Reviewer’s report

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

Version: 2 Date: 27 November 2006

Reviewer: Catherine H Mercer

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The following are all minor essential revisions:

“1. Is the question posed by the authors new and well defined?”
This is an interesting short paper that seeks to examine an important question: If people are diagnosed with STI(s) in general practice then would they be willing for data on symptoms, STI diagnosis history and sexual behavioural risk factors to be collected to enhance STI surveillance in this setting, and how are these data best obtained. These questions are asked at the end of the paper’s Introduction. Here, and in the ‘Background’ section of the Abstract, the authors talk about patients participating in ‘STI surveillance’ but I think it would be more appropriate to talk in terms of ‘providing data for STI surveillance’.

I think it should also be specified that the survey was asking about providing data for STI surveillance if diagnosed with STI(s), so not collecting data (e.g.) on STI risk behaviours as part of other, non-STI diagnosis related consultations.

I think the authors should give some idea as to what proportion of all STI cases in Belgium are detected in general practice to contextualise their work.

“2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?”
I have some questions that I think the authors should address:
- Why did the authors decide to collect data from 300 people?
- Given the recruitment site was next to Antwerp cathedral and the survey was carried out in July, it is likely that a number of respondents may not have been from Antwerp / Flanders. Why was eligibility not restricted to those people resident in Antwerp / Flanders?
- Why did the authors not ask about country / region of residence?
- Were the questionnaires returned by the respondents in a sealed envelope? I think this would have increased willingness to report honestly such sensitive behaviour.

“3. Are the data sound and well controlled?”
The response rate of 90% is impressive. However, were those people who were approached to complete the questionnaire but who declined to even talk to the recruiters and/or take a questionnaire included in the denominator?
Space permitting, it would be nice to see a table describing the sample characteristics for all the questions in the sample, perhaps by gender if there are significant gender differences.
It is particularly important to note the % of respondents reporting one or more (rather than more than one) partner in the past year as having at least one partner puts someone at risk of STIs not having at least two partners.

“4. Does the manuscript adhere to the relevant standards for reporting and data deposition?”
I believe so.

“5. Are the discussion and conclusions well balanced and adequately supported by the data?”
The authors should comment in the Discussion about the method of data collection in relation to people’s willingness to report highly sensitive behaviour and the resulting data quality. For example, is it possible to compare the data obtained from this survey with similar data collected from other surveys?
On the subject of people’s hypothetical responses and what they would do in practice, it would be interesting to see how gender of GP correlates with gender of respondent.
In the concluding paragraph, I think it’s important to talk specifically about surveillance data from general practice.

6. Do the title and abstract accurately convey what has been found?
I would have as the title “Are patients in general practice willing to provide data for STI surveillance? The case of Flanders” —or something similar as I think it is important to specify the geographical context.

“7. Is the writing acceptable?”
I commend the authors for the general clarity of English, however there are places in the paper and in the accompanying questionnaire where the English could be improved. E.g. In the Introduction “In that study GPs were worried to embarrass patients…” would sound better if it read: “In that study GPs were worried about embarrassing patients…”

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

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

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests.