EPIDEMIOLOGY of Acute PID

CITATION	STUDY DESIGN	STUDY POP/TYPE/ SETTING	EXPOSURE/ INTERVENTION	OUTCOME MEASURE	REPORTED FINDINGS	DESIGN ANALYSIS/ QUALITY/BIASES	SUBJECTIVE QUALITY RATING
Bohm Sex Transm Dis 2010	Retrospective analysis	United States 2001-2005 MedStat MarketScan Databases of > 100 private insurance plans and enrollees	ICD-9-CM diagnosis of PID	PID rates (diagnoses)	 Annual PID diagnosis rates declined from 317 to 236 per 100,000 enrollees over 5 years Highest: 25-29 y.o, South Inpatient: 15%, ER: 17%, outpatient facilities: 69% 	Retrospective ICD-9-CM codes	Fair
French Sex Transm Dis 2011	Retrospective analysis	United Kingdom 2000-2008 UK General Practice Research Database	Diagnosis code of PID "Definite", "probable" (e.g. hydrosalpinx, blocked tube, chronic endometritis, abscess) and "possible" (pelvic pain, congestion, cervicitis) PID	PID rates (diagnosis)	 Decline in "definitie, probable" PID by 10.4% per year Greatest decline in 15-19 y.o. 	Retrospective Diagnosis coding	Fair
Armed Forces Health Surveillance Center (AFHSC) MSMR 2012	Retrospective analysis	U.S. Military 2002-2011	PID diagnosis- ICD-9- CM	PID rates	 Incident rates stable (8.2 per 1,000 person-years) Higher incidence rates among 17-24, black, non-Hispanic Lowest incidence in 35+ y.o., Asian/Pac 70% had no prior CT/GC recorded 9% inpatients 1 in 7 with acute PID had dx of 	Retrospective ICD-9 coding	Fair

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					INFERTILITY • Increase in 1 st time infertility diagnosis (following PID) from 2% to 11%		
Mol Eur J Obstet Gynecol Reprod Biol 2010	Retrospective analysis	Netherlands 1980-2005 Dutch Medical Registries-	PID and ECTOPIC PREGNANCY ADMISSIONS	PID and ECTOPIC PREGNANCY	EP: Peak in 1988, decrease from 11 in 1988 to 7.3 per 1000 live births in 2005 PID:Peak in 1983 (0.56 per 1000 women of all ages) to 0.26/1000 in 20056	Retrospective Diagnosis codes Not controlled for maternal age, abortions, EP risk factors Hospitalizations only	Fair