

**Table 1** Score on information content about surgical and medical abortions

|                        | District hospital (n = 27) |          | Teaching hospital (n = 17) |           | Private clinic (n = 3) |           | Total (n = 44) |           |
|------------------------|----------------------------|----------|----------------------------|-----------|------------------------|-----------|----------------|-----------|
|                        | Mean                       | CI 95%   | Mean                       | CI 95%    | Mean                   | CI 95%    | Mean           | 95% CI    |
| Surgical (range 0–23)  | 9.7                        | 7.8–11.5 | 12.5                       | 10.4–14.6 | 10.0                   | 7.5–12.5  | 10.6           | 9.3–11.9  |
| Medical (range 0–21)   | 10.5                       | 8.4–12.6 | 13.3                       | 11.7–14.9 | 13.6                   | 12.2–15.1 | 12.1           | 10.9–13.3 |
| Aftercare (range 0–11) | 7.3                        | 6.2–8.4  | 8.6                        | 7.5–9.6   | 7.0                    | 2.7–11.3  | 7.7            | 6.9–8.4   |

### Conclusions

The option of a medical abortion was not offered by 32% of the clinics sampled. The average leaflet provided only half the possible information about benefits, risks and general procedures. Only half the leaflets were the equivalent of the *Daily Mail* readability ease, accessible by 83% of the British population.

The written information supplied by service providers to support women's choices about abortion method is not sufficient to enable informed decision making.<sup>6</sup>

### Recommendations

1. Accurate, complete and readable information about abortion choices should be written by service providers.
2. Leaflets should be evaluated by (a) a standard of information quality and (b) a measure assessing decision facilitation.
3. The leaflet contents should be regularly updated in the light of changing technologies and findings of their effectiveness.

### Statements on funding and competing interests

*Funding.* None identified.

*Competing interests.* None identified.

### References

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## Organon Laboratories Award – Oral Presentation Award

### Screening for genital *Chlamydia trachomatis* in teenagers attending a family planning youth clinic: A prevalence study using a strand displacement assay on urine samples

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### Abstract

**Background.** *Chlamydia trachomatis* is the most common bacterial sexually transmitted infection. Rates are highest in the 16–24-year-old age group. Untreated it can be a significant cause of morbidity. At least 50% of men and 70% of women with *C. trachomatis* are asymptomatic.

**Study aims.** The aims of the study were:

- To determine the prevalence of *C. trachomatis*.
- To determine the success of our referral policy to genitourinary medicine (GU clinic).
- To determine the characteristics of the population with *C. trachomatis*.
- To estimate the level of recognition of 'chlamydia' as a concept.

**Participants.** Attendees at our youth clinic between October 2001 and March 2002.

**Method.** Ethical approval was obtained for this ongoing study. All attendees who were sexually active were asked to participate. An information leaflet was provided. Those who agreed to participate answered a questionnaire, which included a number of lifestyle questions, and provided a urine sample for *C. trachomatis* testing using a strand displacement assay. Positive results were forwarded to the GU clinic, which provided antibiotic therapy, contact tracing and follow-up.

**Results.** The ongoing study has yielded 616 results with 73 positive (11.9%). To date 66 individuals (90%) have attended the GU clinic and 41 (50%) of the possible 82

partners have responded to contact tracing.

**Conclusions.** Initial results show a high prevalence of *C. trachomatis*. There is a low condom usage despite a reasonable level of awareness of ‘chlamydia’. Contact tracing has not been as successful as anticipated. When the study is complete, various service provision questions will need to be answered, such as the ability to treat the disease in a dedicated youth clinic, making urine testing for *C. trachomatis* by strand displacement assay (SDA) more widespread, the problem of follow-up, screening for associated sexually transmitted infections (STIs) and contact tracing in a relatively less mobile and less empowered population.

