Reviewer's report

Title: 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

Version: 1 Date: 9 April 2010

Reviewer: Adrian Mindel

Reviewer's report:

This is an important study as it recognises the importance of general practice in STI surveillance and management.

Major revisions

1. The study compares data from 2 different sources. The data from the STI clinics appears robust and accurate. However the reliability of the LINH data are far less robust. The first issue relates to the representativeness of the GP sample. Three references are given to support this contention; the first (reference 11) uses a previous reference to confirm the representativeness of the sample, however, unfortunately this reference was in Dutch and not available electronically. The second reference was again in Dutch and not available in English even on the linh webpage. The final reference was a book chapter and again sadly not available in our library of online. Given the problems that I had verifying the representativeness of the sample, a statement within the methods section regarding how the sample was derived and about its representativeness would be helpful. Second, we need to know whether the sample has been adjusted for the cluster sample design at the practice level, rather than the GP level. This is particularly important if there are large clusters of records around a small number of practices.

I am perplexed as to why ICPC 1 is still being used when ICPC 2 has been available for some time. This is particularly relevant in relation to chlamydia, which has a specific rubric in ICPC 2. Some explanation of why ICPC 1 was used, is required

This brings us on to the ‘diagnosis’ of chlamydia using other codes. Vaginitis (X84) needs to be excluded as chlamydia seldom, if ever causes vaginitis. There is some justification for the inclusion of PID, however a considerable proportion will be associated with other infections, or procedures. Perhaps some estimate of this proportion and a consequent adjustment would be helpful. The inclusion of other genital diseases (Y99) is ludicrous. The orchitis/epididymitis question is more difficult, however, there are clear data that in men over the age of 45 most of these infections are due to UTIs rather than chlamydia, hence some adjustment for age is required.

Minor essential revisions
The inclusion of the actual number of specific STIs or other condition would be helpful.

Figure three has no label for the vertical axis

A quick literature review revealed that there were comparable data from Australia where a very large GP encounter-based database exists and has been used for several studies related to sexual health, these should be included.


**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests