Reviewer’s report

Title: Sex and Sport: Chlamydia Screening in Rural Sporting Clubs

Version: 2 Date: 25 November 2008

Reviewer: M. Jacques Nsami

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Major compulsory Revisions

Page 4

1. “Urine Testing” sub-section: Please replace “Polymerase Chain Reaction” with “Nucleic Acid Amplification” since Aptima Combo 2 Assay and BD ProbeTec ET System are not Polymerase Chain Reaction sub-categories according to classifications from Chlamydia tests experts. Instead, all three (PCR, TMA and SDA) are classified as nucleic acid amplification tests (see for example page 4 of Centers for Disease Control and Prevention. Screening tests to detect Chlamydia trachomatis and Neisseria gonorrhoeae infections—2002. MMWR, October 18, 2002; 51(RR-15):1-40; and Gaydos CA et al. Laboratory aspects of screening men for Chlamydia trachomatis in the new millennium. Sex Transm Dis, November 2008; 35:11(Suppl):S45-S50).

Page 5

1. Par. 1: Authors must clarify how positive cases managed by telephone consultation got their free 1g zithromax and what the three month follow up of positive cases consisted of.

2. Par. 1: “…three months after the initial consultation”: do the authors mean three months after treatment?

Page 6

1. “Chlamydia prevalence” sub-section, lines 1-2: Because “sexually active” has been a recurrent theme in this study and the abstract does indicate that 77% were sexually active, the “Demographic details” sub-section must specify how many among the 709 participants were sexually active, and the definition of what constituted being sexually active must be provided.

2. “Chlamydia prevalence” sub-section, lines 2-8: Why didn’t the logistic regression begin by univariate analyses before calculating the age-adjusted odds ratios of chlamydial infection and the number of sexual partners? How did the authors decide which variables among those that were collected (as listed on page 4 under “Participants” sub-section and on page 5 under “Data” sub-section) would be adjusted for in multivariate logistic regression? Didn’t the authors think of alcohol and drug consumption as behavioral characteristics when stating in the “Analyses” sub-section on page 5 that odds ratios assessing behavioral associations with chlamydia were calculated?
3. The Results section must include how many [n, (%)] among the 28 positive cases were treated and whatever happened to those who could not be treated if not all were treated.

Page 8
1. Par. 2, lines 1-3: This sentence indicates that all the chlamydia cases identified in this study were among non-indigenous participants, but the Results did not say that. Please address this issue.
2. Par. 2, lines 3-4: This sentence is stating that one prevalence measure is high compared with another among two measures with overlapping 95% confidence intervals (5.6%, 95% CI, 2.6%-10.3% vs. 3.7%, 95% CI, 1.2%-8.4%). Please justify.
3. Par. 4, lines 1-2: That 4.5% of participants in this study reported ever having been diagnosed with chlamydia must be discussed in the Results section. Why didn’t authors adjust for this variable since a previous diagnosis of an STI is a risk factor for testing positive for an STI?

Page 9
1. Par. 1, lines 1-3: Do the authors consider 23% of females a “slightly lower” participation compared to 77% males’ participation? The introduction of netball and football teams at this point in the manuscript appears out of context. However, gender participation in this study is consistent with widely reported gender differences in overall participation in recreational sports, which implies that any program designed for recreational sports participants is likely to have lower participation of females compared to males.
2. Par. 3, line 3: “…it encouraged non-participating clubs in the same region to participate…” This is unclear.
3. Par. 4: Although participants received condoms, this project was well accepted (over 95% acceptance rate) and considered by the Authors to have already been youth friendly (see page 6, par. 3, line 3) without providing meals, autographed footballs or lollipos. This one-sentence paragraph appears off balance and seems to make a project that worked well as designed into an unrecognizable “more youth friendly” social event that may no longer look like a chlamydia screening program that others can easily replicate.
4. Par. 5: With 95.9% participation rate, there was no evidence in this study to suggest that the high visibility of accepting screening in this rural setting was an issue. Because the screening as designed did overcome the high visibility concern with over 95% participation rate, this one-sentence paragraph appears therefore not supported by the data.

Page 10
1. Par. 2, line 8: “…we recruited through the popular sports (netball and football)”. This was not stated in the Methods. If recruitment was through selected sports, this should be specified in the Methods.
2. Par. 2, line 9: “…the true effect is unknown…” Which effect? Can the authors
state this more clearly?

Pages 8-10
1. “Discussion” section: Several portions in this section are written as one-sentence paragraphs that read more like bullet points of a poster presentation than a discussion and interpretation that one would typically expect in the Discussion section of a manuscript. Can the Authors comment on this?

Table 1
1. Under “Indigenous status” subheading, there are 683 participants (96%) who are not accounted for. Please account for, by changing the subheading if necessary.

Minor Essential revisions

Page 3
1. Par. 1, line 1: Please spell out STI first at the opening sentence of the manuscript.
2. Par. 2, last line: Please replace “on” with “of” in “…treatment to reduce the burden on chlamydia in the community”.

Page 4
1. “Participants” sub-section, line 2: The word “clinics” is used when “clubs” is expected. Please clarify.
2. “Participants” sub-section, line 5: Please delete “s” in “answers”.

Page 10
1. “Authors Contribution” section, line 2: Please correct “the designed the study”.

Page 12
1. Ref. #4: Please replace “Chlamydia” with “Chlamydial”.

Page 13
1. Ref. #12, line 2: Please replace “1887” with “1997”.
2. Ref. #19, line 2: Please replace “Diseases” with “Infections”.

Table 1
1. Please spell out “GP” in “Number of visits to GP in last 12 months”.

Discretionary Revisions

Page 2
1. “Conclusion”, last line: It would be helpful to specify that it is “to screen, treat and educate young people ‘for STI’…”

Page 3
1. Par. 1, line 8: “screening is necessary to effectively control ‘chlamydia’ transmission.” Although this is a thought that can be easily and has in fact been largely accepted, and screening does indeed increase early detection and treatment of asymptomatic and unsuspected STIs, but can we, after careful consideration, say that screening effectively controls STI transmission? Can this statement be seen as overstretches the role of screening in STI transmission?

Page 4

1. “Participants” sub-section: I assumed that the recruiting nurses spent one recruitment night per sporting club then moved to the next club. If my assumption is incorrect, then the authors should clarify this procedural detail.

2. “Urine Testing” sub-section: Although obvious, it would still be useful to specify that urine was “tested ‘for Chlamydia trachomatis’ using…”.

3. “Urine Testing” sub-section: Although not critically important, it may remain helpful to clarify why the local laboratory in this rural area afforded and chose to run one or the other chlamydia laboratory test during a 4-month time span when readers in many rural areas around the world could be interested in implementing similar screening but can even not afford one such test.

4. “Provision of result and treatment” sub-section: The use of “pathology results” (here and also in the last line of Results on page 7 and last line of page 8) referring to chlamydia test results seems to me unconventional. Authors must ensure that technical terms that locally may be used commonly are equally understood by readers elsewhere.

Page 7

1. Last line: “SMS” (and also on page 8, last line), why not just say “text messaging” instead? The reading would seem much smoother!

**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.