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## Introduction of a Targeted Chlamydia Screening Program in a Tertiary Level Maternity

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Dear Editor,

*Chlamydia trachomatis (CT)* is an STI most commonly found in younger people. In Ireland, there is an incidence of 164.4/100,000 amongst women, with a median age at diagnosis of 23 years. Infection with *CT* during pregnancy is associated with fetal morbidity, including neonatal pneumonia, LBW and pre-term labour<sup>2</sup>. The majority of women infected with *CT* are asymptomatic<sup>3</sup>. The US Preventive Services Task Force and the Australian Government recommend that screening for *CT* be offered to all women, aged 25years or less when attending for pregnancy booking<sup>4</sup>. In February 2020, a screening program was implemented within the National Maternity Hospital. An audit was performed to review rates of screening uptake, identify potential modifications to improve uptake, and to examine prevalence and management of STI within our population.

Women were included in this retrospective audit, performed over a six-month period from 1<sup>st</sup> March to 31<sup>st</sup> August 2020, if they were less than 25 years of age at booking. Patients were identified via booking lists generated by the data protection officer. Once identified, appropriate patient's online charts were reviewed to identify who availed of screening. For those who did avail, prevalence was measured. For those who did not, charts were reviewed to identify potential reasons for this.

In total, 175 women were included. Of these, 98 women availed of the screening test, an uptake rate of 56.25%. Of the women who availed (n = 98), five women (5.1%) tested positive for *CT*, 90 women (90.9%) tested negative and three swabs were invalid. No cases of Neisseria gonorrhoea or trichomonas vaginalis were diagnosed. Women who tested positive were treated as per British Association for Sexual Health & HIV guidelines.

With regards to those who did not avail of the screening test (n = 77), seven women (9.2%) had a 'virtual' booking visit, due to the ongoing COVID-19 pandemic. Five women (6.6%) booked offsite in the hospital's satellite clinics, where the screening program has not yet been implemented. Two women (2.5%) were screened in recent weeks and one woman (1.3%) declined the screening test.

Of the other 63 woman (81.8%) documentation was inconclusive with regards to why there was no screening test performed. This audit found an uptake rate of 56.2%, with a prevalence rate of 5.1% amongst those screened. A recent study in Australia, found this screening program to only be effective if uptake was 100% and prevalence was >5%<sup>1</sup>. In comparison, this study has far lower uptake rates. Reassuringly, however, prevalence rates are similar to those within other studies, at a rate which ensures the efficacy of the screening program.

From carrying out this study, the authors hypothesised that a large cohort of women were not offered this screening test, due to lack of awareness amongst staff members. This study has highlighted a need to increase awareness of this program amongst staff members and patients themselves. We plan to do this via infographics in the outpatients department and information accessible to patients via the hospital's website and social media platforms.

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