

Supplemental Digital Content

Appendix 1: Screening Test Sensitivity and Specificity Meta-Analyses

We searched PubMed and Scopus using medical subject headings and keywords related to chlamydial infection (chlamydia, sexually transmitted infection, STI, sexually transmitted disease, STD, urogenital, genitourinary) and diagnostic accuracy of screening tests (diagnostic, diagnosis, mass screening, screening, sensitivity, specificity, predictive value, accuracy). Studies were limited to humans and English. The last search was performed on March 3, 2016.

A total of 2,212 articles were initially identified. Nineteen studies were selected for inclusion after reviewing titles, abstracts, and full text (Appendix 1, Figure S1). Studies conducted outside of North America or Europe and studies of populations dissimilar to the NJTP (eg sex workers, or older/younger populations) were excluded. We included studies that reported the diagnostic accuracy of the Pathfinder EIA, Gen-Probe PACE 2 DNA probe, or BD ProbeTec ET SDA of cervical or vaginal swabs or urine. We used a standardized spreadsheet to abstract data. The following information was documented for each article: author(s), study location, study period, characteristics of sample screened (e.g. clinic patients, type of clinic, etc), age, gender, sample size, specimen type, reference test definition, prevalence, sensitivity, specificity and potential sources of bias (e.g. discrepant analysis performed or composite reference test definition used). Reference test definitions varied across studies, and we did not exclude studies based

on differing reference test definitions. Numbers of true positives, true negatives, false positives and false negatives were either abstracted or calculated.