Reviewer's report

**Title:** Repeat infections of genital Chlamydia trachomatis among visitors of a Sexually Transmitted Infections clinic: randomized intervention trial of home-versus clinic-based retesting

**Version:** 1 **Date:** 18 January 2013

**Reviewer:** Jonathan Ross

**Reviewer's report:**

This study has investigated two approaches to retesting patients with chlamydial infection and concluded that home based testing is likely to lead to higher re-testing rates.

The investigators used a randomised controlled study design and had clearly defined end points, and good information on patient flows. However, I have some concerns regarding the choice of end point and conclusions that can be drawn from the data.

1. The authors have demonstrated that home based testing leads to higher retesting rate compared to an invitation to re-attend the clinic, at least using the recall strategies from the study. A more important end point is whether increasing the retesting rates leads to a higher proportion of individuals with chlamydia being diagnosed. In other words, if more people are tested but they are all low risk with very little additional chlamydia then there is little value in having brought them back. Although there was no randomised group in which retesting was not undertaken, those who were inadvertently omitted from inclusion in the trial were evaluated and found to have retesting rates that were very similar to the intervention groups, and with similar or higher rates of chlamydia positivity. This, therefore, raises real concerns regarding the utility of retesting, in particular whether it is cost effective. It also suggests that many of those who returned for retesting did so because of repeat symptoms and would have re-attended even without the clinic asking them to do so.

2. The cost effectiveness of routine retesting strategy deserves greater discussion. The study identified various groups at higher risk of repeat infection and targeting these groups for retesting may be more appropriate.

3. Although not explicit, it is implied that the “home group” automatically received a test kit without specifically requesting it. If this is the case then the relatively high cost of sending out kits which are not utilised should be discussed.

**Level of interest:** An article of importance in its field

**Quality of written English:** Not suitable for publication unless extensively edited
**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