Author's response to reviews

Title: Knowledge of chlamydia trachomatis among men and women approached to participate in community-based screening, Scotland, UK.

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Author's response to reviews: see over
Dear Editors,

We re-submit the manuscript (MS: 7737691184212846) for your consideration. The Associate Editor believed we ‘still need to answer some points of referee one’ and sent us the same pdf review file from 27 Oct, without detailing which we were to address. We strongly believe we addressed all of Reviewer 1 comments sufficiently but have made a few minor additional changes to aide clarity on a couple of points (illustrated in blue bold text in the manuscript on p6 and p17). We have pasted the reviewer comments below and detail where we have and have not made revisions.

We would ask for a thorough check of our revisions against the reviewer comments. We would like to take this opportunity to thank all the reviewers again for their helpful comments that we feel have improved the quality of the paper.

Yours sincerely,

Dr Karen Lorimer (and on behalf of Prof Hart)
Minor Essential Revisions

A.

Re My one major revision which was not addressed by the authors in their cover letter except to provide the information leaflet as an attachment.

We disagree with this comment as version 3 of the manuscript did have the added sentence (p6) the reviewer asked for, which provided information on the information contained within the study leaflet. We believe we have made the change and thus no further changes have been made to the manuscript.

Major compulsory revisions

There is a definite need to detail what information was provided to participants in the information leaflet. What was the basic information provided? Please send a copy of leaflet/attach to this draft article.

On p6 we provided additional information. We added some text to make it clear the leaflet outlined male and female symptoms (we had ‘symptoms’) before.

I could not see where the limitation of this information being provided before completing the questionnaire or doing the interview is flagged in the text (apologies if have missed)- I think it was mentioned in the first version under limitations. I suggest that it should be inserted under limitations and mentioned briefly in discussion.

We did as the reviewer suggested and included the limitation to the limitation section in the discussion. The inserted text was on p17 and read:

‘It is possible that the high level of awareness of chlamydia among respondents was due to the information contained within the study literature (leaflets and posters) as well as the nature of the consent procedure. A questionnaire-based study which does not provide such prior information about chlamydia could introduce less bias to findings.’

However, we have changed it to:

It is possible that responses to some questionnaire items could have been influenced by the information contained within the study literature (leaflets and posters) as well as the nature of the consent procedure – for example, the leaflet detailed female symptoms and the questionnaire asked for knowledge of female symptoms. A questionnaire-based study which does not provide such prior information about chlamydia could introduce less bias to findings.

A brief description of the information provided in the leaflet would be helpful if inserted in the methodology.
As before, we included additional text on p6. Thus we have made no further change to the manuscript.

B. in methods "college" is still not detailed enough- is it tertiary education?

In our revised manuscript we changed this to:

‘Young people aged 16-24 years were approached in a large further education college [in the UK these institutions are a level above compulsory education but below university-level (higher education)]...’

We feel this is ample information for an international audience. We note that ‘tertiary’ is not a commonly used term in the UK or Republic of Ireland to refer to college education, where ‘further education’ is the term commonly used to refer to post-compulsory education which is below university-level.

We have made no further change to the manuscript.

C. call centre- more information is needed here as to what type of call centre what is the likely level of education? Is it specialised with a high level of tertiary education? These were better informed on some questions- if this is likely to be related to their education level, please detail in discussion

In our revised manuscript we changed a sentence on p5 to include more information on the call centres used during fieldwork

‘two call centres - office environments that provided non-specialist telephone-based consumer services for energy companies’.

In our revised manuscript we included a sentence under limitations p17 which states we did not collect education qualification data from any respondent so we do not know how specialised the call centre was.

Thus we have made no further change to the manuscript.

D. In introduction "no national programme"- do the authors mean "no national screening programme"- if yes please alter

Yes we did and we inserted the word ‘screening’ to this sentence (p5). Thus we have made no further change to the manuscript.

E. Table 2- says p values refer to significant gender differences but is looking at all 3 settings- are the gender differences present in all settings?
As we stated in our previous cover letter, P-values in table 2 refer to significant differences in knowledge of male symptoms and female symptoms by study setting (as indicated by the table title).

Thus we have made no further change to the manuscript.

**F. In discussion the Scottish system is described as a "national programme" while in introduction it was stated there is "no national programme". I would suggest that there is no national programme.**

Our sentence referred to Scotland as NOT having a screening programme. We amended this paragraph in the previous manuscript (red text) to ensure we were clear on this difference:

> This Scottish study population is not exposed to chlamydia screening as part of a national screening programme, thus our data are not necessarily generalisable to other populations. Nevertheless opportunistic screening guidelines in Scotland (SIGN Guideline 109) recommend screening as part of routine care in the same clinical settings as the NCSP in England: community contraception services, general practice, community pharmacies and termination of pregnancy services [4]. Despite the NCSP in England, poor knowledge of the issue is still present [24, 34].

Thus we have made no further change to the manuscript.