

Appendix 1: All studies that met the systematic review inclusion criteria, their extracted variables and computed prevalence (% , 95% CI), based on the reported number tested and positive.

Author	Location	Date of testing	Gender	Test used	Specimen	Age group	Setting/ Selection note	% Tested	No. positive	Total tested	Prevalence	Lower 95% CI	Upper 95% CI	Reference
Population-based		<i>Overall prevalence (all)</i>		1.9% (95%CI 1.5% – 2.3%)			<i>Overall prevalence (females only)</i>			1.8% (95%CI 1.3% – 2.6%)				
Fenton et al	Great Britain	5/99-2/01	Female	LCR	Urine	18-19 20-24 25-29 30-44	1,2	a	4 7 7 9	105 259 316 1045	3.8% 2.7% 2.2% 0.9%	1.0% 1.1% 0.9% 0.4%	9.5% 5.5% 4.5% 1.6%	1
Stephenson et al	London/Avon	Unknown	Female	LCR	Vulval swab/ Urine	18-25	3,4	31%	4	65	6.2%	1.7%	15.0%	2
Macleod et al	Bristol	8/96-11/96	Female	LCR/EIA w/DFA confirmation	Urine	18-45	3,4	61%	3	63	4.8%	1.0%	13.3%	3
Fenton et al	Great Britain	5/99-2/01	Male	LCR	Urine	18-19 20-24 25-29 30-44	1,2	a	2 8 16 12	102 286 336 1080	2.0% 2.8% 4.8% 1.1%	0.2% 1.2% 2.7% 0.6%	6.9% 5.4% 7.6% 1.9%	1
Stephenson et al	London/Avon	Unknown	Male	LCR	Urine	18-35	3,4	36%	2	80	2.5%	0.3%	8.7%	2
Rogstad et al	Sheffield	9/98-8/99	Male	LCR	FVU	19-21	3, 1&3rd yr university students	29%	9	758	1.2%	0.5%	2.2%	4
Pierpoint et al	London	11/95-12/97	Male	LCR w/DFA confirmation	FCU	18-24 25-29 30-35	3,4	b	2 0 7	130 108 178	1.5% 0.0% 3.9%	0.2% 0.0% 1.6%	5.4% 3.4% 7.9%	5
Macleod et al	Bristol	8/96-11/97	Male	LCR/EIA w/DFA confirmation	Urine	18-45	3,4	52%	1	52	1.9%	0.0%	10.3%	3
GP/ Community Clinic		<i>Overall prevalence (all)</i>		5.5% (95%CI 5.2% – 5.7%)			<i>Overall prevalence (females only)</i>			5.7% (95%CI 5.5% – 6.0%)				
Southgate et al	London	Unknown	Female	Culture	ES	15-45	5	78%	19	248	7.7%	4.7%	11.7%	6
Smith et al	Glasgow	89-90	Female	Culture w/DFA confirmation	CS	19-58	5,6	-	24	197	12.2%	8.0%	17.6%	7
Oakeshott et al	London	4/90-10/91	Female	DIF	ES	17-45	5	-	36	409	8.8%	6.2%	12.0%	8
Longhurst et al	London	1986/7	Female	DIF & Culture	ES	Unknown	5,7	-	18	169	10.7%	6.4%	16.3%	9
Oakeshott	London	5/94-8/95	Female	EIA w/ DFA confirmation	ES	17-35	5	-	39	1255	3.1%	2.2%	4.2%	10

Appendix 1: All studies that met the systematic review inclusion criteria, their extracted variables and computed prevalence (%; 95% CI), based on the reported number tested and positive.

Author	Location	Date of testing	Gender	Test used	Specimen	Age group	Setting/ Selection note	% Tested	No. positive	Total tested	Prevalence	Lower 95% CI	Upper 95% CI	Reference
Hopwood & Mallinson	Liverpool	Unknown	Female	EIA w/ DFA confirmation	ES	16	5	c	1	8	12.5%	0.3%	52.7%	11
						17			5	49	10.2%	3.4%	22.2%	
						18			1	60	1.7%	0.0%	8.9%	
						19			5	114	4.4%	1.4%	9.9%	
						20			6	175	3.4%	1.3%	7.3%	
						21			9	173	5.2%	2.4%	9.6%	
						22			10	171	5.8%	2.8%	10.5%	
						23			6	136	4.4%	1.6%	9.4%	
						24			7	126	5.6%	2.3%	11.1%	
						25			7	158	4.4%	1.8%	8.9%	
Oakeshott et al	London	5/94-10/95	Female	EIA/DFA	ES	26-30	5	d	6	53	11.3%	4.3%	23.0%	12
						<20			16	364	4.4%	2.5%	7.0%	
						20-24			18	965	1.9%	1.1%	2.9%	
Thompson & Wallace	Fife, Scotland	1992	Female	IFA	ES	15-29	5	-	5	145	3.4%	1.1%	7.9%	13
						30-40			0	142	0.0%	0.0%	2.6%	
Scoular et al	Glasgow	1999/2000	Female	LCR	US, Urine	15-44	5	-	920	18606	4.9%	4.6%	5.3%	14
Grun et al	London	10/94-1/96	Female	LCR w/EIA/DFA confirmation	FCU & ES	18-20	GP invitation, well-woman check	80%	9	85	10.6%	5.0%	19.2%	15
						21-25			8	210	3.8%	1.7%	7.4%	
						26-30			3	331	0.9%	0.2%	2.6%	
						31-35			3	222	1.4%	0.3%	3.9%	
Pimenta et al	Portsmouth	2000/2001	Female	PCR	FCU	16-19	2	75% f	319	3093	10.3%	9.3%	11.4%	16
	Portsmouth					20-24			322	4453	7.2%	6.5%	8.0%	
	Wirral					16-19			53	637	8.3%	6.3%	10.7%	
	Wirral					20-24			85	942	9.0%	7.3%	11.0%	
Tobin et al	West Yorkshire	12/98-11/99	Female	PCR	FVU	13-24	2	45%	14	128	10.9%	6.1%	17.7%	17
Santer et al	Edinburgh	1999	Female	PCR/LCR	Urine	<18	5	-	3	32	9.4%	2.0%	25.0%	18
						18			6	51	11.8%	4.4%	23.9%	
						19-20			2	56	3.6%	0.4%	12.3%	
						20-25			4	99	4.0%	1.1%	10.0%	
						26-35			0	172	0.0%	0.0%	2.1%	

Appendix 1: All studies that met the systematic review inclusion criteria, their extracted variables and computed prevalence (% , 95% CI), based on the reported number tested and positive.

