Author's response to reviews

Title: Clients of sex workers in Switzerland: it makes sense to counsel and propose rapid test for HIV on the street.

Authors:

Esther-Amélie Diserens (esther_amelie@hospvd.ch)
Patrick Bodenmann (patrick.bodenmann@hospvd.ch)
Chantal N'Garambe (chantal.ngarambe@hospvd.ch)
Anne Ansermet-Pagot (fleurdepave@bluewin.ch)
Marco Vannotti (marco.vannotti@hospvd.ch)
Eric Masserey (eric.masserey@vd.ch)
Matthias Cavassini (matthias.cavassini@chuv.ch)

Version: 2 Date: 6 January 2010

Author's response to reviews: see over
Concern: Revision of MS: 1557410932892918.

Dear Colette Homan,

We thank the associate editor and 3 reviewers for their comments. We agree with the vast majority of the minor comments. Please find below the point-by-point reply to the concerns.

Comment from the Associate Editor:

*Given the small sample size of this study I would advise the Authors either to put a question mark at the end of the title or to specify in the title that this research reports preliminary results (e.g. by adding "a preliminary report" or something like that)*

Answer:

We agree with the editor's comment and have modified the title by adding: « a preliminary report »

Comments from reviewer one: Secondo Guaschino

1. *... further data are needed to know the exact magnitude of the problem.*

Answer: we agree with him and have asked an extension of this pilot study for the next 2 years (2009 and 2010). As mentioned in the background and method section this study takes place during 5 nights/year (Don Juan action). We are quite confident to have a much larger sample size at the end of 2010.

2. *we need more comments and details about table 3, more explanations about use of condom with sex worker*

Answer: although this is not the main objective of the study, we have modified table 3, now included in table 1 and given more information regarding types of unprotected sex (oral, genital or anal). As stated in the background this may clearly underestimate the demand of unprotected sex by the clients as reported in studies that have assessed the sex workers’ perspective (references 1 & 13).
Comments from Reviewer two: Roberto Matteelli

Method:

1. *The authors should better describe the study setting: how large is the red light district in Lausanne? b) How much of it did the researchers cover with their survey?*

   **Answers:**

   a) The red light district in Lausanne (where street sex workers are allowed to work) is very well defined and limited (*for a visual idea, please visit google map and type Sevelin A,B,C, Lausanne Switzerland*). It consists of 4 parallel streets (each less than 400 meters long) -3 of them are dead end streets and 1 perpendicular one (less than 400 meters long) links these 4 streets. Driving these streets is done in less than 2 minutes. The client makes rounds on these streets (altogether less 1.5 km long) and chooses his sex worker without getting out of his car. It is very common to see the same car circling many times before he picks up his sex worker. As suggested we have modified the method section and given more information on the red light district in Lausanne.

   b) The survey and HIV testing took place on one of the busiest dead end street (Sevelin A) where cars engaging in the street know that it leads only to sex workers (there are no restaurant, no bars, no discotheques nor open shops or offices at this time of the day).

   For this reason we believe we covered 100% of the cars engaging on this street and approximately 70% of the clients visiting the district (as the vast majority engage on all the streets when looking for a street sex worker).

2. *In addition, the authors should approximately quantify the average number of clients visiting every night the investigation area in order to show the approximate proportion of included clients over the total number of visiting clients.*

   **Answer:**

   The average number of clients per night varies between 20 and 60. We therefore gave the number of clients (144) that accepted to slow down and take the condom offered by the trained field worker. We cannot give precisely the total number of cars that drove the streets during the 5 nights. We have added a flowchart (figure one) that clarifies the outcome of the clients intercepted (this was also motivated by a similar comment from reviewer number three).

3. *Were clients systematically stopped in their cars? How were they identified as clients?*

   **Answer:**

   Yes, they were systematically stopped in their cars.
As previously described, this area is restricted for sex work activities. Men visiting this area at this time of the day are all potential clients. We do not have other objective proof of their identification as clients.

4. The street interview included information on “sexually risky behaviour”. If this only means “use of condom with the sex worker” please modify the sentence, or explain what other information was collected and not presented in the tables.

Sexually risky behaviour focused on the number of partners and use of condom. We followed reviewer’s advice and decided to modify the sentence and be in agreement with the data presented in the table.

5. a) A second interview was done in the bus: what was the scope of repeating the exercise? b) The authors specify that there were inconsistencies between responses to the two interviews: which one was presented in tables? Was the selection systematic? c) The authors state at the end of the discussion that clients were more trustful when responding to the nurse in the bus, but this is not really justified by any evidence: my suggestion would be to remove the sentence or provide evidence to support it.

Answers:

a) The second interview was performed in agreement with national guidance on anonymous VCT (Voluntary Counselling and Testing) with pre- and post-test counselling. The VCT questionnaire that has to be filled focuses on past risk behaviour, past partners and past HIV tests. In order to improve information regarding anonymous testing in the VCT centers of Switzerland, we added a recent reference in the method section.

b) In the tables we presented only the street interviews (in order to be consistent with the ones who refused to get tested as well as the ones who agreed to HIV testing).

c) We agree with this comment and therefore removed the sentence.

6. There were 113 (112!) man who were not tested and 31 who underwent an HIV test on the spot. I would suggest making and presenting a comparison of sociodemographic characteristics in these two groups to attempt identified factors associated to refusal of the HIV test among clients.

