Title: Collecting data for STI surveillance: what do patients prefer in Flanders?

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Author’s response to reviews: see over
Dear Editor,

Thank you to give us the opportunity to make a revised version of our manuscript, and to clarify some methodological aspects.

We took into account the comments and suggestions as much as possible – indeed they were very valuable. All changes are marked in red in the manuscript.

1. We specified that the study was about providing data for STI surveillance, in case someone would be diagnosed with an STI.

With respect to the proportion of STIs that are detected in general practice, no exact reliable data are available, however, a large part of the population at risk has access to general practice medicine – and to this setting only. This is discussed in the “discussion” section.

2. The recruitment procedure was explained more in detail. This was not done in the original manuscript since it was meant to be a brief report. Only people living in Flanders who spoke Dutch were eligible; they returned their questionnaire in a sealed envelope. A sample size of 300 was chosen to make it possible to detect significant differences between (age, gender) groups which we considered as relevant.

3. We explained more detailedly how the response rate was calculated. People who declined to talk were counted for the denominator. Only people who were resting on benches in front of the shopping mall were approached, we think that is one of the reasons that the response rate was so high.

We did not make a large table, as was suggested, because it became too complicated to include all respondents’ characteristics for each questionnaire item. Of course we are willing to make any table and providing additional information, but in this case there was no great difference between most subgroups (other than described in the results section).

However, we added, as requested, information about the number of partners of respondents and about the gender of regular GPs (the latter was not a significant determinant).

4. We added statements about reliability of the sample in the discussion section. We also discussed the importance of general practice in diagnosing STI in Flanders.

5. We added “in Flanders” in the title.

6. With regard to the editorial comments, we added a statement on ethical approval and on informed consent; we also included a section “authors’ contributions”.

I hope you will find our revision satisfactory; please let me know if you need any further changes or clarifications.

Sincerely,
Veronique Verhoeven,
On behalf of all authors