Author	Location	Date of testing	Gender	Test used	Specimen	Age group	Setting/ Selection note	% Tested	No. positive	Total tested	Prevalence	Lower 95% CI	Upper 95% CI	Reference
Clay & Bowman	Nottingham	Unknown	Female	Unknown	CS	15-19	5	-	3	17	17.6%	3.8%	43.4%	19
	Nottingham					20-24			7	62	11.3%	4.7%	21.9%	
	Nottingham					25-29			3	88	3.4%	0.7%	9.6%	
	Nottingham					30-39			2	179	1.1%	0.1%	4.0%	
	Nottingham					>40			0	99	0.0%	0.0%	3.7%	
	South Lincolnshire (rural)					15-19			5	21	23.8%	8.2%	47.2%	
	South Lincolnshire (rural)					20-24			5	64	7.8%	2.6%	17.3%	
	South Lincolnshire (rural)	25-29	6	74	8.1%	3.0%	16.8%							
	South Lincolnshire (rural)	30-39	7	156	4.5%	1.8%	9.0%							
	South Lincolnshire (rural)	>40	2	282	0.7%	0.1%	2.5%							
Kudesia et al	Sheffield	1993	Male	Culture w/EIA & DIF confirmation	Urine	<30	9	-	15	99	15.2%	8.7%	23.8%	20
						30-40			2	59	3.4%	0.4%	11.7%	
						>40			1	135	0.7%	0.0%	4.1%	
Berry et al	Bristol	Unknown	Male	EIA/DIF	Urine	18-34	Medical check for university	99%	2	77	2.6%	0.3%	9.1%	21
Ainsworth et al	London	1995	Male	Unknown	US	<40	-	-	4	27	14.8%	4.2%	33.7%	22
Ross et al	Lothian, Scotland	1995	Both	EIA	Genital swab	Unknown	-	-	141	3943	3.6%	3.0%	4.2%	23
Dryden et al	Winchester	1/91-3/93	Both	EIA w/ DFA confirmation	Urine	16-65	9	-	54	1025	5.3%	4.0%	6.8%	24
Rogstad et al	Sheffield/ Chesterfield	6/96-5/97	Both	EIA w/MIF confirmation	Unknown	Unknown	-	-	95	2237	4.2%	3.4%	5.2%	25
Stokes et al	Leicestershire	1995	Unknown	EIA w/ DFA confirmation	Unknown	Unknown	-	-	79	1286	6.1%	4.9%	7.6%	26
FPC		<i>Overall prevalence (all)</i>			6.8% (95%CI 6.5% – 7.2%)			<i>Overall prevalence (females only)</i>			6.9% (95%CI 6.5% – 7.3%)			
Fish et al	London	1984-1986	Female	Culture	ES	17-46	10	-	11	327	3.4%	1.7%	5.9%	27
Macaulay et al	Manchester	Unknown	Female	Culture w/EIA confirmation	ES	<25	-	-	24	185	13.0%	8.5%	18.7%	28
						>25			9	267	3.4%	1.6%	6.3%	
James et al	Nottingham	11/94-11/95	Female	EIA	ES	14-50	11	70%	9	220	4.1%	1.9%	7.6%	29

Appendix 1: All studies that met the systematic review inclusion criteria, their extracted variables and computed prevalence (% , 95% CI), based on the reported number tested and positive.

Author	Location	Date of testing	Gender	Test used	Specimen	Age group	Setting/ Selection note	% Tested	No. positive	Total tested	Prevalence	Lower 95% CI	Upper 95% CI	Reference
Murty	Leeds	4/95-9/95	Female	EIA	Unknown	<16	11	-	0	1	0.0%	0.0%	97.5%	30
						16-19			2	8	25.0%	3.2%	65.1%	
						20-24			1	36	2.8%	0.1%	14.5%	
						25-29			2	49	4.1%	0.5%	14.0%	
						30-34			2	39	5.1%	0.6%	17.3%	
						>35			0	45	0.0%	0.0%	7.9%	
Simms et al	Liverpool	1996	Female	EIA	ES	16-19	11,12	g	38	375	10.1%	7.3%	13.6%	31
						20-24			54	687	7.9%	6.0%	10.1%	
						25-29			25	553	4.5%	2.9%	6.6%	
						>29			6	550	1.1%	0.4%	2.4%	
Sprague et al	South Shields	11/85-11/86	Female	EIA	CS	<20	7	-	10	67	14.9%	7.4%	25.7%	32
						20-29			13	253	5.1%	2.8%	8.6%	
						30-39			1	168	0.6%	0.0%	3.3%	
						40-49			3	54	5.6%	1.2%	15.4%	
Willmot & Tolcher	Southampton	6/98-5/99	Female	EIA	ES	Unknown	Clinical/ opportunistic screening	-	47	590	8.0%	5.9%	10.5%	33
Rogstad et al	Sheffield/ Chesterfield	6/96-5/97	Female	EIA w/MIF confirmation	Unknown	Unknown	-	-	31	537	5.8%	4.0%	8.1%	25
Harvey et al	Mereyside	Unknown	Female	LCR	Urine	<20	13.00	99%	77	905	8.5%	6.8%	10.5%	34
Macmillan et al	Aberdeen	3/97-12/98	Female	LCR	FVU	<19	13	h	19	190	10.0%	6.1%	15.2%	35
						20-24			4	153	2.6%	0.7%	6.6%	
						25-29			1	72	1.4%	0.0%	7.5%	
						30-34			1	47	2.1%	0.1%	11.3%	
>35	1	45	2.2%	0.1%	11.8%									
Macmillan et al	Aberdeen	1/98-5/98	Female	LCR	Vulval swab/Urine	<25	13	68%	12	103	11.7%	6.2%	19.5%	36
Scoular et al	Glasgow	1999/2000	Female	LCR	US, Urine	15-44	-	-	180	3723	4.8%	4.2%	5.6%	14
Pimenta et al	Portsmouth	2000/2001	Female	PCR	FCU	16-19	2		168	1626	10.3%	8.9%	11.9%	16
	Portsmouth					20-24			132	1431	9.2%	7.8%	10.8%	
	Wirral					16-19			42	405	10.4%	7.6%	13.8%	
	Wirral					20-24			59	594	9.9%	7.6%	12.6%	

Appendix 1: All studies that met the systematic review inclusion criteria, their extracted variables and computed prevalence (% , 95% CI), based on the reported number tested and positive.

