Author's response to reviews

Title: Integrated Syphilis/HIV Screening in China: A Qualitative Analysis

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Author's response to reviews: see over
Dear BMC Health Services Research Reviewers,

Thank you for the helpful comments regarding the manuscript entitled, “Integrated Syphilis/HIV Screening in China: A Qualitative Analysis.” Below are point-by-point responses to the key issues.

REVIEWER # 1:

1) Weak conclusion. The conclusion has been substantially revised in accordance with Reviewer # 1’s suggestions. The revised version focuses on the data presented in the body of the paper and stresses the importance of further health services research in this field.

2) “Purposive sample” unclear. The term “purposive” refers to a non-representative subset of a larger population, and is generally used to achieve a particular goal. In this case, the goal of this sampling method was to ensure that public, private, and public-private hybrid STI clinics were including in the analysis. The rationale and mechanism of sampling has been clarified in the Abstract and the Methods sections.

3) “Assistant physician” unclear. This term refers to formally trained individuals who have completed medical training and completed an internship. The training pathways of physicians, assistant physicians, and nurses have been clarified on page 6.

4) Pg 4 methods unclear. The qualitative study described did inform a more systematic quantitative study, and this has been clarified on Page 4.

5) Unlicensed physicians in China. Unlicensed physicians do provide clinical STI services in China, but there has not been any formal analysis of the extent to which this happens. This has been clarified in the text on page 8.

6) Discussion sentence too strong. Since we have not searched the Chinese literature, we have revised the first sentence of the discussion to reflect this.

REVIEWER # 2:

1) Focus on STI treatment programs. The focus of this paper is not on specific programs, but rather on the existing health services infrastructure at STI clinics. An overview of single STI treatment programs would have marginal relevance to routine provision of health services.

2) Non-random sample. Since there is a wide range of clinical and non-clinical locations where Chinese seek sexual health services, the reviewer’s suggestion of including pharmacies and unauthorized hospitals is sound. However, in operationalizing such research, many pharmacies do not provide STI services or would not report regularly providing STI treatment for those who present with sexual health complaints. The manuscript does analyze one private and one public/private hybrid clinic, neither of which are authorized by the government. The types of clinics analyzed were clarified in the text.

3) Lack of focus on treatment and laboratory facilities. The paper directly addresses Reviewer # 2’s suggestion of including laboratory capacity (see Table 1), although this was not emphasized in the results section. An extra sentence was added to the results section (page 6, first paragraph) and the abstract to highlight the descriptions of laboratory capacity. In terms of variation in the availability of penicillin (syphilis treatment), this is unlikely to be a major issue preventing syphilis control efforts in China. Additionally, since the Chinese Four Frees and One Care system, none of the STI clinics would prescribe anti-retroviral therapy, and all of them would refer to local CDC-affiliated HIV treatment clinics.

Thank you for your consideration.
Sincerely,

Joseph D. Tucker