Author's response to reviews

Title: Women experience a better long-term immune recovery and a better survival on HAART in Lao People's Democratic Republic

Authors:

Mathieu Bastard (mathieu.bastard@geneva.msf.org)
Khamphang Soulinphumy (khamphangs11@hotmail.com)
Prasith Phimmasone (prasith.phimmasone@auf.org)
Ahmed Saadani Hassani (ahmed.saadani@gmail.com)
Laura Ciaffi (laura.ciaffi@ird.fr)
Arlette Communier (arlylaos@yahoo.fr)
Chansy Phimphachanh (gftachas.chansy@gmail.com)
René Ecochard (rene.ecochard@chu-lyon.fr)
Jean-François Etard (jean-francois.etard@epicentre.msf.org)

Version: 2 Date: 7 June 2012

Author’s response to reviews: see over
Dear Editor,

I am pleased to send you the revised version of the manuscript 8224940096860175 “Women experience a better long-term immune recovery and a better survival on HAART in Lao People's Democratic Republic”.

Following your requests, we have made changes in the Abstract and Methods sections to clearly state that we only run a retrospective data analysis on an anonymous database made available to us by Ministry of Health (MoH) and MSF.

We had only access to the database made available to us thanks to a pre-existing collaboration between the Ministry of Health/Centre for HIV and STI (Laos) and MSF Switzerland. The medical teams filled paper forms to allow individual follow-up, as usually done in any hospital setting. The follow-up of the patients was based on these paper forms and registers, but not on a computerised system.

Some key data have been entered at Savannakhet Hospital by a data entry clerk to produce activity reports comprising aggregated statistics on number of patients entered and followed, drugs consumption to ease the coordination of the program. These tasks were done by the coordination team entirely independent of our future work of course. We had never access to the individual paper forms, located at the hospital, and the database was completely anonymized when we received it. The unique key to link visits of a given patient is internally generated by the software and we had no clue to identify a patient.

The head of the MoH/CHAS, responsible for the HIV program, Dr Chansy, asked us to perform an evaluation of their program of access to ARV based on the few data available from the first patients put on HAART and followed-up in Laos and stated clearly that an ethical approval was not necessary given the retrospective nature of the analysis done. This evaluation is the first one in Laos on unique data where information on HIV and ART is rare or even not existing.
We also refer to the following text on good epidemiological practices guideline in use in France:

ADELF-ADEREST--AEEMA-EPITER. Recommendations for professional standards and good epidemiological practices. 2007, page 13, section 4.3: The field of application of good epidemiological practices (GEP): “These GEP recommendations apply to all forms of epidemiological studies. These generally involve either no or very little risk to participants and are therefore outside the jurisdiction of ethics committees.”

Available at:

I hope that these clarifications will respond to your requests.
Please let me know if you need any additional informations.

Yours sincerely,

Mathieu BASTARD, MSc.