Author	Location	Date of testing	Gender	Test used	Specimen	Age group	Setting/ Selection note	% Tested	No. positive	Total tested	Prevalence	Lower 95% CI	Upper 95% CI	Reference
Kilcoin	Essex	Unknown	Female	Unknown	Unknown	13-14	2	-	4	24	16.7%	4.7%	37.4%	37
						15			7	70	10.0%	4.1%	19.5%	
						16-19			72	714	10.1%	8.0%	12.5%	
						20-25			43	604	7.1%	5.2%	9.5%	
Sin et al	Manchester	Unknown	Female	Unknown	ES	16-39	-	-	29	666	4.4%	2.9%	6.2%	38
Tobin et al	Portsmouth	2/96-6/96	Female	Unknown	Unknown	Unknown	11,12	-	36	740	4.9%	3.4%	6.7%	39
Harvey et al	Mereyside	Unknown	Male	LCR	Urine	<20	13	99%	3	53	5.7%	1.2%	15.7%	34
Stokes et al	Leicestershire	1995	Unknown	EIA w/ DFA confirmation	Unknown	Unknown	-	-	38	649	5.9%	4.2%	7.9%	26
Youth clinic		<i>Overall prevalence (all)</i>		12.2% (95%CI 10.8% – 13.7%)			<i>Overall prevalence (females only)</i>			12.2% (95%CI 10.8% – 13.7%)				
James et al	Nottingham	5/95-5/97	Female	EIA/DFA	ES	13-19	5,7	-	32	332	9.6%	6.7%	13.3%	40
							7		20	187	10.7%	6.7%	16.0%	
							7,risk behaviour		14	156	9.0%	5.0%	14.6%	
							7,12		22	143	15.4%	9.9%	22.4%	
Pimenta et al	Portsmouth	2000/2001	Female	PCR	FCU	16-19			24	139	17.3%	11.4%	24.6%	16
	Portsmouth					20-24	2	62% f	1	11	9.1%	0.2%	41.3%	
	Wirral					16-19		82 % f	100	721	13.9%	11.4%	16.6%	
	Wirral					20-24		82 % f	31	307	10.1%	7.0%	14.0%	
TOP		<i>Overall prevalence (all)</i>		7.7% (95%CI 7.1% – 8.2%)			<i>Overall prevalence (females only)</i>			7.7% (95%CI 7.1% – 8.2%)				
Duthie et al	Liverpool	5/84-12/84	Female	Culture	CS	Unknown	12	-	19	167	11.4%	7.0%	17.2%	41
Blackwell et al	Swansea	1/92-10/93	Female	EIA	CS	13-49	12,13	-	132	1951	6.8%	5.7%	8.0%	42
Blackwell et al	Swansea	10/90-3/91	Female	EIA	CS	Unknown	12,13	100%	36	400	9.0%	6.4%	12.2%	43
Southgate et al	London	9/86-9/87	Female	EIA	ES	16-45	12,13	86%	12	103	11.7%	6.2%	19.5%	44
Macmillan et al	Aberdeen	3/97-12/98	Female	EIA/DFA	ES	<19			21	178	11.8%	7.5%	17.5%	35
						20-24			14	206	6.8%	3.8%	11.1%	
						25-29	13	100%	2	138	1.4%	0.2%	5.1%	
						30-34			2	110	1.8%	0.2%	6.4%	
						>35			2	82	2.4%	0.3%	8.5%	
Pimenta et al	Portsmouth	2000/2001	Female	PCR	FCU	16-19		55% f	22	160	13.8%	8.8%	20.1%	16
	Portsmouth					20-24		55% f	28	198	14.1%	9.6%	19.8%	
	Wirral					16-19	2	38% f	6	26	23.1%	9.0%	43.6%	
	Wirral					20-24		38% f	2	34	5.9%	0.7%	19.7%	

Appendix 1: All studies that met the systematic review inclusion criteria, their extracted variables and computed prevalence (% , 95% CI), based on the reported number tested and positive.

Author	Location	Date of testing	Gender	Test used	Specimen	Age group	Setting/ Selection note	% Tested	No. positive	Total tested	Prevalence	Lower 95% CI	Upper 95% CI	Reference			
Hopwood et al	Mereyseyde	2/00-3/00	Female	LCR	ES	15-19	12,13	-	10	89	11.2%	5.5%	19.7%	45			
						20-24			16	119	13.4%	7.9%	20.9%				
						25-29			4	65	6.2%	1.7%	15.0%				
						30-34			0	67	0.0%	0.0%	5.4%				
						35-39			1	29	3.4%	0.1%	17.8%				
40-44	0	9	0.0%	0.0%	33.6%												
Mallinson et al	North West England	Unknown	Female	LCR	Unknown	Unknown	-	-	71	1070	6.6%	5.2%	8.3%	Unpub.			
Uthayakumar et al	Stevenage	2/00-3/00	Female	LCR	ES	<20	13, TOP counselling	-	6	17	35.3%	14.2%	61.7%	46			
						>20			6	100	6.0%	2.2%	12.6%				
Hopwood et al	Mereyseyde	5/96-8/96	Female	LCR/EIA/IFA	Urine/ ES	<16	12	-	2	14	14.3%	1.8%	42.8%	47			
						16-20			23	188	12.2%	7.9%	17.8%				
						21-25			18	238	7.6%	4.5%	11.7%				
						26-30			1	144	0.7%	0.0%	3.8%				
						>30			0	3	0.0%	0.0%	70.8%				
Chima-Okereke et al	Swansea	1999	Female	Unknown	Unknown	<25	10	-	67	627	10.7%	8.4%	13.4%	48			
		2000				<25			48	504	9.5%	7.1%	12.4%				
		2001				<25			75	618	12.1%	9.7%	15.0%				
		1999				>25			20	537	3.7%	2.3%	5.7%				
		2000				>25			13	433	3.0%	1.6%	5.1%				
		2001				>25			15	450	3.3%	1.9%	5.4%				
Smith et al	London	1991	Female	Unknown	ES	15-41	12,14	72%	6	63	9.5%	3.6%	19.6%	49			
Antenatal		<i>Overall prevalence (all)</i>				7.2% (95%CI 5.9% – 8.8%)				<i>Overall prevalence (females only)</i>				7.7% (95%CI 6.2% – 9.4%)			
Wood et al	Liverpool	Unknown	Female	Culture	CS	Unknown	10	-	18	252	7.1%	4.3%	11.1%	50			
Roberts et al	Belfast	3/89-7/89	Female	DFA	ES	Unknown	10	-	3	104	2.9%	0.6%	8.2%	51			
Macmillan et al	Aberdeen	3/97-12/98	Female	LCR	FVU	<19	13	h	3	15	20.0%	4.3%	48.1%	35			
						20-24			1	37	2.7%	0.1%	14.2%				
						25-29			5	70	7.1%	2.4%	15.9%				
						30-34			0	54	0.0%	0.0%	6.6%				
						>35			0	28	0.0%	0.0%	12.3%				
Pimenta et al	Portsmouth	2000/2001	Female	PCR	FCU	16-19	2		82% f	11	71	15.5%	8.0%	26.0%	16		
	Portsmouth					20-24			82% f	5	94	5.3%	1.7%	12.0%			
	Wirral					16-19			90% f	18	150	12.0%	7.3%	18.3%			
	Wirral					20-24			90% f	25	284	8.8%	5.8%	12.7%			

Appendix 1: All studies that met the systematic review inclusion criteria, their extracted variables and computed prevalence (% , 95% CI), based on the reported number tested and positive.

