Author's response to reviews

Title: Stool submission by general practitioners in SW England - when, why and how? A qualitative study

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Reviewer: Maureen Baker

1. This reviewer had no suggestions for revisions as she felt each section to be appropriate.

Thank you

2. There are a very few examples of duplication eg 'prescribe antibiotics' appears twice in the same list.

Thank you we have deleted this duplication.

Reviewer: Charmaine Gauci

Discretionary Revisions

Introduction:

3. Recommend giving a brief explanation of the notification system in the UK as this could benefit international readers and put them in the picture of the importance of stool cultures in surveillance system.

We have added a paragraph on surveillance systems for IID in the UK and EU.

4. The result of the study outlines will also inform on the use of guidance criteria for stool sampling.

Thank you we have added this to the introduction.

Methods:

5. Recommend to include description of any training provided to the interviewers
in order to reduce interviewers’ bias.

Thank you we have briefly described the training given to reduce bias.

6. Page 6 table indicated. To give numbers to Table in text.

There is only one table so we would not normally number it.

Results:
Discussion group results

7. Include short description on how GP’s were made aware of the HPA guidance document when this was issued and any ongoing awareness of these guidelines.

Thank you this has been added to the introduction.

Discussion

8. Include possible biases in study including selection bias in choice of participants. Since they were paid, the participating GPs may be biased.

We have added this to the weaknesses

9. The fact that the sampling frame was doctors who attended lectures was that the “interested” doctors participate more and hence results may have been biased.

We have added this to the weaknesses.

10. Include biases from interviews and discuss any training done prior to start of interviewers.

We have added this as in 5 above. We have stated in the method/discussion that as the researchers had qualitative training and were independent of the HPA this minimised bias.

11. Discussion needs to include issue of patient compliance/reluctance to submit stool samples as this will influence the submission of samples.

We have added this to the discussion.

12. Under implications emphasis or under reporting issue of few stool cult re submission. Since results show that GP’s would ask for stool submission for more severe and longer duration of symptoms would tend to have a biased sample being reported to national authorities.

We do have a paragraph on the implications of this work to surveillance, but we have added a phrase about under reporting.

“As GPs only send stool specimens in a subset of patients presenting with gastro-intestinal symptoms, mainly post travel or after prolonged or severe symptoms, surveillance of IID will tend to lead to a biased reporting sample with under reporting of all cases of mild IID and greater reporting of bacterial
infections compared to viral infections that are usually short lived. Other methods of surveillance will be needed to monitor sporadic cases of viral IID.”

We have also added a sentence to the paragraph on implications for GPs.

13. Comment on possible treatment practice and use of antibiotics if stool cultures are not requested and possible effect on problem of antimicrobial resistance.

We have added a section to the results on the use of antibiotics by GPs in diarrhoea, and commented on this in the discussion.