Author's response to reviews

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

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Author's response to reviews: see over
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. It is not clear whether the author is commenting on the initial response or the follow up response. It is the initial response that is important. That is were those who consented to participate similar to those who did not. It seems unlikely to me that those not responding to therapy would have the same demographic profile as those not responding.

We are referring to initial response after syndromic management of the patients; i.e patients who were investigated by taking a urethral swabs or endocervical swabs for culture and sensitivity. Out of 199 patients recruited into the study, GC culture was done on 28 out of 98 males and 82 out of 101 females making up a total of 110 individuals where GC culture was done and 89 where GC culture was not done.

All correspondences to be addressed to the Principal
The table below compares the characteristics comparing those who had culture for GC done compared to those who did not have culture of GC done:

<table>
<thead>
<tr>
<th>Variable</th>
<th>GC culture done</th>
<th>GC culture not done</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age</td>
<td>21.2</td>
<td>20.8</td>
<td>0.15</td>
</tr>
<tr>
<td>Mean age at menarche</td>
<td>15.1</td>
<td>15.9</td>
<td>&lt;0.01*</td>
</tr>
<tr>
<td>Mean age at coitache</td>
<td>17.1</td>
<td>17.0</td>
<td>0.905</td>
</tr>
<tr>
<td>Mean age of the contact</td>
<td>20.54</td>
<td>17.54</td>
<td>&lt;0.01*</td>
</tr>
<tr>
<td>Mean lifetime sex partners</td>
<td>1.13</td>
<td>1.31</td>
<td>0.310</td>
</tr>
<tr>
<td>Mean partners last 6/12</td>
<td>1.60</td>
<td>1.74</td>
<td>0.128</td>
</tr>
<tr>
<td>Mean partners per year of sex</td>
<td>1.24</td>
<td>.906</td>
<td>0.279</td>
</tr>
<tr>
<td>Years of sex activity</td>
<td>4.13</td>
<td>3.79</td>
<td>0.382</td>
</tr>
</tbody>
</table>

Therefore those patients who had culture done were predominated by females, however their sexual characteristics did not differ significantly except in occasions where gender was a confounding factor like age of menarche and mean age of the contact. Nothing was added in the paper.

**#2 how did they determine "the intercourse when the particular STI was thought to have occurred". Was it the judgement of the patient?**

Yes this was the judgment of the patient. The information when the particular STI was thought to have been acquired came from a specific question which specifically asked if the patient could attribute the symptom of the current illness to the most recent sexual intercourse. Nothing was added in the manuscript as there is a sentence in the methodology section page 4 first paragraph, 5th sentence.

**#3 the explanation should be included in the paper.**

The below sentence has been added on page 8, first paragraph 4th sentence.

*Six out of seven patients who were found to have active syphilis using serology were found to have other infections including N. gonorrhoea, candidiasis, trichomoniasis and bacterial vaginosis.*
#6 Since the authors do not know the proportion of illegal induced abortions that were reported they don't know the proportion of risky behaviors reported.
We agree with your reasoning

#7 The fact that gonorrhea frequency was low may reflect the low sensitivity of the test. Thus, their response does not address the question.

The last paragraph on page 14 and first paragraph on page 15 has been amended to show the limitation of aetiological diagnosis of GDS compared to syndromic management in males and females as shown below;

_Syndromic treatment was appropriate in men with GDS since gonorrhoea and chlamydia dominated. However GDS in females can be caused by many agents that include gonococci, Chlamydia, anaerobic bacteria, T. vaginalis and Candida. As a results most of diagnostic assays perform better in males compared to females as reported elsewhere_\(^{16,17}\). In that regard syndromic management in women with GDS may be a better approach than using laboratory results._

It is my hope that you will find the manuscript suitable to be published in your journal
Best regards,

Yours Sincerely

_wurassa_

Willy K Urassa
Senior Lecturer