Author	Location	Date of testing	Gender	Test used	Specimen	Age group	Setting/ Selection note	% Tested	No. positive	Total tested	Prevalence	Lower 95% CI	Upper 95% CI	Reference	
Stokes et al	Leicestershire	1995	Unknown	EIA w/ DFA confirmation	Unknown	Unknown	-	-	2	97	2.1%	0.3%	7.3%	26	
GUM		<i>Overall prevalence (all)</i>									<i>Overall prevalence (females only)</i>				
												12.45% (95%CI 12.1% - 12.8%)		12.2% (95%CI 11.8% – 12.5%)	
Arya et al	Liverpool	1/76-10/78	Female	Culture	ES/CS, US	Unknown	-	-	158	474	33.3%	29.1%	37.8%	52	
Oriel et al	London	2/75-6/75	Female	Culture	CS	Unknown	13	-	58	284	20.4%	15.9%	25.6%	53	
Richmond et al	Bristol	2/79-5/79	Female	Culture	ES	Unknown	10	-	86	446	19.3%	15.7%	23.3%	54	
Shanmugaratnam & Pattman	Newcastle	1985-1988	Female	Culture	ES	Unknown	13	96%	1614	12490	12.9%	12.3%	13.5%	55	
Woolfitt & Watt	Manchester	9/73-9/74	Female	Culture	CS, US	Unknown	13	-	53	200	26.5%	20.5%	33.2%	56	
Ross et al	Edinburgh	87-89	Female	Culture	Endocervical swab	Unknown	13,15	-	2	43	4.7%	0.6%	15.8%	57	
McKenna et al	Edinburgh	1986-1989	Female	Culture,EIA, IF	Unknown	Unknown	13	-	979	8974	10.9%	10.3%	11.6%	58	
Foulkes et al	Bradford	12/83-1/84	Female	Culture/DIF	ES	Unknown	-	-	28	126	22.2%	15.3%	30.5%	59	
Horner et al	London	Unknown	Female	DFA	CS, US, Urine	17-49	5,10	-	39	139	28.1%	20.8%	36.3%	60	
Hay et al	London	11/90-5/91	Female	DFA/EIA	US, ES, Urine	Unknown	10	-	41	150	27.3%	20.4%	35.2%	61	
Opaneye et al	Sunderland, Tyne and Wear, UK	1/91-12/91	Female	EIA	US, CS	Unknown	-	-	121	1461	8.3%	6.9%	9.8%	62	
Woolley & Pumphrey	Manchester	Unknown	Female	EIA	ES	Unknown	10	-	97	1353	7.2%	5.9%	8.7%	63	
						15-19			26	156	16.7%	11.2%	23.5%		
						20-24			36	319	11.3%	8.0%	15.3%		
						25-29			12	245	4.9%	2.6%	8.4%		
Crowley et al	Bristol	2/94-10/94	Female	EIA/DFA	CS, US	30-34	5	-	12	174	6.9%	3.6%	11.7%	64	
						35-39			2	64	3.1%	0.4%	10.8%		
						40-44			1	37	2.7%	0.1%	14.2%		
Butt et al	Glasgow	Unknown	Female	EIA/PCR	ES	Unknown	10,14	-	10	153	6.5%	3.2%	11.7%	65	
Scoular et al	Glasgow	1999/2000	Female	LCR	US, Urine	15-44	-	-	159	1850	8.6%	7.4%	10.0%	14	
	Portsmouth					16-19			97% f	81	500	16.2%	13.1%	19.7%	
Pimenta et al	Portsmouth	2000/2001	Female	PCR	FCU	20-24	2		97% f	82	715	11.5%	9.2%	14.0%	16
	Wirral					16-19			92% f	50	240	20.8%	15.9%	26.5%	
	Wirral					20-24			92% f	50	329	15.2%	11.5%	19.5%	
Young et al	Edinburgh	Unknown	Female	PCR	Urine	Unknown	10	-	21	232	9.1%	5.7%	13.5%	66	
Dimian et al	London	6/90-8/90	Female	Unknown	CS	16-45	14	-	34	363	9.4%	6.6%	12.8%	67	

Appendix 1: All studies that met the systematic review inclusion criteria, their extracted variables and computed prevalence (% , 95% CI), based on the reported number tested and positive.

Author	Location	Date of testing	Gender	Test used	Specimen	Age group	Setting/ Selection note	% Tested	No. positive	Total tested	Prevalence	Lower 95% CI	Upper 95% CI	Reference
Mohanty	Bradford	1987/1988	Female	Unknown	ES	Unknown	6,10 6,10,16	- 42%	20 42	123 115	16.3% 36.5%	10.2% 27.7%	24.0% 46.0%	68
Radja et al	Swansea London	1/97-12/97	Female	Unknown	Unknown	11-16	10	-	6 2	22 30	27.3% 6.7%	10.7% 0.8%	50.2% 22.1%	69
Edwards & Sonnex	Cambridge	4/92-1/94	Female	Unknown	Unknown	Unknown	5,no colposcopy patients	-	33	653	5.1%	3.5%	7.0%	70
Hunter et al	Edinburgh	10/79-1/80	Male	Culture	US	Unknown	10	-	77	480	16.0%	12.9%	19.6%	70
Zelin et al	London	1991	Male	Culture	US	17-77	13, heterosexual	-	34	356	9.6%	6.7%	13.1%	71
Harry et al	Sunderland	1/92-12/92	Male	EIA	US	17-46	10,13	-	90	1318	6.8%	5.5%	8.3%	72
Matthews & Wise	Birmingham	Unknown	Male	EIA	FCU	Unknown	13	-	68	422	16.1%	12.7%	20.0%	73
Crowley et al	Bristol	1991	Male	EIA w/ DIF confirmation	Urine, US	Unknown	10	-	99	402	24.6%	20.5%	29.1%	74
Evans et al	London	9/93-9/94	Male	EIA/DIF	Unknown	>13	10,black patients	89%	33	180	18.3%	13.0%	24.8%	75
Paul et al	Bristol	1990?	Male	EIA/DIF	FCU	Unknown	10	-	103	615	16.7%	13.9%	19.9%	76
Butt et al	Glasgow	Unknown	Male	EIA/PCR	US	Unknown	14	-	23	148	15.5%	10.1%	22.4%	65
Caul et al	Bristol	Unknown	Male	LCR	Urine	Unknown	-	-	41	123	33.3%	25.1%	42.4%	77
Dixon et al	Edinburgh	1999	Male	LCR	Urine	Unknown	10, heterosexual	-	350	2402	14.6%	13.2%	16.0%	78
Higgins et al	Manchester	Unknown	Male	PCR	Urine/US	Unknown	10	-	58	390	14.9%	11.5%	18.8%	79
Young et al	Edinburgh	Unknown	Male	PCR	Urine	Unknown	10	-	27	215	12.6%	8.4%	17.7%	66
Mohanty	Bradford	1987/1988	Male	Unknown	US	Unknown	6,10 6,10,16	- 44%	8 14	227 263	3.5% 5.3%	1.5% 2.9%	6.8% 8.8%	68
Other/mixed														
Woolfitt & Watt	Manchester	9/73-9/75	Female	Culture	CS, US	Unknown	Hospital staff	-	2	200	1.0%	0.1%	3.6%	56
Lacey	Manchester	1989	Female	Culture	ES	13-77	14,15,sexual assault centre	-	7	90	7.8%	3.2%	15.4%	80
Smith et al	Glasgow	89-90	Female	Culture w/DFA confirmation	CS	19-58	10,abnormal smear for colposcopy	-	6	101	5.9%	2.2%	12.5%	7
Madge et al	London	8/93-4/95	Female	EIA	ES	Unknown	18	59%	5	143	3.5%	1.1%	8.0%	81
Ridgway et al	London	Unknown	Female	Culture	CS	Unknown	12,17	-	7	89	7.9%	3.2%	15.5%	82

