


Letter to the Editor

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Response to White and Lewis: Letter to editor in response to Has *Chlamydia trachomatis* prevalence in young women in England, Scotland and Wales changed? Evidence from national probability surveys. *Epidemiology and Infection*. 2019

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White and Lewis [1] comment on our article [2] highlighting the methodological issues arising when attempting to use the National survey of Attitudes and Sexual Lifestyles (NATSAL) to calibrate estimates of seroprevalence derived from data available by sources such as the PHE Seroepidemiology Unit [3] and Health Survey for England [4]. White and Lewis [1] do not challenge our observations. We agree with White and Lewis [1] on the importance of data on health-seeking behaviour. It is not possible to use data on individuals who are tested for CT to make inferences about CT prevalence, or changes in CT prevalence over time, without information on how the CT prevalence relates to the probability of being tested, and how that changes over time [5–7]. Individuals may be tested for a number of reasons: following an *ad hoc* offer of opportunistic testing; as a result of symptoms; or concern about recent sexual encounters. Each of these factors may impact on CT prevalence among those tested in GP surgeries or GUM clinics.

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References

1. White PJ and Lewis J (2019) Letter to editor in response to Has *Chlamydia trachomatis* prevalence in young women in England, Scotland and Wales changed? Evidence from national probability surveys. *Epidemiology and Infection* **147**, e271. Cambridge University Press.
2. Kounali DZ *et al.* (2019) Has *Chlamydia trachomatis* prevalence in young women in England, Scotland and Wales changed? Evidence from national probability surveys. *Epidemiology and Infection* **147**, e107, 1–7.
3. Horner P *et al.* (2013) *C. trachomatis* pgp3 antibody prevalence in young women in England, 1993–2010. *PLoS ONE* **8**, e72001.
4. Mindell J *et al.* (2012) Cohort profile: the Health Survey for England. *International Journal of Epidemiology* **41**, 1585–1593.
5. Soldan K, Dunbar JK and Gill ON (2018) Estimating chlamydia prevalence: more difficult than modelling suggests. *The Lancet Public Health Correspondence* **3**, Pe416.
6. Low N and Smid JH (2018) Changes in chlamydia prevalence over time: how to observe the unobserved. *The Lancet Public Health* **3**, e260–e261.
7. Miller WC (2008) Epidemiology of chlamydial infection: are we losing ground? *Sexually Transmitted Infection* **84**, 82–86.

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