Author's response to reviews

Title: Patterns of sexually transmitted infections in adolescents and youths in Dar es Salaam, Tanzania

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The Editor
Biomedical Central-Infectious Diseases

Dear Sir/Madam,

RE: RESUBMISSION OF PAPER: 1516189150706073 - PATTERNS OF SEXUALLY TRANSMITTED INFECTIONS IN ADOLESCENTS AND YOUTH IN DAR ES SALAAM, TANZANIA

I appreciate the reviewer's comments the above manuscript. Kindly find below point by point responses to the issues raised.

1. General
The abstract needs to say where the study was done.
We have indicated where the study was done by adding a sentence on the last part of the background section of the abstract

2. Why were laboratory specimens done on only about 50% of participants. What were the differences between those tested and those not tested?
On the first day of clinic attendance urethral or endocervical high vaginal swab were taken from all consenting patients and these were microscopically examined for pus cells, gram negative diplococci, clue cells and yeast cells. They also had blood taken for syphilis and HIV infection testing. Syndromic management was then used to treat the patients and asked to come back for follow-up visit evaluation. During the follow-up visit only those with complaints of genital discharge or genital ulceration who which did not respond to treatment are the ones who had a repeat urethral or endocervical swab taken for culture. As expected majority of males patients responded well and did not require further investigations. For female patients a high proportion did not have good response after initial treatment that is why they constituted 81.2% while males constituted 28.6% of the cultured specimens. Nevertheless further analysis comparing those who had culture done compared to those who did not have showed that there are no significant difference in regards to mean age (21.2 vs 20.7 p=0.146), number of sexual partners at time of interview, in that last six months, partners per years of sex or years of sexual activity. Therefore we don't think that there was selection bias in relation to testing.

Therefore correcting to clarify these points have been made on the patients and method section pages 3
3. The data in the second paragraph lines 3-5 under HIV in relation to behavioral factors appears to be contradictory.  
The sentence has been corrected on page nine second paragraph 3rd and 4th sentences

4. How did the investigators determine the time that the HIV infection occurred?  
We did not determine the time of infection, instead the sentence was referring to the sexual intercourse when a particular STI was thought to have occurred.  
This appears on page 9 last paragraph 1st sentence

5. What were the presenting symptoms of those with a positive syphilis test, but no ulcers. Discharge is an unusual symptom of syphilis unless there were co-infections with other agents.  
All the seven patients had reactive VDRL and TPPA, One possibility is that they had secondary or tertiary syphilis and not primary syphilis. In our experience most patients presenting with genital ulceration have herpes infection. Among the seven patients one was found to have gonorrhoea, two had candidiasis by microscopy and culture, one had trichomoniasis and two had clue cells suggestive of bacterial vaginosis.  
Nothing was changed in the manuscript

6. The authors need to consider problems with under-reporting of sensitive issues, especially for monogamous women with HIV.  
This is totally true however women in this study reported issues like induced abortions which is illegal in Tanzania. This gave some confidence that they had built trust and confidence on the clinic and they were in a good position to volunteered other sensitive data. Nothing was changed in the manuscript

7. The authors acknowledge that the laboratory tests which they used were not very sensitive. Thus, they should be cautious about reporting overtreatment with the syndromic approach. A proportion of those overtreated according to the low sensitivity laboratory tests may actually have had disease.  
That is true but the frequencies of the various infections like gonorrhoea are so low so the statement still holds. Nothing was changed in the manuscript

Following your advice I have also edited the manuscript to correct some typographical errors in few places.  
It is my hope that you will find the manuscript suitable to be published in your journal

Best regards,

Yours Sincerely

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