Reviewer's report

Title: Setting up a surveillance system for sexually transmitted diseases in the general population with prospective data collection from private and public doctors in Hong Kong

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Reviewer: Alex McKay

Reviewer's report:

Dear authors,

Monitoring trends in the numbers of patients presenting with STD symptoms to different types of clinics can provide important information on trends in STI among patients who visit such clinics. Assessing these numbers at different points in time can, for example, indicate an increasing prevalence of a particular STD in the community. I think your study is important in that it gives an indication of the numbers of patients presenting with STD at different types of clinics at a particular point in time. But it would, therefore, be important to replicate the study on a regular basis to determine if the numbers are increasing or decreasing.

While I recognize the value in documenting the number of cases being presented at these clinics, I do not believe that the data presented can be utilized to estimate territory wide STD prevalence. There are a number of reasons for this. Most importantly, you write that "The total number of patients presenting particular STD symptoms territory-wide was estimated...." This is not a measure of prevalence (the percentage of the population affected). Your findings indicate that 0.22% of the adult Hong Kong population went to clinics with STD symptoms, they does not indicate the percentage of the adult Hong Cong population who actually have an STD (these figures would be far higher). In order to estimate prevalence, it would be necessary to test for an STD among all patients visiting general practice clinics (SHC clinics may not be appropriate for this). As you noted, your methodology does not account for asymptomatic STI which accounts for the majority of all STD cases. If your study is replicated on an annual basis you will be able to determine if the number of people presenting is increasing or decreasing. While this too has its limitations because the number of people presenting can be affected by many different things (e.g., an STD public awareness campaign), an annual replication can alert public health authorities to the need to address emerging priorities in STD epidemiology and prevention.

Thus, I think at this time, your findings provide a baseline that requires annual replication before publication is warranted. A few minor notes: It was not clear if "presenting" constituted a diagnosis (although I'm assuming it did). Some STDs can be diagnosed with visual inspection but others require lab testing/verification. It was not clear to me how, for example, how a case of Chlamydia was diagnosed. Was vaginal discharge accompanied by a test? There needs to be a greater specificity of the STDs diagnosed. Urethral/vaginal discharge is a
symptom of several STD. Does genital growth in all cases mean a diagnosis of genital warts?

The study of STD epidemiology is limited by the resources allocated. In many jurisdictions studies to assess the population prevalence of different STD is not possible. In the absence of prevalence studies, regular monitoring of the number of patient visits for (and hopefully confirmed diagnosis of) specific STDs can be an important tool. I think you have taken an important step toward developing such a monitoring system. With further (revised) replications peer reviewed publications are very likely.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests