Reviewer’s report

Title: The use of tetanus post-exposure prophylaxis guidelines by general practitioners and emergency departments in the Netherlands: A cross-sectional questionnaire study.

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Reviewer: Guido Schmiemann

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Review on
The use of tetanus post-exposure prophylaxis guidelines by general practitioners and emergency departments in the Netherlands: A cross-sectional questionnaire study.

Major Compulsory Revisions
Aim of the article by Donken and colleagues is to evaluate whether the recommendations of the Dutch Health Council (HC) related to tetanus post-exposure prophylaxis (T-PEP) have been implemented. According to the authors several dutch guidelines on T-PEP are in place.

The methodological part of this study is well described and the article is easy to read. However, the background of and the need for this study should be described and discussed in more detail. Why is a high level of accordance with the HC guideline (in contrast to other guidelines) a relevant goal? Potential harms of the T-PEP and guideline implementation should be mentioned.

Minor Essential Revisions
46 Why does over/underprescription require attention – presumably the authors mean that compared to HC guideline use of other guidelines may lead to a higher or lower use of T-PEP. Why this requires attention remains unclear. This should be explained or the last sentence should be skipped
60 Is there no booster in adult patients? If so, I would recommend to mention this explicitly as many other countries have a regular booster for adult patients.
87 It would be interesting to know, why T-PEP in these 5 patients was not sufficient. Did they have any immunization before? Would the use of different guidelines in theses cases have lead to a different outcome?
Furthermore it would be interesting to know, why the authors have choosen the HC guideline as the goldstandard. Is the evidence base different or are the guidelines just the result of different expert opinions? This is important, as the term “over-immunization” used later (l 175) refers to the standard HC guideline
100 How was non adherence defined for the sample size calculation? Only complete adherence with all aspects?
183 Regarding the “over-immunization” the authors should discuss the
standards. Is there any harm to be expected with overimmunization? Is there any evidence for potential harm with “under-immunization”? These arguments should be presented in the discussion.

212 I do not assume that a patient will contract a tetanus infection in an ED or at a GP.

215 Please give a reference for the British or American guidelines mentioned here.

Fig 2 Received guidelines- what does this mean? Those who sent their local guidelines? Please specify.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'