**Background**

Arguably, genital infection with *Chlamydia trachomatis* is the biggest risk to a planned family in clients of family planning and women’s health clinics in the UK. The prevalence of the infection in such populations has been estimated as between 3% and 7%.<sup>1</sup> Yet despite recent calls for more universal screening to detect asymptomatic cases,<sup>2,3</sup> reproductive health services in the UK continue to concentrate their efforts only upon symptomatic women. Although targeted screening has cost implications, we have felt this situation to be a lost opportunity since the infection may be adequately and safely treated, and careful follow-up and contact tracing is cost-effective in community terms.<sup>4</sup> Certainly the morbidity and occasional mortality associated with the upper genital tract complications are well known. There have even been recent reports suggesting that cervical infection with the organism may be a contributory factor in the development of carcinoma of the cervix uteri.<sup>5</sup>

The incidence of *C. trachomatis* is highest in the 16–24-year-old age group and some working with the young have already begun to address the issue by means of targeted screening.<sup>6,7</sup> The introduction of *C. trachomatis* testing by nucleic acid amplification methods has been particularly welcome since it allows the identification of infection on a simple and non-invasive urine assay that seems particularly acceptable to the young. We describe preliminary results from an ongoing study in which we have attempted to elucidate:

- The *C. trachomatis* prevalence in teenagers attending our youth clinic.
- The success of our referral policy to GU clinic.
- The characteristics of the population with *C. trachomatis*.
- The level of recognition of *C. trachomatis* as a concept.

**Participants**

Participants in the study were attendees at our youth clinic between October 2001 and March 2002.

**Methods**

Attendees at a five times weekly, centre-of-city youth clinic were asked to participate in the study by providing a urine sample. Local ethical committee approval was granted and the participants were all provided with written information about the aims and nature of the study. Agreement by such informed consent generated the completion of a questionnaire, which sought demographic data about sexual behaviour, knowledge of the term ‘chlamydia’, substance misuse, and previous history of sexually transmitted infections (STIs). A urine sample provided was transported to the virus laboratory within 24 hours and *C. trachomatis* analysis was undertaken by strand displacement assay (SDA) (Probe Tec®). Those individuals identified as

positive were contacted as soon as possible by a health advisor at the GU clinic and invited for screening for associated STIs, contact tracing and antibiotic therapy.

**Results**

To date, 616 young persons have been recruited to the study. The age range was from 13 to 20 years. Sixteen subjects were male (3%) and 600 were female (97%) (Figure 1).

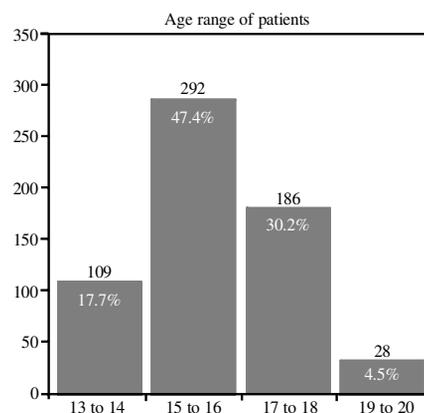
A total of 73/616 individuals (11.9%) had positive test results for *C. trachomatis*. The age groups showed similar patterns of infection (Figure 2).

To date, 66 individuals have attended the GU clinic, of whom three were found to be co-infected with *Neisseria gonorrhoeae*, two with *Trichomonas vaginalis* and one with clinical human papillomavirus (HPV) infection. Contact tracing has resulted in 82 sexual partners being identified, of whom 41 have attended to date, with 32 found to be *C. trachomatis*-positive; three of these individuals were found to have a concomitant STI. *C. trachomatis* prevalence was seen to be affected by the number of sexual partners. Those subjects with three or more sexual partners were three times more likely to be infected (Figure 3).

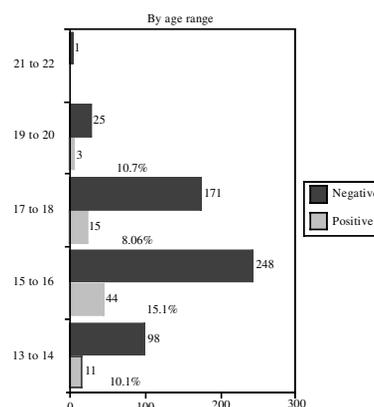
Subjects were asked about condom usage and knowledge of the term ‘chlamydia’, of which 498/616 (81%) were familiar with the latter term. The results are represented in Figures 4 and 5.

Not all of the positive subjects, by any means, were symptomatic (Figure 6). In 184 patients symptoms included burning micturition, discharge, abdominal pain and postcoital bleeding. Non-infected persons were more likely to suffer dyspareunia ( $p = 0.061, \phi^2$ ).

