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

**Version:** 1 **Date:** 29 September 2010

**Reviewer:** Robert Schilling

**Reviewer's report:**

A good effort at chipping away at the nagging problem of estimating STD prevalence, when an unknown proportion of treated/diagnosed STD cases are unreported (because they are in private clinics). The dogged efforts to obtain data from the private physicians lend credence to the study.

**Major Compulsory Revisions:**

Discussion section: The paragraph beginning "It is projected..." cites several studies (of both "high risk" and general populations) that reported various STD and RTI prevalence infection rates that are 50-160 times the overall rate of .22% reported in the present study. The final sentence in the paragraph speculates on the possible reasons for these very large differences, but the authors raise more concerns than they explain away. Why are the rates of RTIs in the general and STD/gynaecological populations in Shenzhen (23% and 32%, respectively) so out of line with the rates in HK (.22%) reported by the authors? It seems unlikely, or at least unsatisfying, that differences of these magnitudes could be due to differences in study design or diagnostic methods.

The authors need to either:

1) make their case that their methods of sampling/measuring STIs and RTIs, and estimating there from, are not comparable with (and I assume superior to) any prior studies of a similar nature (estimating STD/RTI prevalence in a general population).

OR

2) spend more effort explaining the large differences in the findings reported here and that reported elsewhere.

The authors have discussed limitations, but they need to further contemplate possible problems in the data obtained from private clinics.

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The process data are very limited. It is promising that those private physicians who did participate were so receptive to the study, but the low participation rates is perhaps a better indicator of the challenges to be overcome in instituting a surveillance system in the private care sector.
The study would have been stronger if there had been some effort to determine the validity/reliability of the data-reporting protocols.

There is a disconnect between the enthusiasm shown by the authors for the feasibility of their proposed surveillance approach and the low rates of physician participation (though excellent cooperation from those who did participate). Some suggestions for overcoming these barriers should be offered.

**Level of interest:** An article of importance in its field

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

**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' below.