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: 24 June 2013

Reviewer: Jane Morgan

Reviewer’s report:

The key findings from this paper are the cross-sectional prevalence of Chlamydia trachomatis among Norwegian high-school students and high rates of study participation and hence testing, particularly for young men, when compared to participants’ self-reported history of previous chlamydia testing.

Major Compulsory Revision

A point of interest, and appropriately emphasized by the authors, is around those who had tested for Chlamydia trachomatis before, and those who tested for the first time by participating in this cross-sectional chlamydia prevalence study among Norwegian high-school students.

The main limitation of the paper, however, is the authors’ choice of the phrase ‘school screening’ as the term to describe the study and study participation. The term ‘school screening’ is misleading. There is an inference of a screening intervention, rather than this being a chlamydia prevalence study, and that ‘school screening’ is new in this setting, yet pre-existing routine care already allowed any student to access high-school-based chlamydia testing/screening. There are aspects of the study methodology that differ from what is likely to be routine care (for example, offering testing to all students, not just those accessing health-care; all students were aware that the offer was universal; as well as offering the opportunity to participate in research) that likely explain differences in testing uptake. The phrase ‘school screening’ does not reflect this accurately enough, will likely mislead readers, and should be amended throughout the entire paper to make it clearer that test uptake comparisons relate to participation in a chlamydia prevalence study.

Minor Essential Revisions

Some of the following points will be addressed if the phrase ‘school screening’ is amended, but are included here for completeness.

1. The 2nd sentence in the discussion (ending with ‘...confirms the value of school based testing.”) should be amended for clarification. The paper reports that school-based testing was already available in Norway but under-utilised by young men, hence it does not simply confirm ‘the value of school based testing’. High test uptake likely reflects other additional factors, such as the universal offer and students’ awareness that testing was being offered to all study participants.
2. Same point for the final two concluding sentences of the abstract and of the paper: should be amended for clarification, as there is a difference between existing high school testing/screening and study testing/screening (eg universal offer, etc), which is not made clear enough by the authors’ choice of the term ‘school screening’ to describe the latter.

3. The intended meaning of the sentence ‘The high participation rate at school may be explained by the relevant topics and this being the first chlamydia high school screening in Northern Norway [18]’ is not clear. Please amend.

4. Mis-type: ‘non-compliance’ should be compliance.

Discretionary Revisions

Consider adding to the discussion on chlamydia prevalence that use of first void urine PCR may have underestimated chlamydia prevalence among these young women, compared to other sampling methods such as self-taken swabs.

**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