Figure S1. Mean number of averted chlamydia and HIV infections per year among MSM in care/not in care at an HIV treatment center.

From the transmission model, it was calculated what the annual mean number of averted chlamydia and HIV infections per year would be in the years after introduction of chlamydia screening among MSM in care at HIV treatment centers. The following annual number of averted infections are presented in the figures: (upper left) the number of averted chlamydia among MSM not in care; (upper right) the number of averted chlamydia among HIV-infected MSM in care; and, (lower left) the number of averted HIV infections. The mean numbers are an average of the 149 parameter sets over 20 years. Four scenarios are included: once- or twice-yearly chlamydia screening in MSM in care at HIV treatment centers, assuming that 30% or 0% of them will be screened once a year non-routinely at other health care providers. MSM = men who have sex with men.
**Figure S2a.** Discounted annual incremental costs (left figure) and QALYs (right figure) per year after implementation of once- and twice-yearly chlamydia screening at HIV treatment centers (149 parameter sets) over 20 years.

QALY = quality adjusted life year.

![Discounted annual incremental costs and QALYs](image)

**Figure S2b.** Undiscounted annual incremental costs (left figure) and QALYs (right figure) per year after implementation of once- and twice-yearly chlamydia screening at HIV treatment centers (149 parameter sets) over 20 years.

QALY = quality adjusted life year.

![Undiscounted annual incremental costs and QALYs](image)
Figure S3. One-way sensitivity analysis (adding or subtracting 25% of the base case value per parameter included in the economic model) of the ICER (incremental costs per QALY gained) in the scenario of once-yearly chlamydia screening of MSM at an HIV treatment center, with 30% of MSM being screened once a year non-routinely at other health care providers (scenario I) over 20 years. The vertical line represents the ICER with base case values of the parameters (i.e., €70,216 saved per QALY gained).

MSM = men who have sex with men; STI = sexually transmitted infection; GP = general practitioner; cART = combination antiretroviral therapy; HQoL = health-related quality of life; ICER = incremental cost-effectiveness ratio; QALY = quality adjusted life year.