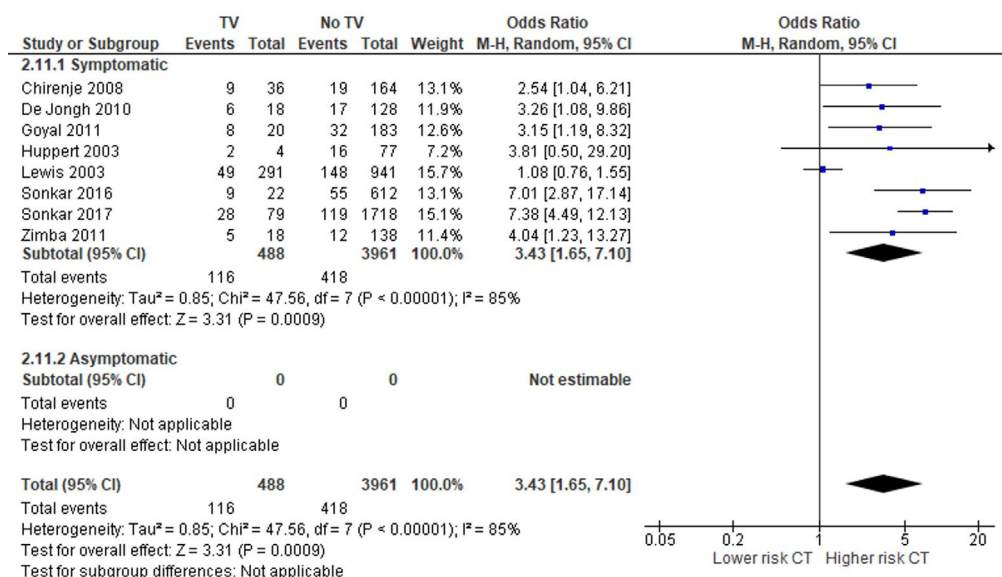
(4) Adolescents

Infected with TV

Risk of NG

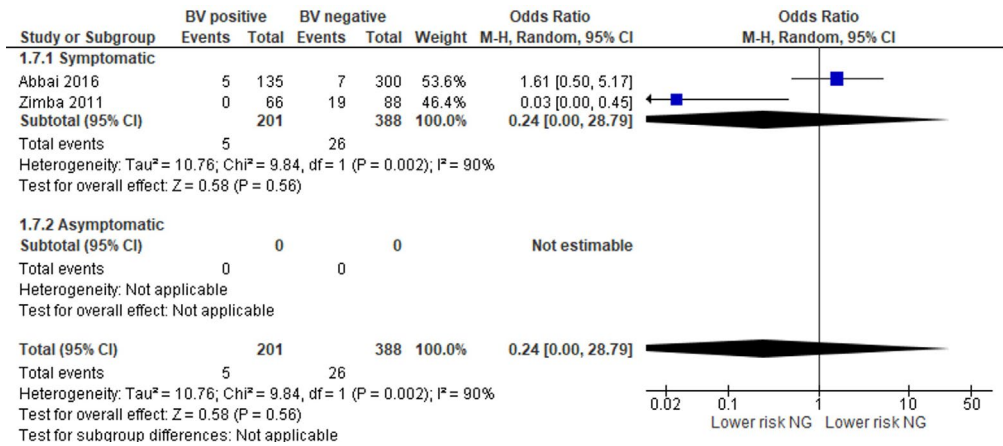


Risk of CT

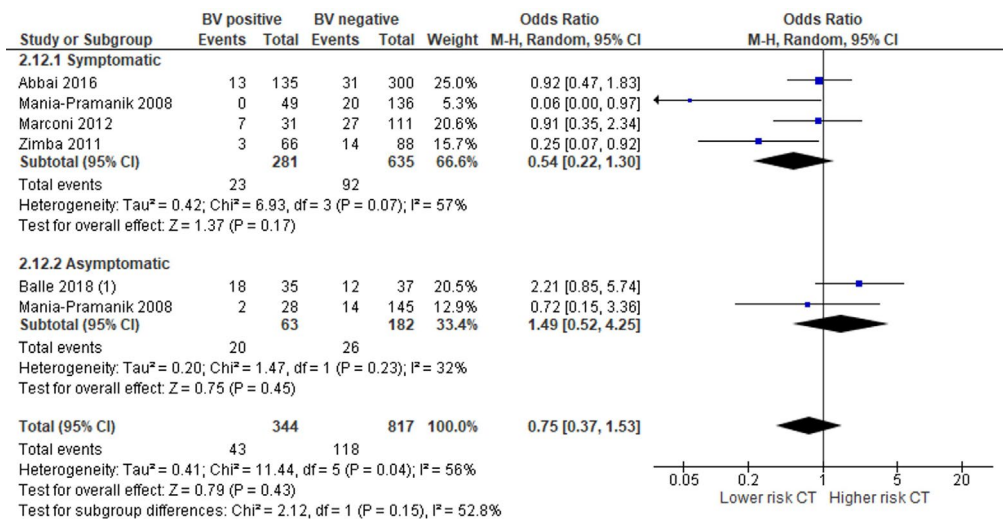


Infected with BV

Risk of NG



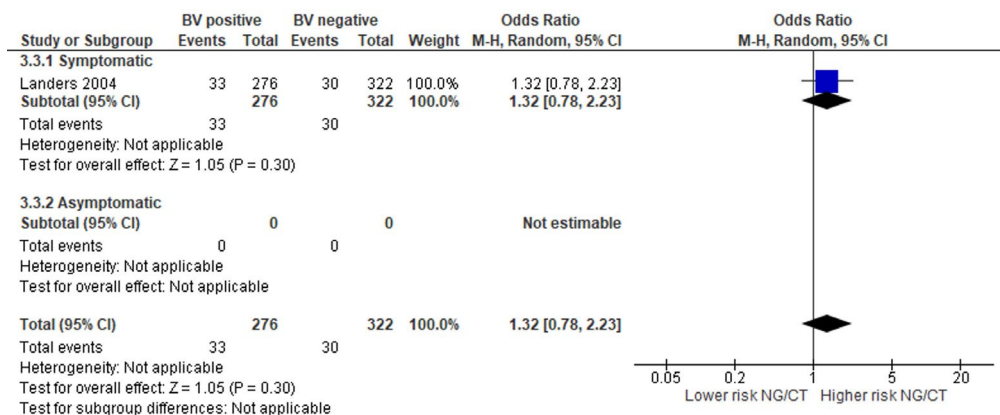
Risk of CT



Footnotes

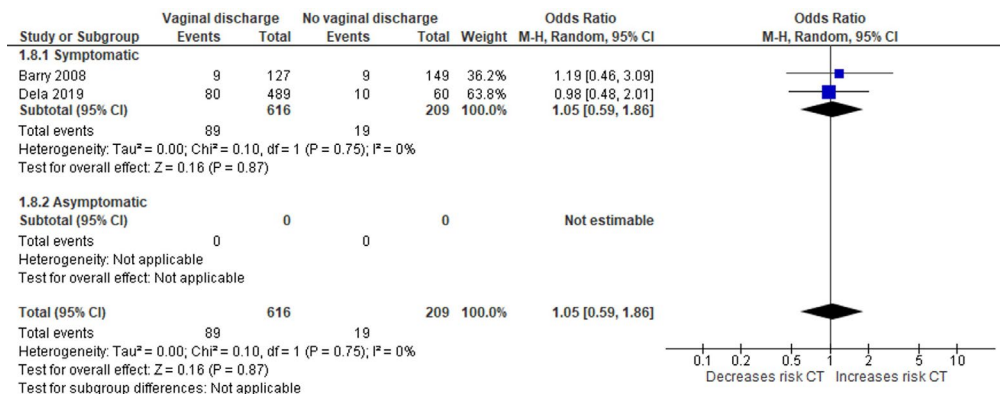
(1) Adolescents

Risk of NG and/or CT

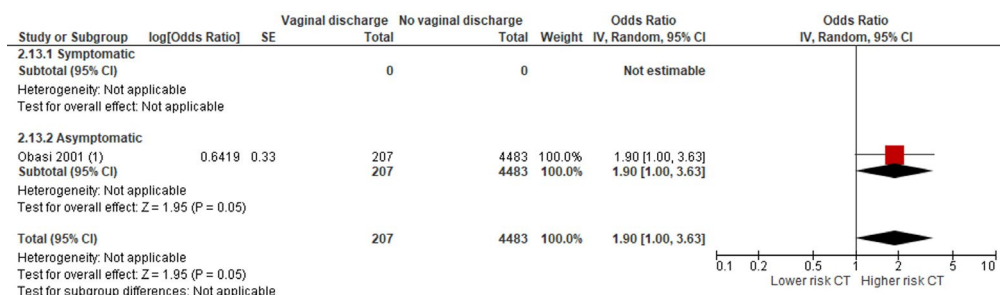


Vaginal discharge

Risk of NG



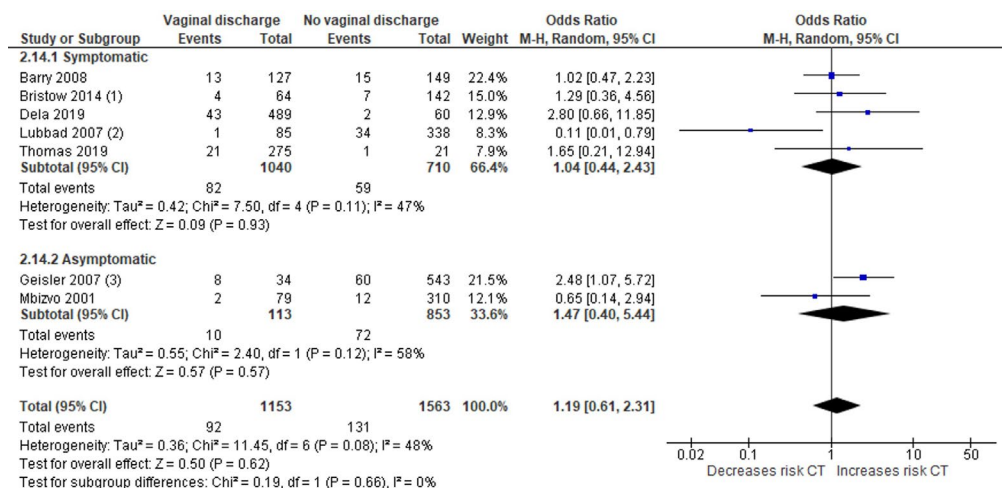
