

## ABSTRACT

Screening for Chlamydia and Gonorrhoea in abortion services – an opportunity not to be missed. Melanie Rosenvinge, Tracey Forsyth, Michael Pollard, Wendy Majewska, Amanda J. Myers, Mark Pakianathan, Patricia A. Lohr.

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**Background:** Bacterial sexually transmitted infections (STIs) are risk factors for post-abortion infection. We report the preliminary outcomes of a partnership between charity abortion organisation BPAS (British Pregnancy Advisory Service) and an NHS genito-urinary medicine (GUM) provider to introduce routine screening for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoea* (GC) into abortion services.

**Methods:** Training on STIs for BPAS staff and advice on guideline development was provided by a South London GU Medicine clinic. Women < 25 years old from Lambeth, Southwark or Lewisham Primary Care Trusts attending BPAS were offered GC and CT screening of self-taken vulval-vaginal swabs by nucleic acid amplification tests (NAATs; Roche Diagnostics). This was introduced into the service on 16<sup>th</sup> August 2009. Women having abortions were treated prophylactically with 1g azithromycin and those having surgical abortions also received 1g metronidazole. Results took 3-4 working days. Women with positive results were contacted by telephone and those with GC were treated with 400mg cefixime. Partner notification was performed. Demographic and obstetric history was extracted from an electronic database. Those accepting/declining tests and those with positive/negative CT results were compared.

**Results:** Preliminary data from 16<sup>th</sup> August – 31<sup>st</sup> December 2009: 234/431 (54%) eligible women were offered screening. Basic demographics of this cohort: 27% Caucasian, 27% Black African and 17% Black Caribbean, 42% GP referral and 35% self-referral, 27% had a prior abortion. 212/234 (90%) accepted testing. 11 tests were unprocessed due to handling errors and 27(13%) were equivocal. Of tests with definitive results, 14/174 (8.0%) were CT positive and 5/174(2.9%) GC positive, with dual infection in 3 cases. Partner notification was successful in 5/5 GC cases and 12/14 CT cases. There were no significant differences in age, ethnicity, referral source or obstetric history in women who accepted or declined tests, or in those who had positive or negative results.

**Conclusion:** Increased collaboration between independent and NHS agencies potentially enables improved screening for STIs. Routine screening for CT has been demonstrated as feasible in inner-London termination clinics. The prevalence of CT and GC in this setting is significant. The opportunity to screen for both infections with NAATs and ensure partner notification should not be missed.