Reviewer's report

Title: Patient acceptance of universal screening for hepatitis C virus infection

Version: 1 Date: 17 January 2011

Reviewer: John Ward

Reviewer's report:

Major

Background

HCV testing is an important public health concern. Many if not most persons with HCV are of unaware of their infection; an estimated 25% of this population has already developed cirrhosis; two-thirds of HCV infected persons were born in 1945-1964. However, I believe the authors should revisit and seek to better define the question addressed by the study. Specifically, I believe the study seeks to describe patient acceptability of general population-based approach to chronic infectious disease screening versus a risk-based (i.e. clinician-judgment) approach. Accordingly, the authors should consider revising the background to set up this question (second paragraph). First, the reference to cost-effectiveness can be removed as this question is not examined by the study. The current CDC guidelines primarily were developed based on epidemiologic rather than cost-effectiveness data. Secondly, the authors can reference the national recommendations for HCV testing published by CDC in 1998. This can be followed by a discussion of the benefits and challenges of a risk-based approach in lessons learned from HIV and the available HCV literature. Authors could note the epidemiologic data supporting such a recommendation and the barriers to a risk based approach including patient and physician reluctance to discuss sensitive issues not related to the clinic visit. From NHANES data only about 20% of HCV+ persons report active drug use. Thus screening of risks that occurred in the distant past might be contributing to the large proportion of HCV+ infected persons unaware of their infection status. The other national recommendations come from USPSTF (2004) which deemed insufficient data to recommend an approach to HCV screening.

In third paragraph, revise the first sentence. Are you suggesting HCV screening for persons 13-64 yrs or for a consideration of moving from a risk-based approach to a general or demographic based approach for HCV? For the third sentence, reference the noted barriers to testing the HIV policy change sought to address. Also, add references for “testing for most other medical conditions”. Consider a revision of the last sentence as it brings together two related but distinct cost considerations. The need to care for this increasingly ill population with HCV will be a growing obligation regardless of the screening criteria.

Lastly, decide if this is primarily an HCV paper or HCV and HIV related study. As the only a subset of questions were included in sections for HIV and diabetes, it
appears these diseases were used as comparison groups for a new approach to HCV screening.

Methods
How many interviews were obtained in each site?
How were patients selected to participate (e.g., random, sequential)?
Give dates of data collection and setting to complete the survey (waiting area, private areas, etc)
Include data to compare participants from non-participants and the census of the clinic.

Results
Rephrase to state a majority of participants reported previous testing for....
In results, describe differences by test history Opportunity to compare those HCV tested to those without. Were risk indications collected? If not this should be acknowledged as a limitation.

Results
In results, describe differences by clinic setting, test history and knowledge of HCV and HIV status.

Discussion
I believe the main point of the study is HCV. Is data collection comparable for both HIV and HCV to be grouped together? Suggest you state conclusions of HCV analysis and compare with the other conditions rather group together.
Discussion: In second paragraph, I encourage the authors to expand the discussion of moving away from an infectious disease (risk-based) model for chronic infections to a chronic disease (health promotion) model of demographic-based screening. Authors could also touch on electronic health records, decision support tools (i.e., physician reminders), and other ways to improve implementation of screening in clinical settings.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
No I have no competing interests.