Author's response to reviews

Title: Introduction of a sexual health practice nurse is associated with increased STI testing of men who have sex with men in primary care.

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Version: 3 Date: 14 June 2013

Author's response to reviews: see over
Dear Ms Harris,

We thank you for the opportunity to prepare a revised manuscript in response to the reviewer 2’s comments. We believe we have addressed all the issues raised by the reviewer as outlined below, and that the changes have significantly improved the manuscript.

We hope the manuscript will now be suitable for publication.

Yours sincerely,

Anthony Snow on behalf of the authors.

Please find our responses to the reviewers’ comments in the requested format below.

**Reviewer 2: Kirsty Smith**

We thank the reviewer for careful reading of the revised manuscript and our responses to the original review.

**Reviewer Comment 5-Background (1)**

Would be useful to highlight the proportion of gay men attending GPs for STI screening (Gay Community Periodic Surveys and Futures Study reference) and therefore the importance of interventions being conducted in this setting

**Authors’ Response (1)**

We acknowledge the relevance of the point made by the reviewer. However, we wish to keep the length of the manuscript manageable and do not believe this additional detail is required.
Manuscript ID 1243652698868545 entitled “Introduction of a sexual health practice nurse is associated with increased STI testing of men who have sex with men in primary care”

Reviewer comment (2)
This information would require less than a sentence and would enable readers to understand the importance of GP clinics and the intervention in the Australian context.

Authors Response (2)
We thank the reviewer for their suggestion and we have added the following sentences to the first paragraph of the ‘Background’ section (page 3); “Self-reported data from gay community periodic surveys indicates the majority of HIV negative and HIV positive men attended their regular general practitioner (GP) for their last syphilis test [7]. Furthermore, a survey of people living with HIV has found almost half of respondents attended a GP for HIV management and treatment [8].”

Reviewer Comment-7 Discussion (1)
Other than social marketing, are there any other external factors to be considered which may have influenced testing, such as promotion of guidelines, or initiatives undertaken by the doctors which were unrelated to the introduction of the nurse i.e. doctors grouping their pathology so all tests are automatically ordered. For example the paper by Holt et al at ASHM showed a general increase in all gay men in regards to completeness.

Authors’ Response (1)
Holt et al (2012) analysed self-reported STI testing data from the Melbourne and Sydney Gay Community Periodic Surveys between 2003-2011. They found increases in testing for any STI and for comprehensive testing over this period. Holt et provide no detail about factors that may have driven (self-reported) increases in STI testing behaviours, nor do they differentiate where the testing occurred (i.e. general practice or sexual health clinic). We are reluctant to compare our findings with that of Holt et al because it is self-reported data and the type of clinic men were tested in is uncertain. If we were to do this then it would be with caution and overall we believe it would not enhance the manuscript. Furthermore, the national MSM STI testing guidelines were in existence years before the study period commenced. Given the clinical focus of the intervention clinic, and that some, but not all of the, general practitioners were also sexual health physicians, then we believe there was a high awareness of the recommended testing guidelines amongst the doctors prior to the implementation of the nurse.

Reviewer comment (2)
The authors could note that they believe there was a high, and possibly increasing, awareness of the recommended testing guidelines amongst the doctors prior to the implementation of the nurse.

Authors’ Response (2)
We thank the reviewer for their comment. During the intervention period there were no other initiatives introduced into the intervention clinic (i.e. among the GPs) to increase screening. We have, however addressed the reviewers comment by adding the following explanation to paragraph six of the ‘Discussion’ section (page 10); The
Australian MSM STI screening guidelines were first published in 2002, approximately six years prior to the introduction of the nurse into the intervention clinic, and have since undergone biennial review [20]. Given the clinical focus of the clinics' in our study, coupled with their respective policies, based on the Australian National Gay Men’s Syphilis Action Plan [17], it is not unrealistic to infer that GPs had a high awareness of the STI testing guidelines prior to the introduction of the nurse into the intervention clinic. Therefore, it is unlikely that there was a sudden or increasing awareness of the STI testing guidelines operating among the GPs at the intervention clinic which could account for the increases in testing which we found after the nurse was introduced.