Reviewer's report

Title: Efficacy of interventions to increase the uptake of chlamydia testing in primary care: a systematic review

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Reviewer: Kyle Bernstein

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Major Compulsory Revisions

The authors report on a review of the existing literature regarding interventions designed to increase chlamydia (CT) screening in the primary care setting. A review of published articles identified a number of interventions that may be productive in increasing CT screening. This is a useful, largely well done review. However, a number of points deserve some clarity and I would suggest that the review be limited to interventions targeting females.

General note: The authors refer to CT testing. I have always thought of testing as both screening and diagnostics testing (for symptomatic persons). Since most patients with symptoms of CT are usually tested, what I think the authors are referring to are interventions to improve screening. I would suggest changing all “testing” to “screening” in the piece.

Introduction: The second paragraph mentions the rates of screening in many countries and lists some poor references (at least for the US). I suggest finding some more relevant references (for example the MMWR that looked at CT screening in Managed Care Organizations).

It is unclear if the review presented does not include studies from the prior review, this should be made clear in both the intro and the methods.

Also, from my reading, the authors are thinking about ways to improve screening among patients who are already presenting to primary care (the so-called “low hanging fruit”) and are not being screened. This would exclude interventions that got patients to go to the clinic in the first place. I think this should be made more clear in the into (if in fact I am reading this correctly).

Methods: As discussed in the introduction, many countries have recommendations for screening adolescent women, but not so much for males. In the US, there are no recommendations for screening males and most public health programs focus largely on the females. As a result, I would strongly encourage the authors to restrict their review to interventions evaluated among females only, since some interventions appear to work for men, but may not be so for females.

I would also suggest that the authors include abstract presented at conferences at least since the first review was published. I have seen many abstracts presented on these topics at ISSTDR and the CDC STD meeting in the US that never make it to print, mostly because they are conducted by public health
departments and not academic centers. I think this would be more comprehensive.

Results:
-p6, 4th paragraph: The authors write that one study examined was randomized in two clinics and as a result was classified as observational. I did not follow the logic here. This either needs further explanation or should be kept as a randomized trial.
-p8, 1st full paragraph. The study from New Zealand about funding sexual health consultations does not seem like it fits into the “primary care clinic” paradigm in the methods. More explanation as to why this is primary care is needed.

Discussion:
-One major concern with the analysis presented is that interventions were reviewed from all over the world, including countries with very different health care policies and methods of provision. What is the relationship between some of these interventions and universal care access or lack there of (like in the US). The review presents the data as if these interventions are the ones we in public health should choose from. But are some interventions better for certain health care climates? This deserves some attention and elaboration for the paper to maximally useful to the reader.
-p.12, 1st sentence: What is meant by participation bias? This needs to be explained.

Level of interest: An article of importance in its field

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’