

Supplementary Materials for

Exploring the link between cervical cancer screening and COVID-19 vaccination adherence. Evidence from a pilot study in Rome, Italy (2021-2022)

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Supplementary Table 1. Multivariable log-binomial regression models for adherence to cervical cancer screening among the LHA Rome 1 women invited in the years 2021 and 2022, by residential area (Central: N=36,555; Suburbs: N=64,747)

Supplementary Table 1
 Multivariable log-binomial regression models for adherence to cervical cancer screening among the LHA Rome 1 women invited in the years 2021 and 2022, by residential area (Central: N=36,555; Suburbs: N=64,747)

	Adherence to cervical cancer screening			
	Central (Districts I and II)		Suburbs (Districts III, XIII, XIV and XV)	
	aPR (95% CI)	p-value	aPR (95% CI)	p-value
COVID-19 vaccination				
No dose	Ref.		Ref.	
One dose	9.39 (6.69-12.96)	<0.001	3.31 (2.64-4.10)	<0.001
Primary cycle	7.82 (6.34-9.71)	<0.001	3.68 (3.28-4.14)	<0.001
Booster dose	11.91 (9.92-14.45)	<0.001	4.73 (4.28-5.26)	<0.001
Age				
≤30 years	Ref.		Ref.	
31-40 years	1.23 (1.07-1.41)	0.003	1.59 (1.47-1.73)	<0.001
41-50 years	1.23 (1.07-1.41)	0.003	1.66 (1.52-1.80)	<0.001
51-60 years	1.40 (1.23-1.60)	<0.001	1.33 (1.23-1.44)	<0.001
>60 years	1.48 (1.25-1.75)	<0.001	1.56 (1.41-1.71)	<0.001

LHA: Local Health Authority; aPR: adjusted prevalence ratio; CI: confidence interval. Ref: reference.