Author's response to reviews

Title: Trends in sexually transmitted infections in the Netherlands, combining surveillance data from general practices and sexually transmitted infection centers

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Author's response to reviews: see over
Revision MS: 8697154783550965 - Trends in sexually transmitted infections in the general practice compared to STI centers: surveillance of routine electronic medical records and STI center registers in the Netherlands

Dear Editor,

Thank you for your response and the comments from the reviewers on the manuscript titled “Trends in sexually transmitted infections in general practice compared to STI centers: surveillance of routine electronic medical records and STI center registers in the Netherlands”. We highly appreciated the thorough feedback from the reviewers, and have incorporated their suggestions and reconsidered the issues raised by the reviewers carefully.

We have also adjusted the manuscript in accordance with the editor’s request, regarding the title page, mentioning the way the data were obtained and separating a section for competing interests.

Here below we send you a document with our replies to the comments of the two reviewers and a revised version of the manuscript is uploaded on the website.

We hope you will accept this revised paper for publication in BMC Family Practice.

Sincerely yours,

Ingrid van den Broek
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Date
23 April 2010

Our reference

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Reply to reviewer’s report 1
Thank you for the positive comments on the writing and the usefulness of the statistics on STI.

- The reviewer suggests addressing a wider context in the literature review. We had addressed the broader context in the discussion rather than the introduction; to first address the Dutch situation in the introduction, then discuss our findings and place these in a more international context in the discussion section.

We have now added some more information in the first and second paragraph of the introduction to answer the question of the reviewer on “How does the health care system structure the presentation of STIs within it, for example?”, i.e. on the place of GP’s, STI centers, HIV treatment centers and hospitals in STI care in the Netherlands.

- The reviewer suggests paying attention to the older age groups in the age distribution to discuss any findings of significance to those aged 50 and over. We have added a on the representation of older patients among STI patients at GPs and STI centers (paragraph ‘Population differences’ under Results), showing that this group is a minority in STI care. The statement that patients in the 50+ group were over-represented among chlamydia-patients is mentioned again in the ‘limitations’ discussion as a potential fault due to our defined search criteria for chlamydia and thereby this issue is, in our view, sufficiently addressed.

- The reviewer “would like to see a few more paragraphs in the discussion speculating about how the health care system is influencing presentation of patients, testing and diagnosis and healthcare seeking behavior.” The suggestion made is not completely clear. We think we have discussed the issues on STI health seeking behavior, diagnosis and testing quite extensively, within the focus of the comparison between the two facilities and with the available data from GP surveillance and STI centers, in the first and fifth paragraph of the discussion. We have tried to make this a bit more explicit by adding some more information.

Reply to reviewer’s report 2
We thank reviewer 2 for acknowledging the importance of the study in addressing the role of the general practice in STI surveillance and management.

1. Major Revisions
- The reviewer states that the references on representativeness of the sample of practices are difficult to trace down and/or not available in English. However:
  * The first reference the reviewer mentioned is published in the European Journal of Public Health (Biermans et al., 2009) and is available on the internet.
  * The second is a reference to information on the LINH website, which can be opened either in Dutch or in English (the stated reference is the web-page and not a separate publication, which the reviewer may have mistaken). On this website a lot of information is available on the GP network; unfortunately the information on the representativeness of the network is indeed only available in Dutch (‘Representativiteit’). I have updated the link to the website to refer to:
The third reference is a book chapter (Verheij and van der Zee 2006) which can easily be traced and accessed via the internet by typing the title of the book (not the chapter) into Google.

We have added a bit more background information in the methodology section (General Practitioners – data collection) on verification of representativeness of the practices and the patients subscribed in the sample, with a reference to the Dutch national statistics database:


- Reviewer 2 asked whether cluster analysis was performed at practice level rather than GP level. As stated in the Methodology section (General Practitioners Data analyses), we performed Poisson multilevel regression analyses with three-level hierarchical structured data (year, patient, general practice), whereby indeed the group-level taken into account was practice. We have added some words in this paragraph to make it more clear to the reader.

- The reviewer states he is perplexed as to why ICPC 1 is still being used when ICPC 2 has been available for some time. Indeed, ICPC-1 is (unfortunately) still the standard in the Netherlands, which certainly makes the definition of chlamydia more difficult, as is stated clearly in our discussion (Limitations 2nd paragraph). As we make use of routinely collected data, the choice of ICPC version is beyond our control. We think the reviewer’s confusion about the use of codes for vaginitis (X84) and other genital diseases in men (Y99) for chlamydia might be due to his unfamiliarity with the ICPC-1 system and he may have overlooked the fact that we have included only patients with specific subcodes for chlamydia (under X84, X85, X74 and Y99) or with these main codes and specific antibiotic prescription, as is explained in the methodology section (General Practitioners, definitions of STI diagnoses) and in Table 1. The diagnosis vaginitis (X84) is indeed hardly ever caused by chlamydia; however there is a subcode for ‘vaginitis due to chlamydia’ (X84.1), which is used by some general practitioners to indicate chlamydia (as verified by the medication prescribed; for a ‘normal’ vaginitis none of the specified antibiotics would be prescribed). We agree with the reviewer that a considerable proportion of PID will be associated with other infections, therefore we had included only the PID infections with prescriptions specified as chlamydia-related’. The inclusion of other genital diseases (Y99) is not ‘ludicrous’, as the reviewer says, because the diagnosis for Chlamydia in men is under code Y99.3. To address these points we have elaborated the definition of chlamydia diagnosis in the methodology section (General Practitioners, Definition of STI diagnosis) and furthermore shown the proportions of chlamydia diagnoses per ICPC code in the Results section (Chlamydia episodes at GPs), to avoid the confusion on the inclusion of vaginitis and PID cases, as apparently the reviewer thought we had counted all cases of vaginitis and PID as chlamydia.

2. Minor essential revisions.
- Reviewer 2 states that “the inclusion of the actual number of specific STIs or other condition would be helpful”. In the first sentence of the results we have given the absolute number of total episodes registered at GPs and patient visits at STI centers. For further description of the results we have chosen to report the incidence rates, to make the data from GPs (sentinel surveillance) and STI centers (national coverage) comparable. We think (also) mentioning actual numbers of STIs would make the results section less readable.
- We have added in figure three a label for the vertical axis.
- The references the reviewer has given from Australia are indeed from interesting related studies which we had not included. We have added a sentence on Australia in the discussion and added these studies to the reference list.