Appendix 1: All studies that met the systematic review inclusion criteria, their extracted variables and computed prevalence (% , 95% CI), based on the reported number tested and positive.

Author	Location	Date of testing	Gender	Test used	Specimen	Age group	Setting/ Selection note	% Tested	No. positive	Total tested	Prevalence	Lower 95% CI	Upper 95% CI	Reference
Fish et al	London	2/85-2/86	Female	Culture	ES	<16	5,13,17	j	0	2	0.0%	0.0%	84.2%	83
						16-20			15	103	14.6%	8.4%	22.9%	
						21-25			14	203	6.9%	3.8%	11.3%	
						26-30			6	203	3.0%	1.1%	6.3%	
						31-35			4	197	2.0%	0.6%	5.1%	
						36-40			4	200	2.0%	0.5%	5.0%	
						>46			0	230	0.0%	0.0%	1.6%	
Edet	Chatham, Kent	1988-1990	Female	EIA	ES	26-29	17	-	20	439	4.6%	2.8%	6.9%	84
						<25			64	668	9.6%	7.5%	12.1%	
						>30			18	504	3.6%	2.1%	5.6%	
Scoular et al	Glasgow	1999/2000	Female	LCR	US, Urine	15-44	GP, GUM & FPC	-	951	15289	6.2%	5.8%	6.6%	14
Macmillan et al	Aberdeen	3/97-12/98	Female	LCR	ES	<19	13,Infertility, colposcopy, miscarriage	k	3	39	7.7%	1.6%	20.9%	35
						20-24			4	99	4.0%	1.1%	10.0%	
						25-29			11	183	6.0%	3.0%	10.5%	
						30-34			1	161	0.6%	0.0%	3.4%	
Barlow et al	Sheffield/Bristol	Unknown	Female	PCR/Southern blot	Endometrium, fallopian tube & ovary	33-57	Hysterectomy/ laparoscopic sterilisation	-	4	20	20.0%	5.7%	43.7%	85
2000	15	221	6.8%	3.8%	10.9%									
2001	13	200	6.5%	3.5%	10.9%									
1999	8	449	1.8%	0.8%	3.5%									
2000	11	447	2.5%	1.2%	4.4%									
Opaneye	Coventry	1/92-3/91	Female	Unknown	Unknown	<30	2,10,FPC/ GUM	-	86	211	40.8%	34.1%	47.7%	86
						>30			19	77	24.7%	15.6%	35.8%	
						2001			7	386	1.8%	0.7%	3.7%	
Scoular et al	Glasgow	1999/2000	Male	LCR	US, Urine	15-44	GP, GUM & FPC	-	337	3476	9.7%	8.7%	10.7%	14
Pierpoint et al	London	11/95-12/97	Male	LCR w/DFA confirmation	FCU	25-29	10,Various clinics	m	4	181	2.2%	0.6%	5.6%	5
						30-35			6	231	2.6%	1.0%	5.6%	
						18-24			0	174	0.0%	0.0%	2.1%	

Appendix 1: All studies that met the systematic review inclusion criteria, their extracted variables and computed prevalence (% , 95% CI), based on the reported number tested and positive.

Author	Location	Date of testing	Gender	Test used	Specimen	Age group	Setting/ Selection note	% Tested	No. positive	Total tested	Prevalence	Lower 95% CI	Upper 95% CI	Reference
Madge et al	London	8/93-4/94	Male	EIA	US	Unknown	18	69%	1	217	0.5%	0.0%	2.5%	81
McKay et al.	Edinburgh	4/01-4/02	Male	Unknown	Urine	16-19	New military recruits	100%	49	529	9.3%	6.9%	12.1%	87
						20-24			27	246	11.0%	7.4%	15.6%	
						>25			2	23	8.7%	1.1%	28.0%	
Rogstad et al	Sheffield/ Chesterfield	6/96-5/97	Both	EIA w/MIF confirmation	Unknown	Unknown	Hospital staff	-	38	1115	3.4%	2.4%	4.6%	25
Dedicoat et al	Birmingham	10/96-8/97	Both	Unknown	Unknown	Unknown	18	24%	7	200	3.5%	1.4%	7.1%	88
		9/97-6/98						56%	15	426	3.5%	2.0%	5.7%	
Stokes et al	Leicestershire	1995	Unknown	EIA w/ DFA confirmation	Unknown	Unknown	Eye Clinic	-	22	203	10.8%	6.9%	15.9%	26
							Various clinics		5	103	4.9%	1.6%	11.0%	
							17		27	816	3.3%	2.2%	4.8%	

Notes on Setting/ selection criteria:

1. house to house interview
2. sexually active
3. postal survey
4. registered with GP
5. speculum exam, cervical smear/cytology test
6. asymptomatic patients
7. attending for contraception
8. pregnancy test
9. routine urine check
10. first/new visit, new problem
11. IUD fitting/insertion
12. patients for TOP
13. all/consecutive patients
14. sexual health screen
15. rape victims
16. HIV test
17. gynaecology
18. HIV clinic

Note on patients who accepted testing:

- a) overall 71% provided sample, of 65% who entered NATSAL2 study
- b) overall 45% acceptance
- c) overall acceptance 98.5%
- d) overall acceptance 76%
- e) overall 98% acceptance (aged 20-35)
- f) 16-24 year olds
- g) unclear, but maybe overall acceptance of 8%
- h) 97% overall acceptance
- j) overall acceptance 68%-70%
- k) approximately 98% acceptance
- m) overall 55% acceptance

Note on Test:

PCR- polymerase chain reaction, LCR- ligase chain reaction, EIA- enzyme immunoassay, DFA- direct fluorescence assay, DIF- direct immunofluorescence.