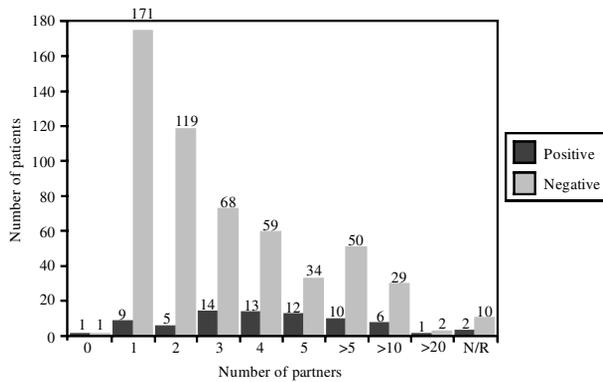
**Figure 1** Age of subjects included in the study



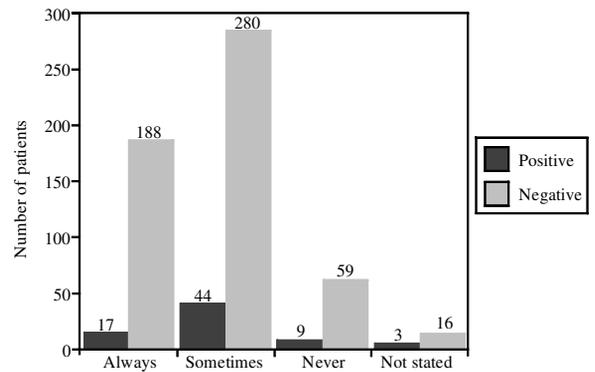
**Figure 2** Prevalence of *C. trachomatis* in the study participants



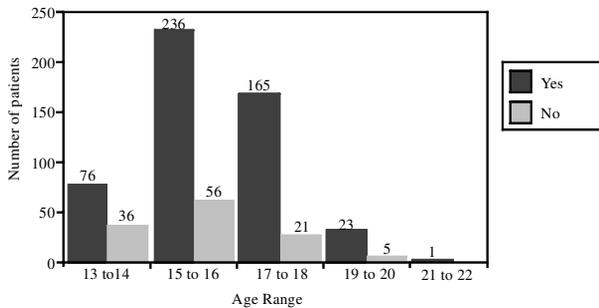
**Figure 3** Number of partners versus test result



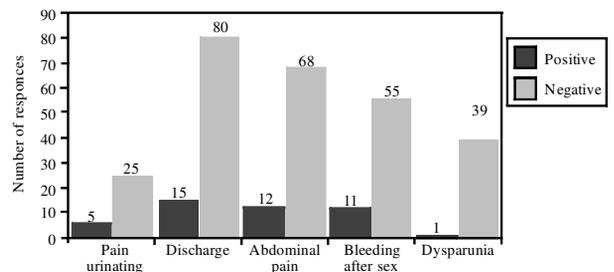
**Figure 4** Condom usage versus test result



**Figure 5** Participants who had heard of the term 'chlamydia'



**Figure 6** Current symptoms versus test result



**Conclusions**

In conclusion, we have found that:

- Urine screening is an easy, acceptable and productive method of chlamydia screening in a youth clinic.
- Universal screening is probably important.
- Our local dual system works, but even under ideal circumstances it fails to operate smoothly.

Despite the fact that many of our clients had heard of 'chlamydia', many were engaging in unprotected sex, sometimes with multiple partners. Some of the infected young people were found to have multiple STIs on GU clinic screening; however, although the clinic in Sheffield engages in effective and efficient contact tracing,<sup>8</sup> we found many methodological problems with reaching this client group.

While we feel that targeted screening of this high-risk population continues to be important, there are clear cost and organisational implications that will become significant if we are to improve our services for young people.

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**Statements on funding and competing interests**

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**The 4-0-8 Sheffield Fund**

In 2001 the 4-0-8 Young People's Consultation Centre Ltd, Sheffield, UK made a significant donation to the Faculty of Family Planning and Reproductive Health Care (FFPRHC) for the purpose of funding training for health care professionals who had limited funding for attending training meetings. Any person working in the field of reproductive and sexual health care within the UK may apply. Approximately £1000 will be allocated every 3 months, either as a single award or divided between the successful applicants.

For details on how to apply to the 4-0-8 Sheffield Fund visit the Faculty website at [www.ffprhc.org.uk](http://www.ffprhc.org.uk). For an application form apply to: Chair of the Education Committee, Faculty of Family Planning and Reproductive Health Care of the RCOG, 19 Cornwall Terrace, London NW1 4QP, UK. Closing date: 6 months prior to the event for which funding is applied for.