**Table 8. Prospective associations between hormonal contraceptive use and *Chlamydia trachomatis* (CT) or *Neisseria***

***gonorrhoeae* (NG) (combined) (N=2).**

| **Study** | **N, study sample** | **Length of follow-up; frequency STI assessment** | **STI diagnostic test** | **Covariates** | **Reference group** | **OCP**a | **Injectable** | **Implant** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Low 2014 [55] | 172, HIV-1 positive women on antiretrovirals who engage in transactional sex in Bobo-Dioulasso Burkina Faso, ages 18 to 50, *N=11 incident cases GN; rate of 2.76 cases per 100 PY; 3 incident cases CT, rate of 0.75 per 100 PY b* | 4Y; 0M, ~3-6M | Cervical swab via PCR (Amplicor CT/NG PCR assay, Roche) using pooling approach | Age, education, tobacco use, # sex acts past wk, alcohol use, sex work, condom use, vaginal washing, antibiotic use past 1M, abnormal vaginal discharge on exam, genital ulcers on exam, abnormal cervical exam, genital warts, concurrent BV, *T. vaginalis*, *Candida albicans*, or HSV-2 DNA, presence of Y-PCR, HIV-1 plasma viral load, HIV-1 eCVL RNA detected, CD4 count, time since samplecollection, antiretroviral statusFinal model (empirical and theoretical approach): # sex acts past wk, CD4 count, education | Non-hormonal user  | OCP aOR: ns (NR)  | DMPA on NG/CT aOR: 5.83 (0.90, 37.70) | NA |
| Morrison 2004 [25]  | 819, women attending 2 reproductive health clinics in Baltimore, USA ages 15 to 45. N=45 incident cases of CT or GN; 6.2 per 100 PY. | 3, 6 and 12M | CT by ligase chain reaction (LCx; Abbott Laboratories). GN by Gram stain, oxidase reaction, lactamaseand production. Confirmation by Gonocheck II (E-Y Laboratories). | Age, race, and site and measures of contraceptive exposure.  | Non-hormonal user | COC aHR: 1.5 (0.6, 3.5) | DMPA: aHR: 3.6 (1.6, 8.5) | NA |

Notes:PY: person-years at risk. \* Statistically significant at p<0.05.

 a OCP type was unspecified unless COC (combined oral contraception) or POP (progestin-only pill) is noted.

b Incidence is new cases of NG or CT during study period, divided by number of women at risk; cases at baseline excluded.