Note on Specimen:

US-urethral swab, CS- cervical swab, ES- endocervical swab, FCU/FVU- first catch/void urine.

Appendix 1: All studies that met the systematic review inclusion criteria, their extracted variables and computed prevalence (% , 95% CI), based on the reported number tested and positive.

References

1. Fenton KA, Korovessis C, Johnson AM, McCadden A, McManus S, Wellings K *et al.* Sexual behaviour in Britain: reported sexually transmitted infections and prevalent genital *Chlamydia trachomatis* infection. *Lancet* 2001;**358**:1851-4.
2. Stephenson J, Carder C, Copas A, Robinson A, Ridgway G, Haines A. Home screening for chlamydial genital infection: is it acceptable to young men and women? *Sex Transm Inf* 2000;**76**:25-7.
3. Macleod J, Rowsell R, Horner P, Crowley T, Caul E, Low N *et al.* Postal urine specimens: are they a feasible method for genital chlamydial infection screening? *Brit J Gen Pract* 1999;455-8.
4. Rogstad KE, Bates SM, Partridge S, Kudesia G, Poll R, Osborne MA *et al.* The prevalence of *Chlamydia trachomatis* infection in male undergraduates: a postal survey. *Sex Transm Infect* 2001;**77**:111-3.
5. Pierpoint T, Thomas B, Judd A, Brugha R, Taylor-Robinson D, Renton A. Prevalence of *Chlamydia trachomatis* in young men in north west London. *Sex Transm Infect* 2000;**76**:273-6.
6. Southgate L, Treharne J, Forsey T. *Chlamydia trachomatis* and *Neisseria gonorrhoeae* infections in women attending inner city general practices. *BMJ* 1983;**287**:879-82.
7. Smith J, Murdoch J, Carrington D, Frew C, Dougall A, MacKinnon H *et al.* Prevalence of *Chlamydia trachomatis* infection in women having cervical smear tests. *BMJ* 1991;**302**:82-4.
8. Oakeshott P, Chiverton S, Speight L, Bertrand J. Testing for cervical *Chlamydia trachomatis* infection in an inner city practice. *Fam Pract* 1992;**9**:421-4.
9. Longhurst H, Flower N, Thomas B, Munday P, Elder A, Constantinidou M *et al.* A simple method for the detection of *Chlamydia trachomatis* infections in general practice. *J of the Royal College of Practitioners* 1987;**37**:255-6.
10. Oakeshott P. Sexual health in teenagers. *Lancet* 1995;**346**:648-9.
11. Hopwood J, Mallinson H. Chlamydia testing in community clinics - a focus for accurate sexual health care. *Brit J Fam Plan* 1995;**21**:87-90.
12. Oakeshott P, Kerry S, Hay S, Hay P. Opportunistic screening for chlamydial infection at time of cervical smear testing in general practice: prevalence study. *BMJ* 1998;**316**:351-2.
13. Thompson C, Wallace E. *Chlamydia trachomatis*. *Brit J Gen Pract* 1994;**December**:590-1.
14. Scoular A, McCartney R, Kinn S, Carr S, Walker A. The 'real-world' impact of improved diagnostic techniques for *Chlamydia trachomatis* infection in Glasgow. *Commun Dis Public Health* 2001;**4**:200-4.
15. Grun L, Tassano-Smith J, Carder C, Johnson A, Robinson A, Murray E *et al.* Comparison of two methods of screening for genital chlamydial infection in women attending in general practice: cross sectional survey. *BMJ* 1997;**315**:226-30.
16. Pimenta JM, Catchpole M, Rogers PA, Hopwood J, Randall S, Mallinson H *et al.* Opportunistic screening for genital chlamydial infection. II: prevalence among healthcare attenders, outcome, and evaluation of positive cases. *Sex Transm Infect* 2003;**79**:22-7.
17. Tobin C, Aggarwal R, Clarke J, Chown R, King D. *Chlamydia trachomatis*: opportunistic screening in primary care. *Br J Gen Pract* 2001;**51**:565-6.
18. Santer M, Warner P, Wyke S, Sunderland S. Opportunistic screening for chlamydia infection in general practice: can we reach young women? *J Med Screen.* 2000;**7**:175-6.
19. Clay J, Bowman C. Controlling chlamydial infection. *Genitourin Med* 1996;**25**:145.
20. Kudesia G, Zadik P, Ripley M. *Chlamydia trachomatis* infection in males attending general practitioners. *Genitourin Med* 1993;**70**:355-62.
21. Berry J, Crowley T, Horner P, Clifford J, Paul I, Caul E. Screening for asymptomatic *Chlamydia trachomatis* infection in male students by examination of first catch urine. *Genitourin Med* 1995;**71**:329-30.

Appendix 1: All studies that met the systematic review inclusion criteria, their extracted variables and computed prevalence (% , 95% CI), based on the reported number tested and positive.