Risk of CT, adjusted



Footnotes

(1) Self-reported VD in adolescents, adjusted for age in years

Risk of CT



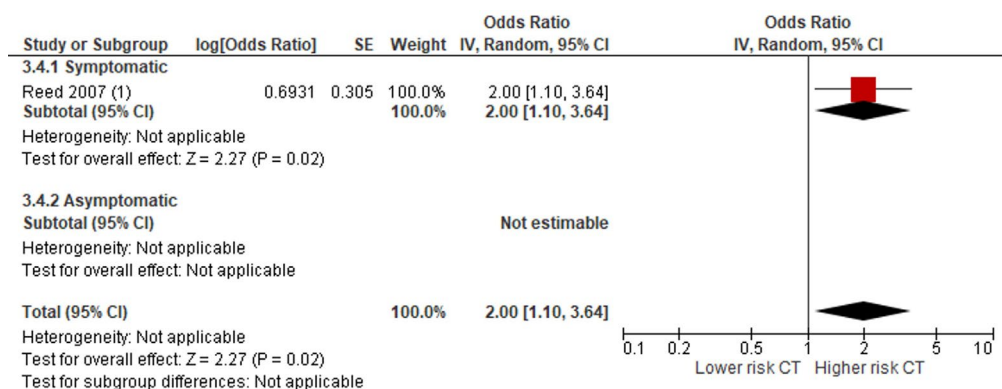
Footnotes

(1) Increased VD

(2) Complaints of VD in pregnant women

(3) VD on exam

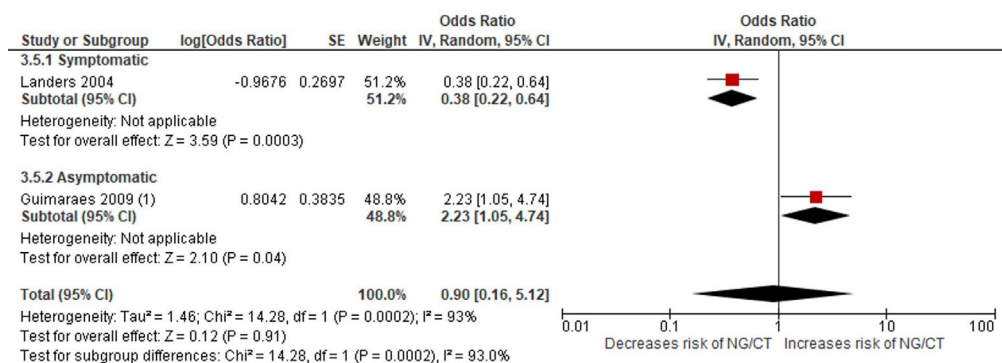
Risk of NG and/or CT, adjusted



Footnotes

(1) Cervical discharge on exam in adolescents, adjusted for race, new partner in last 3 months, yeast forms on gram stain

