Author's response to reviews

Title: Factors associated with presentation to care with advanced HIV disease in Brussels and Northern France: 1997-2007

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Author's response to reviews: see over
Dear Lisa Martin,

We are pleased to resubmit our manuscript entitled "Factors associated with presentation to care with advanced HIV disease in Brussels and Northern France: 1997-2007" (214483164520281) for publication in the BMC Infectious Diseases. We appreciate the helpful comments of the two reviewers and we have carefully revised the paper in light of these comments.

We have enclosed, the revised version of the paper and a detailed letter responding to each of the comments made by the reviewers. All the revisions in the text are bolded and underlined. We look forward to hearing from you, and thank you for your consideration.

Sincerely yours,

Bakhao Ndiaye, MPH, PhD
Authors’ response to editors and reviewers

Response to reviewer Enrico Girardi:

1. The definitions used are somehow confusing. In particular in my opinion the definition of early testing for those who had a six months delay between testing and presentation to care can be misleading since these patients may well have had a first positive test when already at low CD4 cells count. I would suggest replacing early testing with another definition (delayed presentation??)

Authors’ response: We agree with the reviewer and “early testing” is replaced by “delayed presentation to care” through the manuscript.

2. It is not clear what the author means by presentation to care: first CD4 cells count? two clinics visit? A definition should be provided

Authors’ response: To clarify this point the following was added to the methods section of the manuscript, page 6, paragraph 3:

“Patients were eligible for the study if they received a confirmatory Western blot, were aged ≥18 years, had initiated care in one of the study centres, and gave informed consent to be included in the study. We considered that a patient had initiated care if he attended the study centers at least twice.”

and page 7, paragraph 2:

Presentation with “advanced HIV disease” [7] was defined as initial presentation to care (i.e., the first clinical visit for HIV care) with CD4 count <200/mm³ or clinically-defined AIDS.

3. How many patients with delayed presentation and how many with late testing eventually presented to care with and AIDS defining illness? This information should be provided and discussed?

Authors’ response: We agree with the reviewer and the following was added to the results Page 9, Paragraph 3:  Thirty nine of 95 (41.1%) patients with delayed presentation to care and 222 of 475 (46.7%) patients with late testing had an AIDS-defining illness at their initial presentation to care.

This is now discussed in the discussion section, Page 13, Paragraph 1:

In our study, 16.7% of those with advanced HIV disease were aware of their HIV status but delayed initiating care for >6 months. Thus, late testing, rather than delay in initiating care after testing HIV positive, is the main determinant of presentation to care with advanced HIV disease. Of note, the proportion of patients who initiated
care with an AIDS-defining event was comparable in patients with late testing and those with delayed presentation to care. This shows that late testing is also the main reason of presentation to care with AIDS.

Response to reviewer Vanni Borghi:

Summary:

4. In Materials and Methods the definition of the two class [(a) “late testing,” defined as presentation with “advanced HIV disease” and HIV diagnosis <6 months before initial presentation to care; and (b) “early testing,” defined as presentation with “advanced HIV disease” and HIV diagnosis >6 months before initial presentation to care] are different by those in Discussion [“early testing” (i.e.; HIV diagnosis <6 months before initial presentation to care) and “late testing” (i.e.; HIV diagnosis >6 months before initial presentation to care)]

Authors’ response: We agree with the reviewer and the discussion Page 12, Paragraph 1 was rephrased as follow although as suggested by reviewer 1 we do not anymore refer as early testing but delayed presentation to care:

Moreover, within patients with advanced HIV disease we determined the frequency of “late testing” (i.e.; HIV diagnosis <6 months before initial presentation to care) and “delayed presentation to care” (i.e.; HIV diagnosis >6 months before initial presentation to care).

5. In table 1 the characteristics: “AIDS-defining disease before or at enrolment” is unclear if AIDS defining event occurred before presentation.

Authors’ response: We agree with the reviewer and now in Table 1 and through the manuscript this variable is labelled “AIDS-defining illnesses at enrolment”