22. Ainsworth JG, Weaver T, Murphy S, Renton A. General practitioners' immediate management of men presenting with urethral symptoms. *Genitourin Med* 1996;**72**:427-30.
23. Ross J, Sutherland S, Coia J. Genital *Chlamydia trachomatis* infections in primary care. *BMJ* 1996;**313**:1192-3.
24. Dryden M, Wilkinson M, Redman M, Millar M. Detection of *Chlamydia trachomatis* in general practice urine samples. *Brit J Gen Prac* 1994;**44**:114-7.
25. Rogstad KE, Davies A, Murthy SK, Searle S, Mee RA. The management of *Chlamydia trachomatis*: combined community and hospital study. *Sex Transm Infect* 2000;**76**:493-4.
26. Stokes T, Shukla R, Bhaduri S, Schober P. Controlling genital chlamydial infection: Integrated approach is needed. *BMJ* 1997;**314**:516-7.
27. Fish A, Robinson G, Bounds W, Fairweather D, Guillebaud J, Oriel J *et al.* *Chlamydia trachomatis* in various groups of contraceptors: preliminary observations. *Brit J Fam Plan* 1987;**13**:84-7.
28. Macaulay M, Riordan T, James J, Leventhall P, Morris E, Neal B *et al.* A prospective study of genital infections in a family-planning clinic. 2. Chlamydia infection - the identification of a high-risk group. *Epidemiological Infections* 1990;**104**:55-61.
29. James N, Wilson S, Hughes S. A pilot study to incorporate chlamydial testing in the management of women anticipating IUD insertion in community clinics. *Brit J Fam Plan* 1997;**23**:16-9.
30. Murty J. Chlamydia: to screen or not to screen? One way to answer the question. *Brit J Fam Plan* 1996;**22**:157-8.
31. Simms I, Hopwood J, Mallinson H, Rogers P, Webb A. Changing screening strategies for genital chlamydia in family planning clinics: a good public health strategy? *Eur J Contraception & Reproductive Health Care* 2000;**5**:91-5.
32. Sprague D, Bullough C, Rashid S, Roberts S. Screening for and treating *Chlamydia trachomatis* and *Neisseria gonorrhoeae* before contraceptive use and subsequent pelvic inflammatory infection. *Brit J of Family Planning* 1990;**16**:54-8.
33. Willmott F, Tolcher R. Audit of outcome following positive chlamydial test results in family planning clinics in Southampton. *Int J STD AIDS* 2000;**11**:756-8.
34. Harvey J, Webb A, Mallinson H. *Chlamydia trachomatis* screening in young people in Merseyside. *The British Journal of Family Planning* 2000;**26**:199-201.
35. Macmillan S, McKenzie H, Flett G, Templeton A. Which women should be tested for *Chlamydia trachomatis*? *Brit J Obstet Gynaecol* 2000;**107**:1088-93.
36. Macmillan S, McKenzie H, Flett G, Templeton A. Feasibility of patient-collected vulval swabs for the diagnosis of *Chlamydia trachomatis* in a family planning clinic: a pilot study. *Br J Fam Plann.* 2000;**26**:202-6.
37. Kilcoin A. Removing the stigma [*Chlamydia trachomatis*]. *Nurs Times* 2001;**97**:60-1.
38. Sin J, Gbolade B, Russell A, Chandiok P, Kirkman R. Referral compliance of chlamydia positive patients from a family planning clinic. *Brit J Fam Plan* 1996;**22**:155-6.
39. Tobin J, Bateman J, Banks B, Jeffs J. Clinical audit of the process of referral to genitourinary medicine of patients found to be chlamydia positive in a family planning service. *Brit J Fam Plan* 1999;**24**:160-3.
40. James NJ, Hughes S, Ahmed-Jushuf I, Slack RCB. A collaborative approach to management of chlamydial infection among teenagers seeking contraceptive care in a community setting. *Sex Transm Inf* 1999;**75**:156-61.
41. Duthie S, Hobson D, Tait I, Pratt B, Lowe N, Sequeira P *et al.* Morbidity after termination of pregnancy in first trimester. *Genitourin Med* 1987;**63**:182-7.
42. Blackwell AL, Emery SJ, Thomas PD, Wareham K. Universal prophylaxis for *Chlamydia trachomatis* and anaerobic vaginosis in women attending for suction termination of pregnancy: an audit of short-term health gain. *Int J of STD AIDS* 1999;**10**:508-13.

Appendix 1: All studies that met the systematic review inclusion criteria, their extracted variables and computed prevalence (% , 95% CI), based on the reported number tested and positive.

43. Blackwell A, Thomas P, Wareham K, Emery S. Health gains from screening for infection of the lower genital tract in women attending for termination of pregnancy. *Lancet* 1993;**342**:206-10.
44. Southgate L, Treharne J, Williams R. Detection, treatment and follow up of women with *Chlamydia trachomatis* infection seeking abortion in inner city general practices. *BMJ* 1989;**4 November**:1136-7.
45. Hopwood J, Mallinson H, Gleave T. Evaluation of near patient testing for *Chlamydia trachomatis* in a pregnancy termination service. *Journal of Family Planning & Reproductive Health Care* 2001;**27**:127-30.
46. Uthayakumar S, Tenuwara W, Maiti H. Is it evidence-based practice? Prophylactic antibiotics for termination of pregnancy to minimize post-abortion pelvic infection? *Int J STD AIDS* 2000;**11**:168-9.
47. Hopwood J, Mallinson H, Jones I. There is more to a test than technology - evaluation of testing for chlamydia infection in a charitable sector termination service. *Brit J Fam Plan* 1998;**23**:116-9.
48. Chima-Okereke, C, Blackwell, A, Calvert, J. Is there a role for routine genital chlamydial screening in colposcopy?
49. Smith N, Nelson M, Hammond J, Purkayastha S, Barton S. Screening for lower genital tract infections in women presenting for termination of pregnancy. *Int J STD AIDS* 1994;**5**:212-3.
50. Wood P, Hobson D, Rees E. Genital infection with *Chlamydia trachomatis* in women attending an antenatal clinic. *Br J Obstet Gynaecol* 1984;**91**:1171-6.
51. Roberts RN, Quinn AJ, Thompson W. Evidence of Chlamydia infection in a Belfast antenatal population. *Ulster Med J* 1991;**60**:168-72.
52. Arya OP, Mallinson H, Goddard AD. Epidemiological and clinical correlates of chlamydial infection of the cervix. *Br J Vener.Dis* 1981;**57**:118-24.
53. Oriel J, Johnson A, Barlow D, Thomas B, Nayyar K, Reeve P. Infection of the uterine cervix with *Chlamydia trachomatis*. *J of Infect Diseases* 1978;**137**:443-51.
54. Richmond S, Paul I, Taylor P. Value and feasibility of screening women attending STD clinics for cervical chlamydial infections. *Br J Vener Dis* 1980;**56**:92-5.
55. Shanmugaratnam K, Pattman RS. Declining incidence of *Chlamydia trachomatis* in women attending a provincial genitourinary medicine clinic. *Genitourin Med* 1989;**65**:400.
56. Woolfitt JM, Watt L. Chlamydial infection of the urogenital tract in promiscuous and non-promiscuous women. *Br J Vener.Dis* 1977;**53**:93-5.
57. Ross JD, Scott GR, Busuttill A. Rape and sexually transmitted diseases: patterns of referral and incidence in a department of genitourinary medicine. *J R Soc Med* 1991;**84**:657-9.
58. McKenna JG, Young H, Moyes A, Smith IW. Is coexisting chlamydial infection more common in gonococcal infections with serogroup WI? *Int J STD AIDS* 1990;**1**:340-2.
59. Foulkes SJ, Deighton R, Feeney AR, Mohanty KC, Freeman CW. Comparison of direct immunofluorescence and cell culture for detecting *Chlamydia trachomatis*. *Genitourin Med* 1985;**61**:255-7.
60. Horner P, May P, Thomas B, Benton A, Taylor-Robinson D. The role of *Chlamydia trachomatis* in urethritis and urethral symptoms in women. *Int J STD AIDS* 1995;**6**:31-4.
61. Hay P, Thomas B, Horner P, MacLeod E, Renton A, Taylor-Robinson D. *Chlamydia trachomatis* in women: the more you look, the more you find. *Genitourin Med* 1994;**70**:97-100.
62. Opaneye A, Saravanamuttu K, Rashid S. Screening for genital *Chlamydia trachomatis* infection in female patients. *Genitourin Med* 1994;**71**.
63. Woolley PD, Pumphrey J. Application of 'Clearview Chlamydia' for the rapid detection of cervical chlamydial antigen. *Int J STD AIDS* 1997;**8**:257-8.
64. Crowley T, Horner P, Hughes A, Berry J, Paul I, Caul O. Hormonal factors and the laboratory detection of *Chlamydia trachomatis* in women: implications for screening? *Int J STD AIDS* 1997;**8**:25-31.