Answer:

Although the sample size is small, we did not see any sociodemographic bias for the one that accepted the HIV test (compared to the one that refused the test). We decided to provide the reader with a better presentation of these two populations in table 1 (this was also motivated by a similar comment from reviewer number three).

Discussion:
7. The reader has the impression that anonymous HIV testing and free HIV testing are not available in Switzerland (and that these two are important strengths of the study procedures). Please clarify this point.

Answer:

Anonymous HIV testing has been available for more than 10 years in large cities of Switzerland. However HIV tests are not free and cost approximately 30 euros. We clarified this point accordingly and added one reference on the topic.

Comments from reviewer three: Massimo Giuliano

Method:

1. No information is available about the characteristics of HIV rapid assay (i.e. on saliva or serum) or about the procedures for the collection of biological samples (difficulties, acceptability, length etc).

Answer:

The first manuscript read: « The clients were then offered a free anonymous rapid HIV test (Determine™ HIV-1/2) that could be performed in a bus parked nearby ». Later in the method section we stated that the result was given 30 minutes after performing the test. This test was performed on whole blood drawn from a finger-stick. We clarified this point in the method section.

Results:

2. a) The authors refers that 144 were the clients of CSWs contacted during the study period. This total represent the true denominator to assess the participation rate (50/144, 34.7%) and not, incorrectly, the 112 who accepted the face to face interview.

   b) No information was available to assess the characteristics of clients that denied the intervention, the interview and the HIV test. Up to now, several studies showed as the individuals that decline to accept voluntary HIV testing are a higher risk of infection then acceptors. If the goal of the study was to assess the prevalence of HIV infection and counsel high risk individuals was fundamental to include these and to maximize the proportion of participants.

   c) The lack of clinical and behavioural information about the 32 individuals who declined the study participation represent the major bias of study.

   d) This fact, may be the most important reason of the lack of HIV positivities among tested individuals.

Answers:

a) We do not agree with this comment. We intercepted 144 clients, a condom was given through the car-window but the client refused the interview and therefore an HIV test could not be proposed. The reviewer’s suggestion for the participation rate (= acceptance of an HIV test) of 50/144 is therefore not accurate as only the one who accepted the interview were able to refuse the HIV-test.
b) We agree that in an ideal survey we would like to have some demographic and behavioural data on the population that refused the interview and the HIV test. This is a clear limitation of any street based survey where the client sits in the driver’s seat and the interviewer stands next to the car giving the possibility for the driver to leave the spot before any discussion takes place!

c) We disagree as the 32 that declined the interview were not informed about the free HIV testing.

d) We disagree as the main study objective was clearly not to assess the HIV prevalence among sex workers’ clients. For such a goal a much higher number of HIV tests would be required. The main goal was to assess the feasibility and acceptance of clients’ HIV testing in the red light district. The small sample size is the main reason why no HIV tests turned positive. The fact that more than 50% of the tested clients (compared to 46 % in the global sample) had never taken an HIV test in the past speaks against a major bias in the selection of the clients who accepted the test.

3. Additionally, no information is available about the results of the action “Don Juan” during the previous years according to the beginning of the programme, started in 1996 (first row of the manuscript).

Answer:
We reported the most useful data from the 2007 “Don Juan” preventive action as stated in the last paragraph of the background (ref 13). In the first sentence we explained the history of the “Don Juan” preventive action and general organisation. The preventive action was so far not aiming at any preventive trial and very often never had a summary report with useful data. The 2008 Don Juan preventive action was the first one with a research question: does it make sense to offer an HIV test to the clients of street sex workers?

Discussion

4. The findings of the study seem not support the conclusion of the authors that this street based programme is feasible. The low acceptance rate of contact, the poor proportion of HIV tested (31/144, 21.5%), the high proportion of missing data on important sociodemographic, behavioural and historical variables, support the need to enhance the methodology of the intervention.

Answer:
Feasibility: the setting of the van parked in the red light district with professional nurses face to face with the client inside the van to perform HIV rapid testing on whole blood taken at the tip of the finger was satisfactory from the technical, medical and patient point of view.

Acceptance: The low acceptance rate of contact: we do not understand this comment as we had 112/144 who accepted the interview (more than 75 %) which we consider high for a preventive action on the street. Regarding HIV tests, once again the acceptance rate cannot be calculated from the number of clients who were intercepted but not offered an HIV test. Moreover we faced a higher acceptance rate than expected and had to turn down many clients (50 agreed to get tested but only 31 were able to enter the van and get tested sometimes after
more than 45 minutes of waiting time!). We agree that the number of missing data should be improved in the future, however the missing data have very little impact on the main goal of the study – namely feasibility and acceptance of clients’ HIV testing in the red light district. In conclusion, this is a very surprising and encouraging message that deserves a brief report in a scientific journal.

5/6 Table 1 Useless. Data regarding the four variables can be included in the text in the Results section. Table 2 Useless.

Answer:

We have simplified the tables’ presentation: only one table (table one) summarizes the socio-demographic and behavioral data including type of unprotected sex as well as past HIV testing. Most importantly we have compared the tested and untested population giving better information on the risk factors between the 2 populations. As suggested we have deleted the clients’ profession.

7. Table 3. The tables include a mistake. The total of observations were 31 only for the second and third variables. The columnar % was incorrectly for the first variable (Rapid HIV test on site). The distribution of clients by HIV test on site is not useless in the table 3 and can be put into the text.

Answer:

We agree with the reviewer and have modified the table (included the information in figure one and table one) as well as the text in the result section accordingly.