

(no title)

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**Introduction :** Women requesting emergency contraception (EC) may represent a group at increased risk of chlamydia infection. Hormonal EC works better the sooner it is used and must be taken within 72 hours. If chlamydia infection was acquired with the act of intercourse for which EC was taken it may be too soon to test. We undertook a study to determine the prevalence of chlamydia infection among a population of 6 family planning (FP) clinic attenders testing women when they presented for treatment and again one or two weeks later.

**Methods and Results:** 837 women requesting EC from a large FP clinic in Edinburgh were offered chlamydia testing. 47 were excluded as they were unavailable for follow-up and 189 declined. 596 produced a first specimen of urine and 33 tested positive for chlamydia (5.5%). Compliance with the request to return by mail a second urine sample one week after treatment was 66% but fell to 55% when a two week interval was used. Two women had a first test which was negative and a second which was positive (one tested at one week and one at two weeks after EC), both denied having sex with a different partner.

**Conclusions:** The prevalence of chlamydia infection was no higher among EC users than among the general FP clinic population (~% in our clinic). Although testing at the time EC is provided may miss a small number of cases, the logistics of repeat testing and the compliance rate suggest that it is not worthwhile.