Appendix 1: All studies that met the systematic review inclusion criteria, their extracted variables and computed prevalence (% , 95% CI), based on the reported number tested and positive.

65. Butt A, McCartney R, Walker A, Scoular A. Economic advantages of ligase chain reaction for diagnosis of genital *Chlamydia trachomatis* infection in GUM clinic attenders. *Sex Transm Infect* 2001;**77**:227-8.
66. Young H, Moyes A, Horn K, Scott GR, Patrizio C, Sutherland S. PCR testing of genital and urine specimens compared with culture for the diagnosis of chlamydial infection in men and women. *Int J STD AIDS* 1998;**9**:661-5.
67. Dimian C, Nayagam M, Bradbeer C. The association between sexually transmitted diseases and inflammatory cervical cytology. *Genitourin Med* 1992;**68**:305-6.
68. Mohanty KC. Sexually transmitted diseases among patients seeking HIV antibody test for AIDS. *Int J STD AIDS* 1990;**1**:207-8.
69. Radja N, Slatter E, Thin N, Blackwell A. A tale of 2 cities: a comparison of demographic details, source of referral, spectrum of infection and contraceptive practice in patients under 16 years attending genitourinary medicine clinics in London and Swansea. *Int J STD AIDS* 2001;**12**:361-4.
70. Hunter JM, Smith IW, Peutherer JF, MacAulay A, Tuach S, Young H. *Chlamydia trachomatis* and *Ureaplasma urealyticum* in men attending a sexually transmitted diseases clinic. *Br J Vener.Dis* 1981;**57**:130-3.
71. Zelin JM, Robinson AJ, Ridgway GL, Allason-Jones E, Williams P. Chlamydial urethritis in heterosexual men attending a genitourinary medicine clinic: prevalence, symptoms, condom usage and partner change. *Int J STD AIDS* 1995;**6**:27-30.
72. Harry T, Saravanamuttu K, Rashid S, Shrestha T. Audit evaluating the value of routine screening of *Chlamydia trachomatis* Urethral Infections in Men. *Int J STD AIDS* 1994;**5**:374-5.
73. Matthews R, Wise R. Non-invasive sampling method for detecting *Chlamydia trachomatis*. *Lancet* 1989;**14 January**:96.
74. Crowley T, Milne D, Arumainayagam J, Paul I, Caul E. The laboratory diagnosis of male *Chlamydia trachomatis* infections - a time for change? *J of Infect Diseases* 1992;**25**:69-75.
75. Evans BA, Bond RA, Macrae KD. Sexual behaviour and sexually transmitted infection among African and Caribbean men in London. *Int J STD AIDS* 1999;**10**:744-8.
76. Paul I, Crowley T, Milne J, Caul E. A comparison of urine and urethral swabbing for the diagnosis of *Chlamydia trachomatis* infection in males. *Serodiagnosis and Immunotherapy in Infectious Disease* 1990;**4**:473-80.
77. Caul E, Horner P, Leece J, Crowley T, Paul I, Davey-Smith G. Population-based screening programmes for *Chlamydia trachomatis*. *Lancet* 1997;**349**:1070-1.
78. Dixon L, Pearson S, Clutterbuck DJ. *Chlamydia trachomatis* infection and non-gonococcal urethritis in homosexual and heterosexual men in Edinburgh. *Int J STD & AIDS* 2002;**13**:425-6.
79. Higgins SP, Klapper PE, Struthers JK, Bailey AS, Gough AP, Moore R *et al*. Detection of male genital infection with *Chlamydia trachomatis* and *Neisseria gonorrhoeae* using an automated multiplex PCR system (Cobas Amplicor). *Int J STD AIDS* 1998;**9**:21-4.
80. Lacey HB. Sexually transmitted diseases and rape: the experience of a sexual assault centre. *Int J STD AIDS* 1990;**1**:405-9.
81. Madge S, Elford J, Lipman MC, Mintz J, Johnson MA. Screening for sexually transmitted diseases in an HIV testing clinic; uptake and prevalence. *Genitourin Med* 1996;**72**:347-51.
82. Ridgway GL, Mumtaz G, Stephens RA, Doriel J. Therapeutic abortion and chlamydial infection. *BMJ* 1983;**286**:1478-9.
83. Fish A, Fairweather D, Oriel J, Ridgway G. *Chlamydia trachomatis* infection in a gynaecology clinic populations: identification of high-risk groups and the value of contact tracing. *European Journal of Obstetrics and Gynecology and Reproducing Biology* 1989;**31**:67-74.
84. Edet E. The prevalence of *Chlamydia trachomatis* infection among gynaecological patients. *Br J Clin Pract* 1993;**47**:21.
85. Barlow RE, Cooke ID, Odukoya O, Heatley MK, Jenkins J, Narayansingh G *et al*. The prevalence of *Chlamydia trachomatis* in fresh tissue specimens from

Appendix 1: All studies that met the systematic review inclusion criteria, their extracted variables and computed prevalence (% , 95% CI), based on the reported number tested and positive.

patients with ectopic pregnancy or tubal factor infertility as determined by PCR and in-situ hybridisation. *J Med Microbiol* 2001;**50**:902-8.

86. Opaneye A. Sexually transmitted diseases among women in Coventry. *J Roy Soc Health* 1997;**117**:37-40.
87. McKay L, Clery H, Carrick-Anderson K, Hollis S, Scott G. Genital *Chlamydia trachomatis* infection in a subgroup of young men in the UK. *Lancet* 2003;**361**:1792.
88. Dediccoat M, Taylor S, Home J, Wainright R, Hodgkins R, White C *et al.* Opportunistic testing for chlamydial infection in people attending a sexual medicine clinic for HIV tests. *Int J STD AIDS* 2000;**11**:196-8.