Risk of NG and/or CT

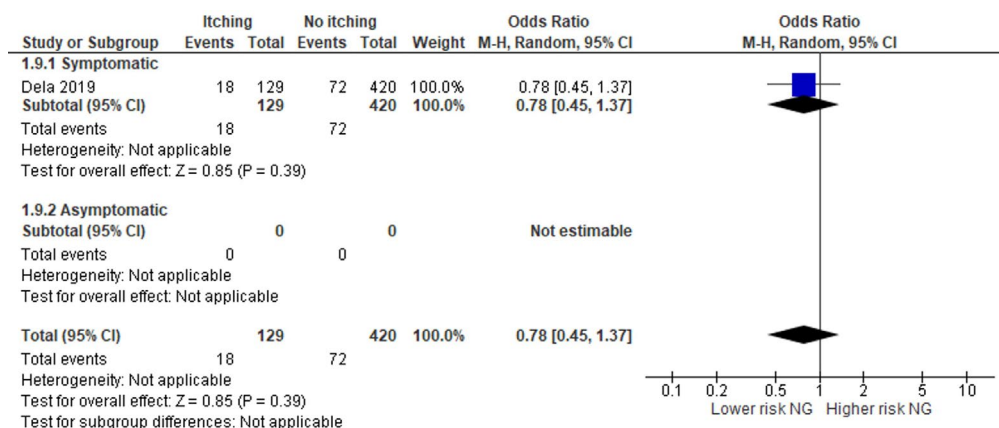


Footnotes

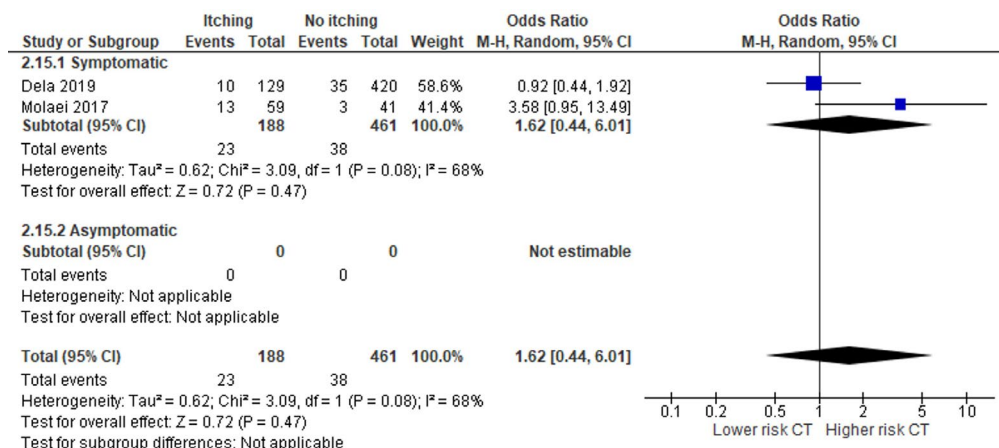
(1) Mucopurulent discharge on exam

Itching

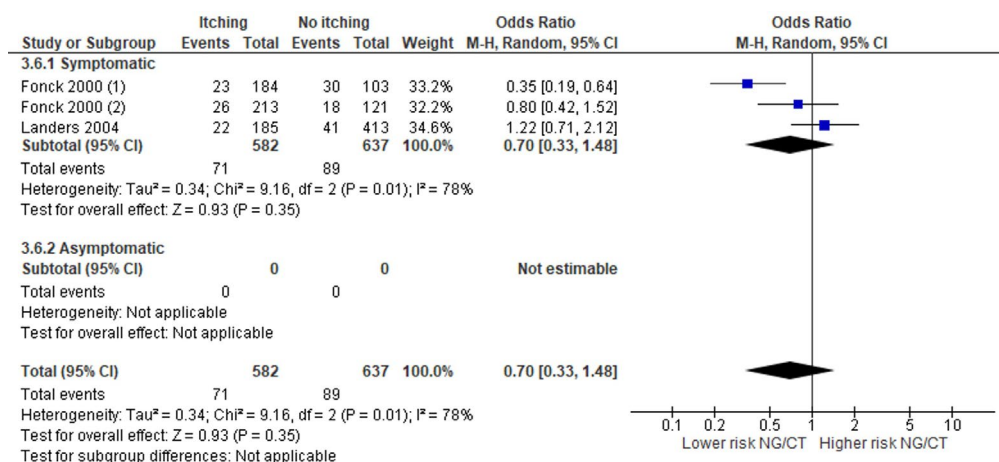
Risk of NG



Risk of CT



Risk of NG and/or CT



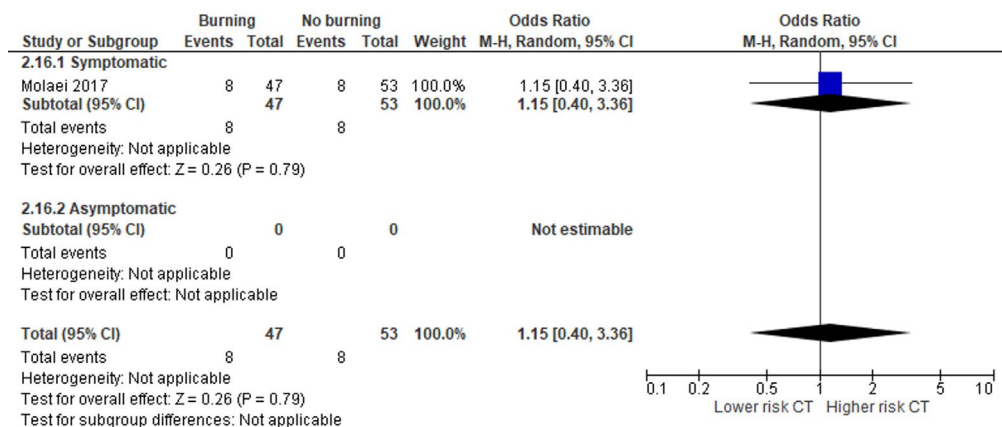
Footnotes

(1) Non-pregnant women

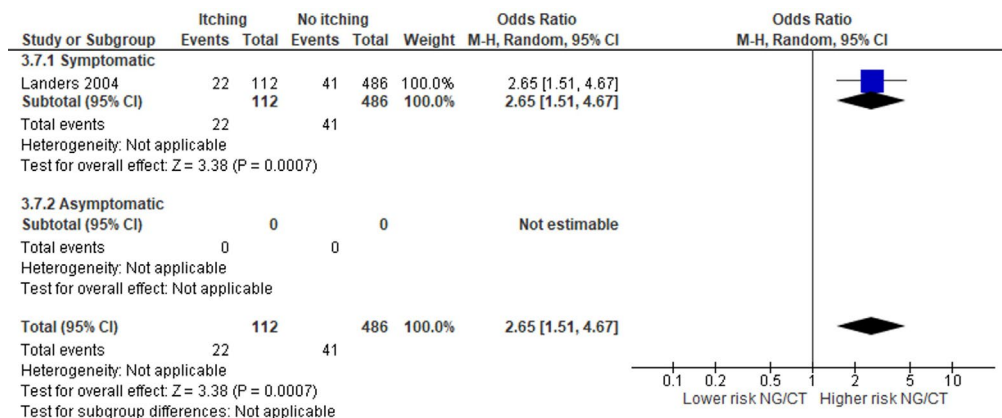
(2) Pregnant women

Burning

Risk of CT

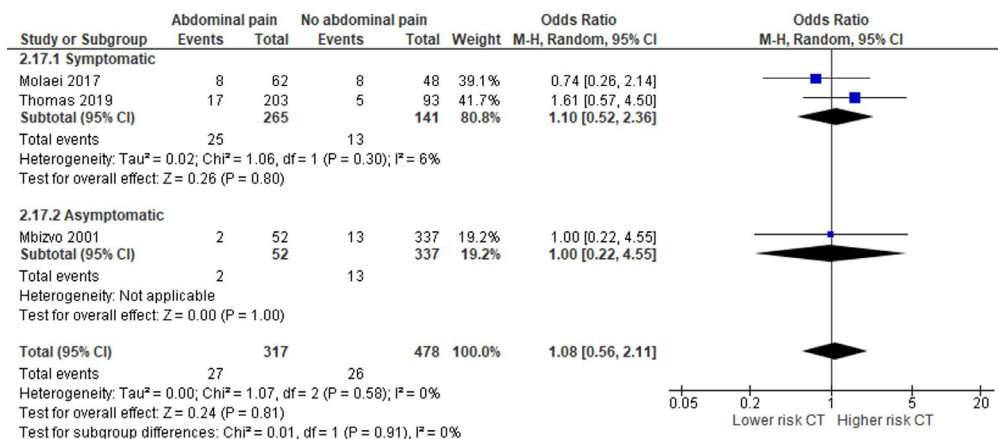


