Author's response to reviews

Title: The chlamydia knowledge, awareness and testing practices of Australian general practitioners and practice nurses. Survey findings from the Australian Chlamydia Control Effectiveness Pilot (ACCEPt).

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Version: 2
Date: 5 November 2013

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The editor
BMC Public Health Journal

05/11/2013

Re: Manuscript 1102351087996407 - The chlamydia knowledge, awareness and testing practices of Australian general practitioners and practice nurses. Survey findings from the Australian Chlamydia Control Effectiveness Pilot (ACCEPt).

To the Editor,

Thank you for your letter and comments from reviewers. Please find our responses below.

Referee 1:
1. Pls clarify the meaning of the last 2 sentences of 'Methods, Setting'. What is the definition of a 'rural area' - is it based on local government boundaries, Medicare Local/Division of General Practice, Aust Bureau of Statistics census collection area, etc?

   We have revised the text to specify definition of ‘rural’, and added a reference to the Australian Bureau of Statistics, see page 6, ‘Methods, Setting’, paragraph 2, lines 2-3

2. Does the sentence 'If this was not possible, then the geographical area was considered ineligible for participation' mean that if one or more GP clinics in a 'rural area' was not able to be recruited into ACCEPt or refused to participate in ACCEPt, then none of the practices in that 'rural area' was eligible to participate?

   Agree, we have revised the text to clarify this. See page 6, ‘Methods, Setting’, paragraph 2, lines 5-6

3. Pls clarify the meaning of 'all GPs where possible were recruited' (‘Methods, Study design, Participants). The sentence implies that it was not possible to recruit all GPs from the participating GP clinics; if this is the case, what % of GPs from the participating GP clinics were recruited?

   We have clarified the % of GPs from participating GP clinics that were recruited. See page 6, ‘Methods, Study design, Participants’, line 3-4.

Referee 2:
1. In the abstract the p-values are p <0.001 whereas in table 2 it is always p<0.01. Please make this consistent.

   We have used p<0.01 in the Abstract to make consistent with Table 2
2. In the abstract you stress the fact that PNs would offer testing opportunistically more often than GPs- including important risk groups- but it would be more balanced to mention that they also offer this opportunistic screening too broad - in all the asymptomatic non-sexual health scenarios presented - for instance in young men (70 vs 22 %) and in young women for pill prescription (45 vs 17 %).

Agree, manuscript has been amended. See ‘Abstract, Results’, line 3-8

3. Did the non-respondents for instance in the GP sample produce some bias. Please give some comment on this in the discussion section.

We have added the possibility of non-response bias and the potential for over-estimation of knowledge and practices in the limitations paragraph of the Discussion, page 12, paragraph 3, lines 1-4.

4. Give one time full text of acronym MSM (men who have sex with men).

The full text of MSM has been added, see page 10, ‘Results, Chlamydia Practice, Specimen collection’, line 7.

We look forward to your response.

Yours sincerely,

Rebecca Lorch

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