**Population Prevalence of sexually transmitted infections** **in a high HIV burden district in KwaZulu-Natal, South Africa:**

**Implications for HIV epidemic control**

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## Supplementary Tables

Supplementary Table 1: STROBE Statement—Checklist of items included in reporting of cross-sectional study:

 Population Prevalence of sexually transmitted infections in a high HIV burden district in KwaZulu-Natal, South Africa: Implications for HIV epidemic control

Supplementary Table 2. Prevalence of sexually transmitted infections by current pregnancy statusa among participants, 15–35 years

Supplementary Table 1: STROBE Statement—Checklist of items included in reporting of cross-sectional study:

Population Prevalence of sexually transmitted infections in a high HIV burden district in KwaZulu-Natal, South Africa: Implications for HIV epidemic control

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|  | Item No | Recommendation | Response  |
| **Title and abstract** | 1 | (*a*) Indicate the study’s design with a commonly used term in the title or the abstract | ✓  |
| (*b*) Provide in the abstract an informative and balanced summary of what was done and what was found | ✓  |
| **Introduction** |  |  |  |
| Background/rationale | 2 | Explain the scientific background and rationale for the investigation being reported | ✓ IntroductionPara 2, 3 & 4 |
| Objectives | 3 | State specific objectives, including any prespecified hypotheses | ✓ IntroductionPara 5 |
| **Methods** |  |  |  |
| Study design | 4 | Present key elements of study design early in the paper | ✓ Methods Para 1 |
| Setting | 5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection | ✓ Methods Para 1 |
| Participants | 6 | (*a*) Give the eligibility criteria, and the sources and methods of selection of participants | ✓ Methods Para 1 |
| Variables | 7 | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable | ✓ Methods Para 2 |
| Data sources/ measurement | 8\* | For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group | ✓ MethodsPara 2,3,4 & 5;Questionnaire and laboratory measurements |
| Bias | 9 | Describe any efforts to address potential sources of bias | ✓ Methods Para 7, 8 |
| Study size | 10 | Explain how the study size was arrived at | ✓ Methods Para 1 |
| Quantitative variables | 11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why | ✓ Methods Para 2, 3, 4 & 5 |
| Statistical methods | 12 | (*a*) Describe all statistical methods, including those used to control for confounding | ✓ Methods Para 7, 8 |
| (*b*) Describe any methods used to examine subgroups and interactions | ✓ Methods Para 8 |
| (*c*) Explain how missing data were addressed | ✓ Methods Para 7 |
| (*d*) If applicable, describe analytical methods taking account of sampling strategy | ✓ Methods Para 7 |
| (*e*) Describe any sensitivity analyses | NA |
| **Results** |  |  |  |
| Participants | 13\* | (a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed | ✓Methods Para 1; ResultsPara 1; Table 1 |
| (b) Give reasons for non-participation at each stage | ✓ Methods Para 1; Results Para 1; Table 1 |
| (c) Consider use of a flow diagram | ✓ Results Para 1; Table 1 |
| Descriptive data | 14\* | (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders | ✓ Results Para 1; Table 1 |
| (b) Indicate number of participants with missing data for each variable of interest | ✓ Table 1footnote; Numerator & denominator provided in Tables 1 & 2  |
| Outcome data | 15\* | Report numbers of outcome events or summary measures | ✓ Results Para 2, 3 & 4; Tables 2, 3, 4 & 5 |
| Main results | 16 | (*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included | ✓ Tables 4 & 5Including table footnotes |
| (*b*) Report category boundaries when continuous variables were categorized | ✓ Results Para 1; Table 1  |
| (*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period | ✓ Results Para 4  |
| Other analyses | 17 | Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses | ✓ ResultsPara 3 & 4 |
| **Discussion** |  |  |  |
| Key results | 18 | Summarise key results with reference to study objectives | ✓ Discussion Para 1 |
| Limitations | 19 | Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias | ✓ Discussion Para 7 |
| Interpretation | 20 | Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence | ✓ Discussion Para 8 |
| Generalisability | 21 | Discuss the generalisability (external validity) of the study results | ✓ Discussion Para 7 |
| **Other information** |  |  |  |
| Funding | 22 | Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based | ✓ Funding section |

\*Give information separately for exposed and unexposed groups.

**Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at [www.strobe-statement.org](http://www.strobe-statement.org).

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| **Supplementary Table 2. Prevalence of sexually transmitted infections by current pregnancy statusa among participants, 15–35 years**  |
| **Age group** | **Pregnant** | **Not pregnant** | **p-valueb** |
| **n/N** | **%** | **95% CI** | **n/N** | **%** | **95% CI** |
| Herpes simplex virus type 2 antibodies | 198/302 | 65.2 | 58.3–72.1 | 2441/3904 | 59.1 | 56.5–61.6 | 0.0503 |
| Syphilis antibodiesc | 13/303 | 3.3 | 1.1–5.6 | 81/3910 | 1.8 | 1.3–2.4 | 0.1558 |
| *N. gonorrhoeae* | 15/301 | 6.4 | 2.5–10.3 | 172/3902 | 4.6 | 3.8–5.5 | 0.3848 |
| *C. trachomatis* | 46/301 | 15.9 | 10.1–21.7 | 449/3902 | 11.4 | 10.2–12.6 | 0.1179 |
| *T. vaginalis* | 50/301 | 13.3 | 8.4–18.2 | 559/3902 | 12.1 | 10.6–13.6 | 0.3259 |
| *M.genitalium* | 22/301 | 7.8 | 3.3–12.3 | 256/3902 | 6.2 | 5.2–7.2 | 0.6013 |
| *a=includes females 15–35 years only* *b=adjusted for age* *c= Rapid plasma reagin (RPR) assay with a quantitative titre of 1:8 or higher was considered as positive for active syphilis* |  |