a WHO-based algorithm, modified for use in Jamaican STI clinics (Figure 1). We did not separately analyze algorithms among the subset of women who reported a discharge, since vaginal discharge was not significantly associated with cervical infection or trichomoniasis. All women, regardless of symptoms, are included in the analyses. Decision models for syphilis were not evaluated, since simple laboratory screening for syphilis among low-risk women has been shown to be cost-effective.

The two weighted scoring models are based on risk scores assigned to each significant risk predictor. Similar to methods used by Vuylsteke,13 we multiplied the coefficients of significant covariates identified through logistic regression by 10. A woman’s risk score is the sum of the products derived from each covariate. Women are categorized as infected with an STI if their total score is greater than or equal to a given cut-off score (nine or more in Model 1, and eight or more in Model 2). Reported spotting or bleeding after sex may be clinically related to a friable cervix (one that easily bleeds upon contact, e.g. with a cotton swab); thus, to simplify the model, we removed cervical friability from the second model and substituted postcoital spotting, thereby eliminating the need for a pelvic examination.

The rapid risk-assessment model is based on six risk factors that were either confirmed through multiple logistic regression analysis (positive urine dipstick result, more than one partner in the past year, younger than 25 and spotting or bleeding after sex) or other commonly recognized factors (partner who has other partners and partner who has urethral discharge).14 Again, we replaced cervical friability with postcoital spotting. A woman with two or more risk characteristics was classified as infected. For comparison, we also present a model including interview information alone (designated as “risk questions”); this decision model is identical to the rapid risk assessment without the urine test.

**Discussion**

Health policymakers are faced with the growing STI problem among populations traditionally considered at lower risk. Almost all of the participants in this study were family planning clients who presented for routine contraceptive management; however, more than one-quarter were diagnosed with at least one of four STIs. Most women were asymptomatic or did not recognize their symptoms.