Author's response to reviews

Title: Clinical and Immunological outcomes according to adherence to first-line HAART in a urban and rural cohort of HIV-infected patients in Burkina Faso, West Africa

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

enclosed for your evaluation our revised manuscript entitled “Clinical and Immunological outcomes according to adherence to first-line HAART in a urban and rural cohort of HIV-infected patients in Burkina Faso, West Africa” for possible publication as research Article on your estimated BMC Infectious Diseases Journal.

First of all we would like to thank the Editor for the interesting comments that were very helpful to improve the quality of our work. We were able to address all of your comments as you can see below:

Editor's comment:

1\ I would not capitalize low income as adjective to Country/-ies in the abstract as well as throughout the text. Moreover, clarify in the abstract what is CERBA (and where is located - suburban) and that Nanoro is a rural Centre. Lastly, both being followed in Nanoro and living in a rural area appeared to be predictors: I wonder whether these two are truly separate variables or may be affected by co-linearity.
R: Thanks for the suggestion, we changed the text accordingly. Regarding the second comment, actually, a patients can live in rural area and can be followed into an urban centre, therefore he/she may have more problems for the transfers and different costs. On the contrary, a patient can live in urban/suburban area and be followed in a rural Centre because of different reasons. Therefore, is our opinion that the two variables are not affected by co-linearity.

2\ Line 81: 'pills' is not plural because it is used as adjective to 'count'.
R: Ok, we changed the refuse

3\ Line 108: 181° position is not English, please substitute with 181st.
R: Ok, we changed the refuse

4\ Line 113: the sentence 'All patients, if not lost to follow-up, ...” appears awkward. Please delete 'All' and 'if not lost to follow-up'.
R: Thank you for the suggestion, we changed the text accordingly

5\ Line 116: CD4+ count determination was scheduled but CD4+ count was not necessarily available at any points of follow-up at which it was scheduled, I guess.
R: Thank you for the suggestion, we agree and changed the text accordingly.

6\ Line 119: losses to follow-up always are at the end of the follow-up.
Please delete 'at the end of the follow-up'.
R: Ok, thanks, we changed the text accordingly.

7\ Line 137: use 'gender' instead of 'sex'.
R: Thanks, we changed the text accordingly

8\ Line 160: 'HIV type infection'? Use 'risk factor of HIV acquisition' or something like this.
R: For “HIV type infection” we meant a sero-type of HIV strain (HIV-1, HIV-2 or mixed infection). We clarified this sentence in the text.
9\ Line 172: use 'only' instead of 'alone'.
R: Ok, the text was changed accordingly

10\ Patients were followed for at least one year (as stated in line 106).
So, the median follow-up for patients censored appears quite short. Please check once again. Also, please indicate range with medians.
R: We added the median follow up in the text according with this suggestion (line #170).

11\ Line 185: number of deaths is not informative by calendar years.
Indeed, it should be given along time of follow-up (e.g., within month 6, month 12 and so on). The same for lost to follow-up.
R: thank you for this suggestion: actually, we prefer to delete this part in order to not overload the reading.

Thanks for your suggestions, we globally checked the text once again.