Reviewer's report

Title: Diagnostic behaviour of general practitioners when suspecting Lyme disease: a database study from 2010-2015

Version: 2 Date: 08 Dec 2017

Reviewer: Eugene D Shapiro

Reviewer's report:
I am sorry, but the authors still refuse to get it. They persist in believing that there should be different algorithms for performing diagnostic tests for Lyme disease for general practitioners and for specialists because the prevalence (pre-test probability) of Lyme disease is higher among referred patients. As a result, they did not make changes to the manuscript. They are wrong! OF COURSE the prevalence of Lyme disease is higher among referred patients! It does not follow that therefore there should be different algorithms for deciding whom to test. The reason that the prevalence of Lyme disease is higher in the referred patients is that they already have been selected as having a higher risk of Lyme disease (ie, most have been screened, at least by some implicit algorithm). If the algorithm is to select on whom to perform a diagnostic test, it would not apply to many of the referred patients because they have already had a positive test result. The prior probability of Lyme disease in an individual patient who has not yet been tested (referred or not) is determined by the SAME risk factors. So the issue is NOT that general practitioners need a DIFFERENT algorithm, they simply need to APPLY a reasonable algorithm (which would largely be the same for a referred patient who has not yet undergone a diagnostic test)!!

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.
Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.
Yes
Are the conclusions drawn adequately supported by the data shown?
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