Author's response to reviews

Title: Sexually transmitted infections in Saudi Arabia

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Editor-in-Chief
BioMed Central Infectious Diseases

Re: Manuscript "Sexually transmitted infections in Saudi Arabia"

Dear the Editor

Please find attached a second revision of the above mentioned manuscript after considering the reviewers' comments. The following are my point by point responses to the reviewers' comments:

Reviewer Dr James Bingham:

The author does not wish to be more explicit on the matter of Islamic punishments; I can imagine that this might be awkward for him; it is not essential for the article, but would have been of interest to the readers, I feel.

Response: As Dr Bingham feels that elaborating on the Islamic penalties would be of interest to the readers, I added the following underlined statements to the 6th paragraph, page 13, under the Discussion, as follows: "........... Additionally, Islam obliges the rulers to eliminate all means and factors that are conducive to indulging in non-marital sex and intravenous drug use such as sex trade and prostitution and to implement the Islamic penalties on those involved in such illegal acts. The penalties for those who commit adultery (non marital sex between a woman and a man) range from just whipping (for those who are not married) to execution (for those who are married). However, these penalties can only be implemented if the act of illegal sexual intercourse was witnessed by four people, which is practically almost impossible. The penalty for adults involved in homosexuality is execution of both partners regardless of whether they are married to women. Again, the actual act of anal intercourse has to be witnessed by four people for the adult partners to be sentenced to death. Such penalties, albeit rarely implemented because of the conditions that need to be fulfilled, are scary enough to make most people with weak faith to stay away from adultery and homosexuality. The penalties for drug abuse involve whipping and incarceration and do not reach to execution. In SA, detoxification and treatment are always offered to drug addicts in special detoxification centers. The penalties for those involved in drug smuggling are vast but in SA, it may reach up to execution."

Reviewer Dr Peter Gray:

The last paragraph of the Discussion seems out of place. It might be appropriately moved to the second paragraph of page 11 (so following the paragraph that concludes "Generally, the incidence of STIs..."). If moving this paragraph to this different place, please provide transitions between the preceding and subsequent paragraphs.

Response: As requested, the last paragraph was moved to the second paragraph of page 11 and the following underlined transitional statement was added to this paragraph as follows: "The impact of adhering to Islamic values on the prevalence of STIs was demonstrated by several studies. According to the United Nations and the World Health Organization data on HIV prevalence in different countries, the prevalence of HIV infection in Islamic countries is strikingly low compared to other countries [6,7]. A recent study showed
that among 38 sub-Saharan African countries, the percentage of Muslims within countries negatively predicted HIV prevalence [8]. A survey of published journal articles containing data on HIV prevalence and religious affiliation showed that six of seven such studies indicated a negative relationship between HIV prevalence and being Muslim [8]. It should be noted, however, that the preventive strategies in some Islamic countries do not necessarily abide by the Islamic doctrine and that knowledge, attitude, and practice of Muslims in various Islamic societies do not necessarily conform to Islamic norms.

The Editor:

We also require details of the ethical consent obtained for this study prior to the data collection. Please detail this in the methods section of your manuscript.

Response: The data presented in this paper are surveillance data mandated by the Ministry of Health. This is explained under Data collection of the Methods section as follows: "HIV has been notifiable in SA since 1984. Reporting other STIs has been mandated by the Ministry of Health (MOH) in SA since 1995. The MOH officials rely on health-care providers, laboratories, and other public health personnel to report the occurrence of STIs to the Department of Preventive Medicine in the Central MOH office in Riyadh where all surveillance data are compiled. During this study period, from January, 1995 through December, 1999, annual reports were produced but they were only utilized internally by the concerned officials in the MOH and the Ministry of Interior and they were not made available for the public. Since year 2000, the concerned officials decided to make data on all STIs available for the public as an essential part of health educational campaigns to increase the public's awareness of the prevalent STIs in SA for preventive purposes."

Other changes:
I added the following underlined statements to the 7th paragraph, page 14, under Discussion: Partners of patients with nongonococcal urethritis, trichomoniasis, or gonococcal urethritis are empirically treated for these infections. HIV-negative partners of HIV-positive patients are instructed to use condoms for sexual intercourse. Non-immune hepatitis B-negative partners of hepatitis B-positive subjects are routinely vaccinated with the hepatitis B vaccine. Thus, religious and medical means are used in concert to prevent STIs in SA.

Finally, I wish these minor changes recommended by the reviewers are satisfactory to both of them and to your self, looking forward to the publication of this article in BMC Infectious Diseases.

Thank you

Sincerely,

Tariq A. Madani (author)