Reviewer’s report

Title: Factors associated with Chlamydia trachomatis testing in a high school screening and previously in clinical practice: a cross-sectional study in Norway

Version: 1 Date: 2 May 2013

Reviewer: Jennifer Walker

Reviewer’s report:

Reviewer’s comments:
General comments:
This article discusses a topical issue with respect to chlamydia screening in schools, which is an appeared to be acceptable and effective in capturing the majority of student in a high school setting as well as finding a high prevalence of chlamydia. The argument for school screening should be stated more plainly including in the title and abstract.

Minor Essential Revisions:
Make sure that chlamydia screening and testing are differentiated. State early on that school based screening is not current policy in Norway and an assumption of the paper is that all other testing has been done via clinical services.

The article could be made simpler and clearer by using consistent language and terminology. Make sure that ‘school based screening’ is used throughout the paper, and choose a consistent term for ‘clinician based testing’ – and define this clearly toward the beginning. In the introduction you state that adolescents can be screened by the school nurse already in Norway, if this is the case, how do you know that some of the ‘clinician based testing’ hasn’t been done by the school nurses – or doesn’t this matter?

Use numbers and proportions and make sure that the proportions always add up to 100%, account for missing percentages. Use internationally recognized terms – ‘academic affiliation’ is not a universal term.

The difference between genders is interesting. Young women having more clinic based testing might be because they have stronger ‘health seeking’ behavior but this might also have been driven by doctors and other clinicians who might have also instigated the testing, at least in part. Also, men might not attend clinics but their clinicians might also be less inclined to test them for chlamydia as well.

The difference between prevalence is also something I think that could be discussed further. It seems that many of these ‘school based’ tests might be persistent infections as only a few people report having had treatment.

I think there are a few limitations that should be included. Age should be discussed as a limitation, 15 year olds who are sexually active and eligible for the school based screening might not have been sexually active for very long and therefore ineligible to have had a prior test for chlamydia, variables that are
recorded from the questionnaire relate to the time period just prior to school based screening but not necessarily directly prior to having a chlamydia test with their clinician. Also relative age between couples will be dependent on gender with males more likely to have a younger partner and females an older partner. Another limitation which has to be included is the possibility that self reporting is not always accurate. Many people do not necessarily understand a chlamydia diagnosis and might answer either ‘yes’ or ‘no’ inaccurately. I know this was out of the scope of this study but a cross checking of results with clinicians might help to provide more accuracy with respect to prevalence. Social desirability bias is mentioned but also should be included as a limitation despite the use of computer assisted surveying reducing this.

I would like to see figure 1 divided into gender as well.

Generally, the results demonstrate the power of the screening method described. It would be interesting to explore the future application of these findings. How could this be applied in an ongoing way and how often? Is this sustainable? Targeted screening is effective, easy and has high participation and picks up high rates of chlamydia particularly in young women but is it possible to implement into policy?

Minor issues not for publication:

1. Abstract: results paragraph 1: “93% were tested” 93 % of whom?? “One-fifth WERE repeat infections.” .."In multivariable analysis… number of lifetime partners increased the odds of HAVING HAD a previous test.”

2. Background: Paragraph 2: “Norwegian health authorities recommend chlamydia testing in the presence of clinical symptoms, OR if partner is infected, OR in persons younger than 25 years if change in sexual partner.”

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Level of interest: An article whose findings are important to those with closely related research interests

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.