Risk of NG and/or CT

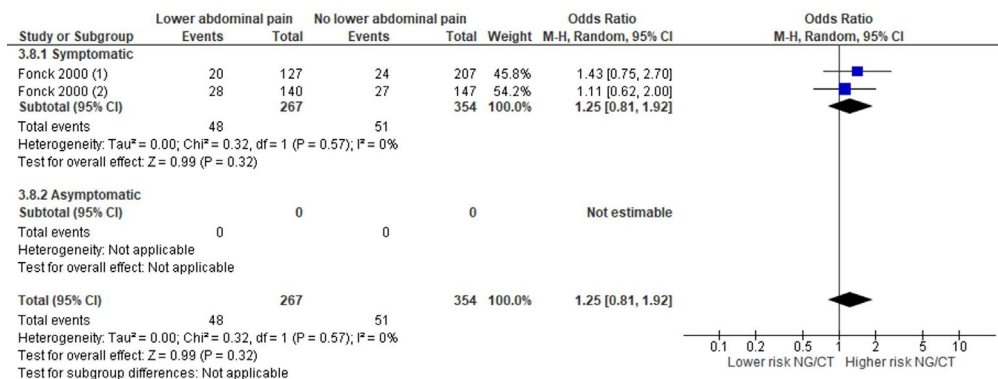


Lower abdominal pain

Risk of CT



Risk of NG and/or CT



Footnotes

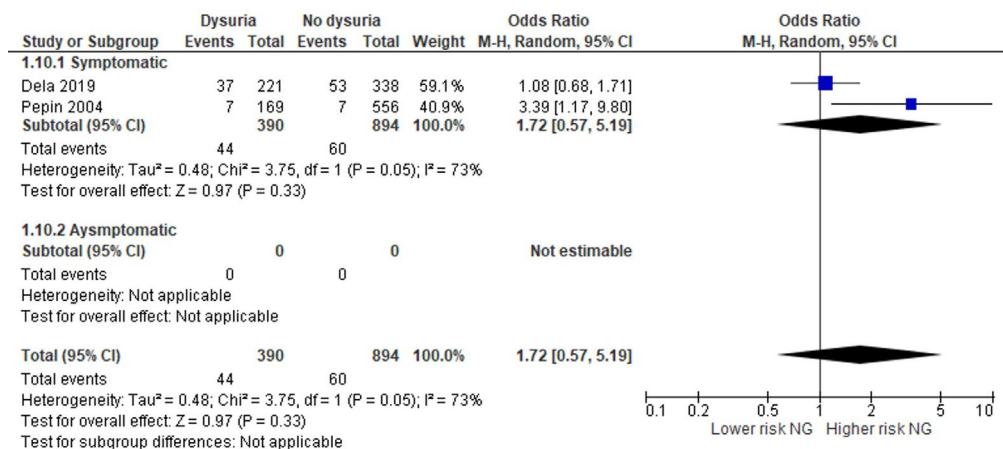
- (1) Pregnant women
(2) Non-pregnant women

Study or Subgroup	Lower abdominal pain		No lower abdominal pain		Findings
	Events	Total	Events	Total	
Symptomatic					
Reed 2007 (1)	Not reported				On bivariate analysis, did not significantly differ between groups

