Uptake, yield and resource requirements of screening for asymptomatic sexually transmssible infections among HIV-positive people attending a hospital outpatient clinic

Stephen Ritchie^{A,B}, Rebecca Henley^A, Jackie Hilton^C, Rupert Handy^A, Joan Ingram^A, Susan Mundt^A, Mitzi Nisbet^A, Mark Thomas^{A,B} and Simon Briggs^A

^AAdult Infectious Disease Service, Auckland District Health Board, Auckland 1023, New Zealand.

^BDepartment of Molecular Medicine and Pathology, University of Auckland, Auckland 1023, New Zealand.

^CAuckland Sexual Health Service, Auckland District Health Board, Auckland 1023, New Zealand.

^DCorresponding author. Email: s.ritchie@auckland.ac.nz

Table S1. The ethnicity of 718 people offered STI screening

			Provided samples
	Offered screening	Agreed to screening	for screening
	(n=673)	(n=535)	(n=506)
European (n=378)	358 (95%)	288 (76%)	273 (72%)
Maori (n=62)	61 (98%)	43 (69%)	42 (68%)
Pacific (n=21)	19 (90%)	16 (76%)	16 (76%)
Asian (n=65)	64 (98%)	54 (83%)	53 (82%)
African (n=150)	132 (88%)	102 (68%)	91 (61%)
Mid East (n=5)	3 (60%)	3 (60%)	3 (60%)
Other (n=37)	36 (97%)	29 (78%)	28 (76%)

Table S2. The symptoms and findings of two heterosexual men (HM), four men who have sex with men (MSM) and four women with symptoms consistent with STI, but who did not have NG or CT infection and were reviewed by the Auckland Sexual Health Service.

	Number	Symptom	Finding
HM	2	testicular pain	Epididymal cysts
MSM	2	perianal pain	Fissure (n=1); AIN3 (n=1)
	2	genital lesions	herpes infection (n=1); genital warts (n=1)
Women	1 1 1 1	pelvic pain dysuria & normal urinalysis genital lump genital discomfort/itch	unknown – resolved unknown – resolved benign naevus post-menopausal atrophic change