Reviewer’s report

Title: Sexually Transmitted Diseases in Primary Health Care in the State of Ceará, Brazil

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Reviewer: Igor Toskin

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Research article
Sexually Transmitted Diseases in Primary Health Care in the State of Ceará, Brazil
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Review by Dr Igor Toskin, Department of Reproductive Health and Research, World Health Organization/HQ, 12 April 2012.

Report
In general
The submitted manuscript covers very important public health issues related to the control of Sexually Transmitted Infections (STIs) with a specific focus on the evolution of the syndromic approach to case management of some curable STIs in given geographical locations.

This topic is particularly important because of: (a) the high incidence of curable STIs across almost all countries of the world (according to the most recent 2005 WHO global estimates, and the 2008 unpublished estimates); (b) the reduction in recent publications addressing the performance of such public health interventions within the different geographical, and therefore structural, contexts.

However, despite the high topicality, certain issues regarding research methodology and statements made in the current manuscript version should be clarified and addressed in a more explicit manner before revising the manuscript in terms of the relevance of its data and conclusions.

Major Compulsory Revisions
The main conclusions of the study, i.e. …the use of the syndromic approach to STD in primary health care is a key strategy to identify early HIV and syphilis cases… requires further clarification as it has not been explicitly supported by the methodology described – i.e. retrospective analysis of some STI syndromes managed according to the syndromic approach and thereby recorded for the
ten-year period at the given health facility level.

The descriptive analysis of the cases reported according to the testing strategy for both the above-mentioned infections it is described in the document (VDRL based testing for syphilis and “Anti-HIV” testing for HIV) but does not allow a conclusion to be reached on comparative advantage of syndromic approach for early detection of the respective infections.

Such a research question would require an analysis based on certain assumptions and comparison of such an outcome between two populations (earlier detection of the infection – recent infection); for example: the study population compared with a population not offered STI syndromic management, but offered the same testing opportunities.

In terms of assumption, a recent infection at population level can be associated with the younger age group, e.g. below 20 y.o. as a proxy population.

Therefore an analysis of, or reference to, the data on distribution of the same outcome in other groups of patients offered the same testing opportunities during the same period of time in the same geographical area could help to better understand and possibly support the conclusions made.

In addition, it would be useful to provide further specification of the tests performed for both infections in order to understand how the outcome cases (infection versus non-infection) were determined, i.e. (a) whether quantitative or qualitative or both methods were used to determine a case of syphilis; (b) what laboratory testing algorithm was applied to determine a case of HIV. The results of the testing for both infections, as it is now described from a laboratory perspective, mainly represents seroprevalence rates of the study infections.

In the case where it is not possible to undertake the above-mentioned options or where there are certain parameters to be specified, it should be framed as a limitation of the study and therefore addressed in the Discussion.

Another option for presentation of the research question/objective of the study formulated on Page 3 (final paragraph) would be to focus the descriptive analysis on the distribution of the main STI syndromes reported within the context of the socio-demographic profile of the study population, i.e. those who attended the study site (a unit in Fortaleza). However this option would require support by the local data on etiology of the most frequent STI syndromes reported in the manuscript.

Minor Essential Revisions

1. It would be useful to ensure consistency of the main specific terminology used, particularly: “STI”, “STD” and “STI-associated syndromes”. The latter is the main focus of the study and should be used throughout the text where appropriate, and even included in the manuscript title.

2. The final paragraph on Page 2, addressing the main principles of the
syndromic approaches taken into consideration for the study, requires clarification, i.e. whether it refers to national or international recommendations on syndromic management, excluding those on Viral Hepatitis B and C – clearly referred to the national recommendations.

3. The final line of the final paragraph of the Background Chapter “objective of the study” should be corrected according to the comments provided under Major Compulsory Revisions (see above).

4. On Page 4: it would be useful to describe the density of patients attending the study site per year throughout the study period, particularly those with STI-associated syndromes as it is an important characteristic of STI patients, and the facility dealing with those patients, in terms of socio-demographic characteristics of the population served.

5. Final paragraph on Page 4: the sentences on testing for syphilis and HIV and the follow-up visits for those who have been tested should be clarified in terms of approach to the sero-negative window for both infections. As currently described it does not specify the process put in place to address the possible false negative cases due to the sero-negative window.

6. It would be useful to have a table presenting the description of the study population according to the selected socio-demographic characteristics.

Discretionary Revisions

The reference to WHO estimates (1999) on global incidence of the four curable STIs provided on Page 2 is out of the date. The most recent (2005) estimates are available and can be accessed through the WHO web site.

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.