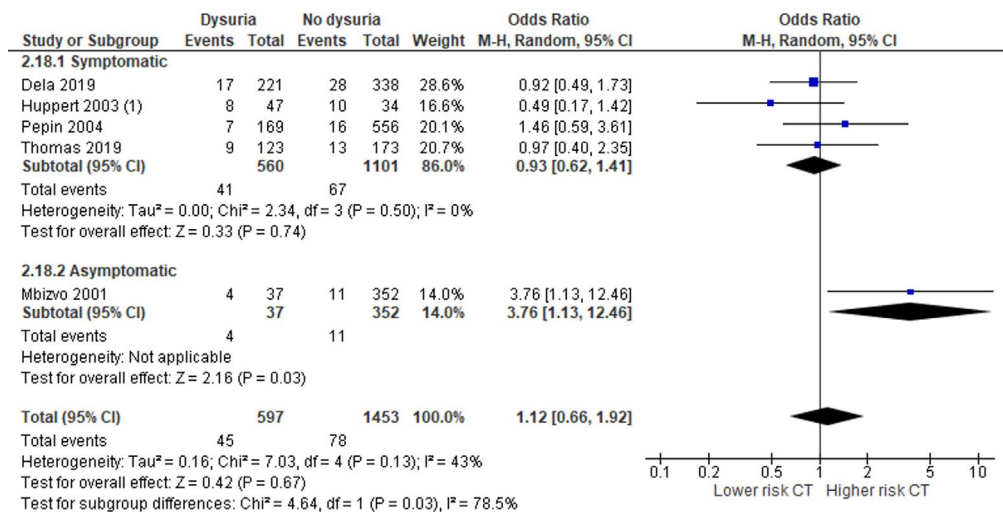
1. Adolescents

Dysuria

Risk of NG



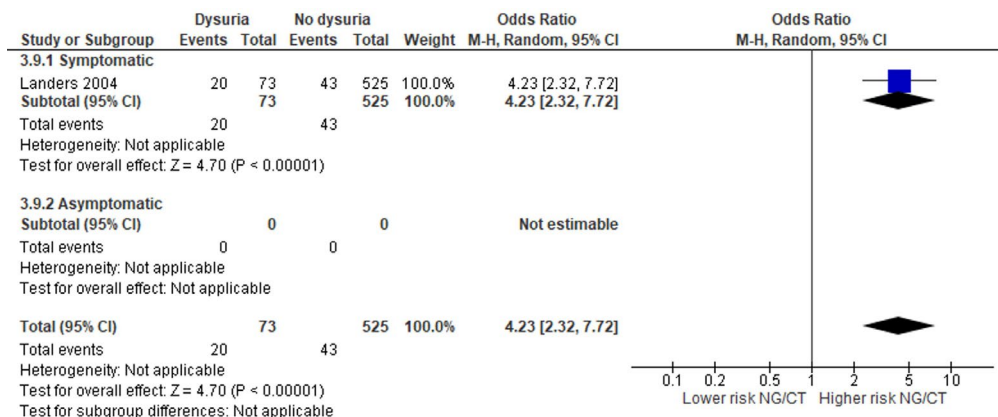
Risk of CT



Footnotes

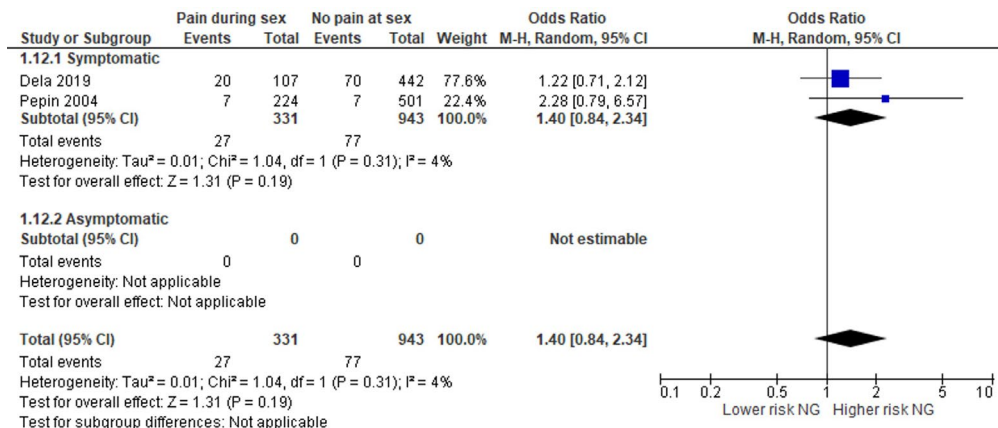
(1) Urinary symptoms: dysuria or urinary frequency in adolescents (15-21 years)

