NOTICE OF REDUNDANCY

The hanging committee of Sexually Transmitted Infections wishes to announce that two published papers by van Valkengoed et al. exhibit a degree of overlap. Specifically, the female patients are the same in both papers. They are indistinguishable from the point of population size (5714), age (15–40), setting, participation rate (51%), chlamydia prevalence rate (2.8%; CI 2.1–3.4%), and the number of women excluded because of never having been sexually active (125). There is also a certain degree of overlap between the two papers in the introduction, methods, results, and discussion sections.


Reply

We strongly disagree with your conclusion that we are guilty of duplicate publication. The objectives, analyses, and results presented in the two papers in Sexually Transmitted Infections (paper 1) and Sexually Transmitted Infections (paper 2) are completely different and do not resemble each other at all. The aim of paper 1 was to determine the value of currently publicised screening criteria for asymptomatic populations as selection criteria for the general population. A literature review was performed to identify criteria for women. For men, criteria were not available. These criteria were then applied to female participants in the Amsterdam Screening Study. The diagnostic accuracy of these criteria was then found to be poor. That led to the second research question, which was addressed in paper 2. Could suitable new criteria for selective screening of females and males be derived from our own study population? In paper 2 we report on the development of this new set of selective screening criteria and their diagnostic accuracy. In addition, detailed prevalence data and the results for both men and women non-respondents in the Amsterdam Screening Study were presented.

The papers did not contain references to each other. This was not through intent, but because of the simultaneous process of submission for publication. At the time of submission, there was simply no other “paper” to refer to. When checking the proofs of the papers we should have added “in press” to the references, which we neglected to do. We sincerely apologise for this and will remember to do so in future.

In summary, we believe your verdict of duplicate publication to be unjust and your sanction to be too harsh for the omission of cross references.

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Table 1 Comparison of ELISA and WHIF tests showing the Chlamydia trachomatis IgG antibody titre distribution

<table>
<thead>
<tr>
<th>WHIF test</th>
<th>Commercial ELISA</th>
<th>In-house ELISA</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥512</td>
<td>15 1 2</td>
<td>18 – –</td>
</tr>
<tr>
<td>250–511</td>
<td>3 – 1</td>
<td>3 1</td>
</tr>
<tr>
<td>128–250</td>
<td>4 – –</td>
<td>3 3</td>
</tr>
<tr>
<td>64–127</td>
<td>2 – 4</td>
<td>1 1</td>
</tr>
<tr>
<td>≤63</td>
<td>1 1</td>
<td>2 1</td>
</tr>
</tbody>
</table>

Eq = equivocal.

Pathogen and in a recent study of 34 women positive for C trachomatis IgG (>1:128) by ELISA, at laparoscopy 31 (91.2%) were diagnosed as having tubal disease.2 It is likely that significant damage could be occurring in these patients as a previous study looking at high C trachomatis IgG titres showed 46% positive and 8% positive in infertile women with damaged and normal tubes, respectively.3 Although these findings are based on relatively small numbers, they are of significant concern if combined with the other most recent study.4 It would appear that the prevalence rates for C trachomatis may well be high and that data presented here suggest possible future PID development and resultant sequelae. It is clear that further studies are warranted and that screening and treatment strategies may be required urgently to curtail considerable morbidity in Trinidad and throughout the West Indies in general.

PREVALENCE OF CHLAMYDIA TRACHOMATIS IgG ANTIBODIES IN ANTEnatal PATIENTS FROM TRINIDAD

EDITOR—A recent study in Jamaica by Dowe et al using cell culture and a direct fluorescence assay (DFA) showed a prevalence of Chlamydia trachomatis infection in 47% of gynaecological patients.7 Unfortunately, there are no comparable data for cell culture and DFA in Trinidad. Moreover, we cannot find any reports on serological studies for C trachomatis IgG antibody in the West Indies. In an attempt to shed more light on prevalence of C trachomatis IgG antibody in pregnant women in Trinidad, we collected 56 serum specimens (mean age of patients 27 years) with ethics committee approval from one clinic at the general hospital, Port of Spain. As well as testing these sera by an in-house ELISA method based on that described by Ossewaarde et al.,6 we also used a commercial ELISA test specific for C trachomatis IgG (Savyon Diagnostics, Israel) and the whole inclusion immunofluorescence (WHIF) test as previously described by Richmond and Gaul.7

All collected sera were stored at −70°C until analysis. Samples were subsequently coded and tested blind in duplicate in laboratories in Sheffield and Bristol. Details of the in-house ELISA test methodology and interpretation of readings using microimmunofluorescence (MIF) serum positive and negative controls were described in Keay et al.6 The commercial ELISA was performed according to the manufacturer’s instructions. The WHIF test consisted of chlamydial inclusions of infected mammalian cells with LGV2 mounted on a glass well cover or coverslip. The WHIF titre is described as the highest dilution of antibody where the inclusion can be clearly seen by fluorescence staining.

For the ELISA tests, results were recorded as positive, equivocal, negative, or equivocal. For the WHIF test, titres between 1:64 and 1:256 were recorded as such; a low titre was ≥1:64 and a high titre ≥1:512.

Twenty five (45%) and 29 (52%) samples were positive for the commercial and in-house ELISA tests respectively. Eighteen (32%) samples had a titre of ≥512 in the WHIF test, as shown in table 1.

The latter finding is of note. It is accepted that C trachomatis is an established pelvic


LETTERS TO THE EDITOR

Prevalence of Chlamydia trachomatis IgG antibodies in antenatal patients from Trinidad

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