Risk of NG and/or CT

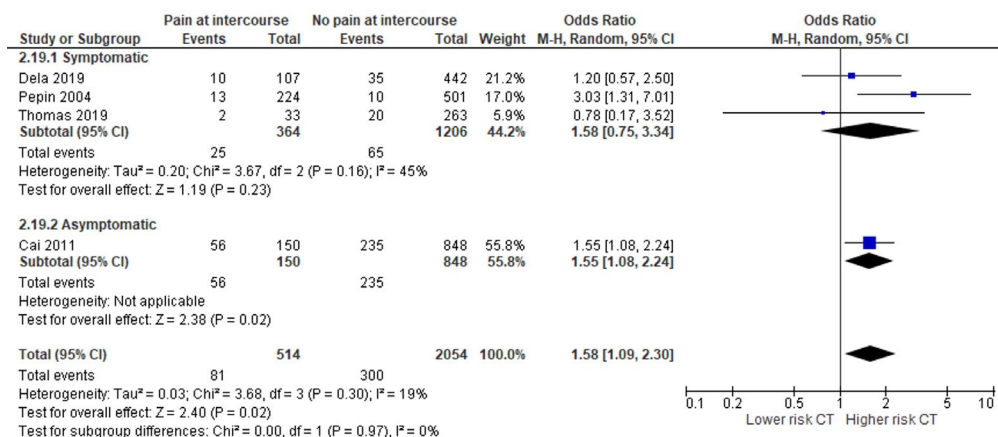


Pain at sexual intercourse

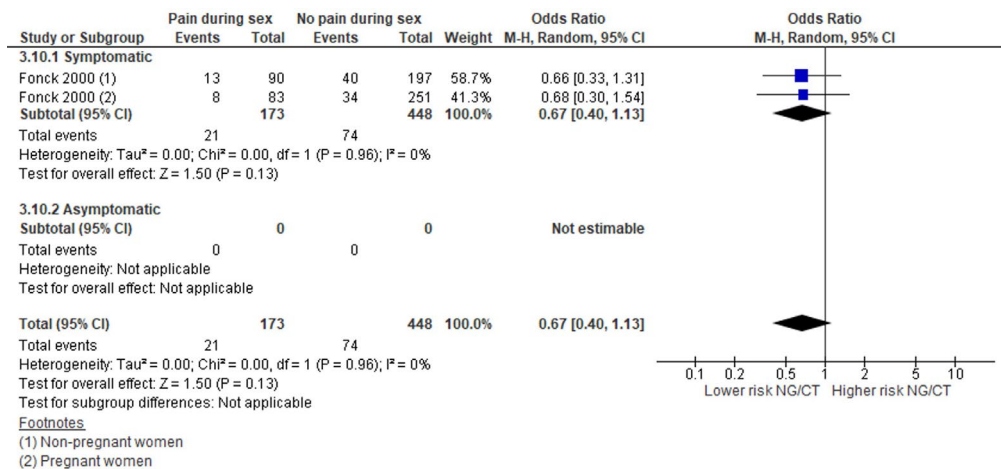
Risk of NG



Risk of CT



Risk of NG and/or CT



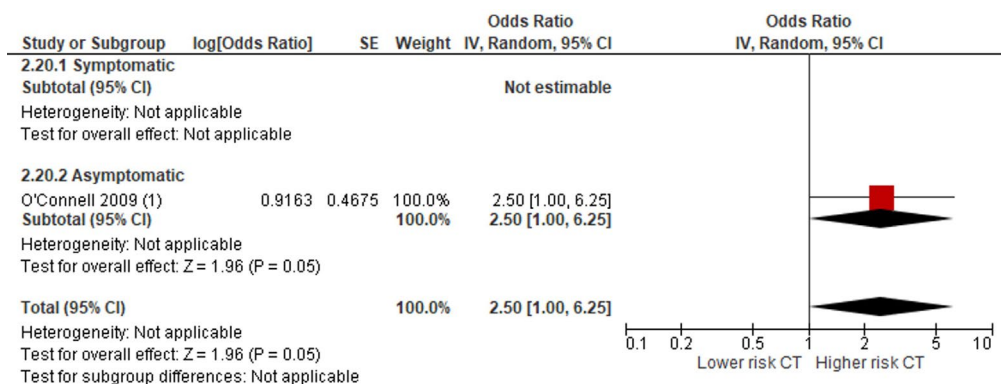
Any symptoms

Risk of NG

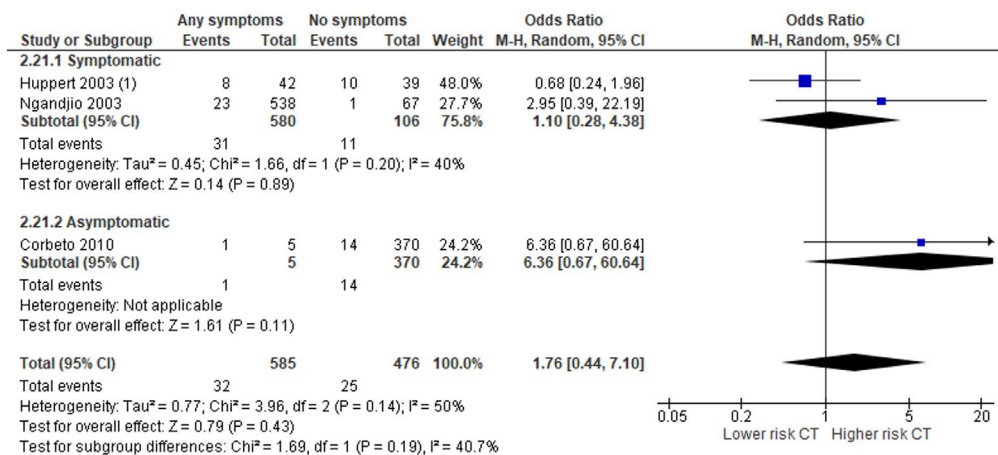
Study or Subgroup	Any symptoms		No symptoms		Findings
	Events	Total	Events	Total	
Symptomatic					
Huppert 2008 (1)			Not reported		No significant difference, 10.7% vs 9.7%
Sonkar 2017 (2)			Not reported		No clear symptom that is specific to or associated with NG

- Adolescents; symptoms of cervicitis.
- Symptoms of cervicitis, abnormal vaginal discharge, lower abdominal pain (10%), burning pain on micturition, excessive genital secretion, pain during intercourse, foul smell, itching and dysuria.

Risk of CT, adjusted



Risk of CT



Footnotes

(1) Vaginal symptoms: discharge, itching or odor in adolescents (15-21 years)

Study or Subgroup	Any symptoms		No symptoms		Findings
	Events	Total	Events	Total	
Symptomatic					
Huppert 2008 (1)	Not reported				Women with symptoms of cervicitis were more likely to have CT; 36.9% vs 19.8%, p=0.02
Sonkar 2017	Not reported				No clear symptom that is specific to or associated with CT

1. Adolescents; symptoms of cervicitis.
2. Symptoms of cervicitis, abnormal vaginal discharge, lower abdominal pain (10%), burning pain on micturation, excessive genital secretion, pain during intercourse, foul smell, itching and dysuria.

3. REFERENCES

1. Abbai NS, Reddy T, Ramjee G. Prevalent bacterial vaginosis infection - a risk factor for incident sexually transmitted infections in women in Durban, South Africa. *International Journal of STD and AIDS*. 2016;27(14):1283-8.
2. Al-Sweih NA, Khan S, Rotimi VO. Prevalence of chlamydia trachomatis and neisseria gonorrhoeae among asymptomatic women attending the capital health region clinics in Kuwait. *Sexually Transmitted Diseases*. 2011;38(9):793-7.
3. Balle C, Lennard K, Dabee S, Barnabas SL, Jaumdally SZ, Gasper MA, et al. Endocervical and vaginal microbiota in South African adolescents with asymptomatic Chlamydia trachomatis infection. *Scientific reports*. 2018;8(1):11109.
4. Barry MS, Ba Diallo A, Diadihou M, Mall I, Gassama O, Ndiaye Gueye MD, et al. Accuracy of syndromic management in targeting vaginal and cervical infections among symptomatic women of reproductive age attending primary care clinics in Dakar, Senegal. *Tropical Medicine and International Health*. 2018;23(5):541-8.
5. Bhatla N, Puri K, Joseph E, Kriplani A, Iyer VK, Sreenivas V. Association of Chlamydia trachomatis infection with human papillomavirus (HPV) & cervical intraepithelial neoplasia - A pilot study. *Indian Journal of Medical Research*. 2013;137(3):533-9.
6. Bristow CC, Desgrottes T, Cutler L, Cutler D, Devarajan K, Ocheretina O, et al. The aetiology of vaginal symptoms in rural Haiti. *International Journal of STD and AIDS*. 2014;25(9):669-75.
7. Cai T, Mondaini N, Migno S, Meacci F, Boddi V, Gontero P, et al. Genital Chlamydia trachomatis Infection is Related to Poor Sexual Quality of Life in Young Sexually Active Women. *Journal of Sexual Medicine*. 2011;8(4):1131-7.
8. Chirenje ZM, Dhibi N, Handsfield HH, Gonese E, Tippett Barr B, Gwanzura L, et al. The Etiology of Vaginal Discharge Syndrome in Zimbabwe: Results from the Zimbabwe STI Etiology Study. *Sexually Transmitted Diseases*. 2018;45(6):422-8.
9. Corbeto EL, Lugo R, Martro E, Falguera G, Ros R, AVECILLA A, et al. Epidemiological features and determinants for Chlamydia trachomatis infection among women in Catalonia, Spain. *International Journal of STD and AIDS*. 2010;21(10):718-22.
10. De Jongh M, Lekalakala MR, Le Roux M, Hoosen AA. Risk of having a sexually transmitted infection in women presenting at a termination of pregnancy clinic in Pretoria, South Africa. *Journal of Obstetrics and Gynaecology*. 2010;30(5):480-3.
11. de Lima YA, Turchi MD, Fonsceca ZC, et al. Sexually transmitted bacterial infections among young women in central western Brazil. *Int J Infect Dis* 2014;25:16-21.
12. Dela H, Attram N, Behene E, Kumordjie S, Addo KK, Nyarko EO, et al. Risk factors associated with gonorrhoea and chlamydia transmission in selected health facilities in Ghana. *BMC Infect Dis*. 2019;19 (1) (no pagination)(425).
13. Fonck K, Kidula N, Jaoko W, Estambale B, Claeys P, Ndinya-Achola J, et al. Validity of the vaginal discharge algorithm among pregnant and non- pregnant women in Nairobi, Kenya. *Sexually Transmitted Infections*. 2000;76(1):33-8.
14. Garcia PJ, Carcamo CP, Chiappe M, Holmes KK. Sexually transmitted and reproductive tract infections in symptomatic clients of pharmacies in Lima, Peru. *Sexually Transmitted Infections*. 2007;83(2):142-6.
15. Geisler WM, Chow JM, Schachter J, McCormack WM. Pelvic examination findings and chlamydia trachomatis infection in asymptomatic young women screened with a nucleic acid amplification test. *Sexually Transmitted Diseases*. 2007;34(6):335-8.
16. Goldzier Thomas A, Brodine SK, Shaffer R, Shafer MA, Boyer CB, Putnam S, et al. Chlamydial infection and unplanned pregnancy in women with ready access to health care. *Obstetrics and Gynecology*. 2001;98(6):1117-23.

17. Goyal M, Hayes K, McGowan KL, Fein JA, Mollen C. Prevalence of *Trichomonas vaginalis* infection in symptomatic adolescent females presenting to a pediatric emergency department. *Academic Emergency Medicine*. 2011;18(7):763-6.
 - a. Goyal M, Hayes K, Mollen C. Sexually transmitted infection prevalence in symptomatic adolescent emergency department patients. *Pediatric Emergency Care*. 2012;28(12):1277-80.
18. Guimaraes EMB, Guimaraes MDC, Vieira M, Bontempo NM, Seixas MSS, Garcia MSD, et al. Lack of utility of risk score and gynecological examination for screening for sexually transmitted infections in sexually active adolescents. *BMC Medicine*. 2009;7 (no pagination)(8).
19. Hoque SM, Hossain MA, Paul SK, Mahmud MC, Ahmed S, Mahmud NU, et al. Detection of *Chlamydia trachomatis* by immunological and genetic methods in female sex workers and the local female population of reproductive age in Mymensingh, Bangladesh. *Japanese Journal of Infectious Diseases*. 2013;66(3):256-9.
20. Huppert JS, Biro FM, Mehrabi J, Slap GB. Urinary tract infection and chlamydia infection in adolescent females. *Journal of Pediatric and Adolescent Gynecology*. 2003;16(3):133-7.
21. Huppert JS, Mortensen JE, Reed JL, Kahn JA, Rich KD, Hobbs MM. *Mycoplasma genitalium* detected by transcription-mediated amplification is associated with *Chlamydia trachomatis* in adolescent women. *Sexually Transmitted Diseases*. 2008;35(3):250-4.
22. Ikeme AC, Ezegwui HU, Ikeako LC, Agbata I, Agbata E. Seroprevalence of *Chlamydia trachomatis* in Enugu, Nigeria. *Nigerian Journal of Clinical Practice*. 2011;14(2):176-80.
23. Imai H, Shinohara H, Nakao H, Tsukino H, Hamasuna R, Katoh T. Prevalence and risk factors of asymptomatic chlamydial infection among students in Japan. *International Journal of STD and AIDS*. 2004;15(6):408-14.
24. Imai H, Nakao H, Shinohara H, Fujii Y, Tsukino H, Hamasuna R, et al. Population-based study of asymptomatic infection with *Chlamydia trachomatis* among female and male students. *International Journal of STD and AIDS*. 2010;21(5):362-6.
25. Kufa T, Gumede L, Maseko DV, Radebe F, Kularatne R. The demographic and clinical profiles of women presenting with vaginal discharge syndrome at primary care facilities in south Africa: Associations with age and implications for management. *South African Medical Journal*. 2018;108(10).
26. Landers DV, Wiesenfeld HC, Heine RP, Krohn MA, Hillier SL. Predictive value of the clinical diagnosis of lower genital tract infection in women. *Am J Obstet Gynecol*. 2004;190(4):1004-10.
27. Lewis DA, Marsh K, Radebe F, Maseko V, Hughes G. Trends and associations of *Trichomonas vaginalis* infection in men and women with genital discharge syndromes in Johannesburg, South Africa. *Sexually Transmitted Infections*. 2013;89(6):523-7.
28. Lubbad AM, Al-Hindi AI. Bacterial, viral and fungal genital tract infections in Palestinian pregnant women in Gaza, Palestine. *West African Journal of Medicine*. 2007;26(2):138-42.
29. Mania-Pramanik J, Kerkar SC, Mehta PB, Potdar S, Salvi VS. Use of vaginal pH in diagnosis of infections and its association with reproductive manifestations. *Journal of Clinical Laboratory Analysis*. 2008;22(5):375-9.
30. Marconi C, Donders GGG, Martin LF, Ramos BRA, Duarte MTC, Parada CMGL, et al. Chlamydial infection in a high risk population: Association with vaginal flora patterns. *Archives of Gynecology and Obstetrics*. 2012;285(4):1013-8.
31. Mbizvo EM, Msuya SE, Stray-Pedersen B, Sundby J, Chirenje ZM, Hussain A. Determinants of reproductive tract infections among asymptomatic women in Harare, Zimbabwe. *The Central African journal of medicine*. 2001;47(3):57-64.
32. Molaei B, Mohammadian F, Eftekhari M, Hatami R, Tirkan A, Kiani M. The frequency of gonorrhoeal and chlamydial infections in zanzanian women in 2013-2014. *International Journal of Reproductive BioMedicine*. 2017;15(2):75-82.
33. Mossong J, Muller M, Majery N, Mardaga C, Decruyenaere F, Schneider F. Screening for *Chlamydia trachomatis* in secondary schools, family planning and occupational health centres in Luxembourg. *Sexually Transmitted Infections*. 2009;85(6):455-8.

34. Ngandjio A, Clerc M, Fonkoua MC, Thonnon J, Njock F, Pouillot R, et al. Screening of volunteer students in Yaounde (Cameroon, Central Africa) for Chlamydia trachomatis infection and genotyping of isolated C. trachomatis strains. *Journal of Clinical Microbiology*. 2003;41(9):4404-7.
35. O'Connell E, Brennan W, Cormican M, Glacken M, O'Donovan D, Vellinga A, et al. Chlamydia trachomatis infection and sexual behaviour among female students attending higher education in the Republic of Ireland. *BMC Public Health*. 2009;9 (no pagination)(397).
36. Obasi AI, Balira R, Todd J, Ross DA, Changalucha J, Mosha F, et al. Prevalence of HIV and Chlamydia trachomatis infection in 15-19-year olds in rural Tanzania. *Tropical Medicine and International Health*. 2001;6(7):517-25.
37. Pepin J, Deslandes S, Khonde N, Kintin DF, Diakite S, Sylla M, et al. Low prevalence of cervical infections in women with vaginal discharge in west Africa: Implications for syndromic management. *Sexually Transmitted Infections*. 2004;80(3):230-5.
38. Pepin J, Fink GD, Khonde N, Sobela F, Deslandes S, Diakite S, et al. Improving second-generation surveillance: The biological measure of unprotected intercourse using prostate-specific antigen in vaginal secretions of west African women. *Journal of Acquired Immune Deficiency Syndromes*. 2006;42(4):490-3.
39. Putu Yuda Hananta I, Van Dam AP, Bruisten SM, Van Der Loeff MFS, Soebono H, De Vries HJC. Gonorrhoea in Indonesia: High prevalence of asymptomatic urogenital gonorrhoea but no circulating extended spectrum cephalosporins-resistant neisseria gonorrhoeae strains in Jakarta, Yogyakarta, and Denpasar, Indonesia. *Sexually Transmitted Diseases*. 2016;43(10):608-16.
40. Reed JL, Mahabee-Gittens EM, Huppert JS. A decision rule to identify adolescent females with cervical infections. *Journal of Women's Health*. 2007;16(2):272-80.
41. Sonkar SC, Wasnik K, Kumar A, Mittal P, Saluja D. Comparative analysis of syndromic and PCR-based diagnostic assay reveals misdiagnosis/ overtreatment for trichomoniasis based on subjective judgment in symptomatic patients. *Infectious Diseases of Poverty*. 2016;5 (1) (no pagination)(42).
 - a. Sonkar SC, Wasnik K, Kumar A, Mittal P, Saluja D. Low effectiveness of syndromic diseases management in women infected with chlamydia trachomatis, trichomonas vaginalis and Neisseria gonorrhoeae leads in Delhi India. *Sexually Transmitted Infections*. 2015;2:A47.
42. Sonkar SC, Wasnik K, Kumar A, Sharma V, Mittal P, Mishra PK, et al. Evaluating the utility of syndromic case management for three sexually transmitted infections in women visiting hospitals in Delhi, India. *Scientific reports*. 2017;7(1):1465.
43. Thomas PPM, Yadav J, Kant R, Ambrosino E, Srivastava S, Batra G, et al. Sexually Transmitted Infections and Behavioral Determinants of Sexual and Reproductive Health in the Allahabad District (India) Based on Data from the ChlamIndia Study. *Microorganisms*. 2019;7(11):12.
44. Tibaldi C, Cappello N, Latino MA, Masuelli G, Marini S, Benedetto C. Vaginal and endocervical microorganisms in symptomatic and asymptomatic non-pregnant females: Risk factors and rates of occurrence. *Clinical Microbiology and Infection*. 2009;15(7):670-9.
45. Wand H, Guy R, Donovan B, McNulty A. Population attributable risk for chlamydia infection in a cohort of young international travellers (backpackers) and residents in Australia. *BMJ Open*. 2011;1(1):e000004.
46. Yeung AH, Temple-Smith M, Fairley CK, Vaisey AM, Guy R, Law MG, et al. Chlamydia prevalence in young attenders of rural and regional primary care services in Australia: A cross-sectional survey. *Medical Journal of Australia*. 2014;200(3):170-5.
47. Zimba TF, et al. Aetiology of sexually transmitted infections in Maputo, Mozambique. *J Infection in Developing Countries*. 2011;5(1):4147.

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