Reviewer’s report

Title: Epidemiology of the human immunodeficiency virus in Saudi Arabia; 18-year surveillance results and prevention from Islamic perspective.

Version: 1 Date: 23 March 2004

Reviewer: John Martin M Kaldor

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General:
It is very good to see detailed information presented on HIV epidemiology in Saudi Arabia, as there are few such reports from the Middle East and North Africa. The paper would benefit from attention to several areas.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Introduction

Perhaps it would be helpful to give a very brief description of Saudi Arabia, including total population, main population centres, and administrative structure.

Methods

Some more detail on surveillance methods would be useful. Eg Are reports by name, or by code? How is the information on mode of transmission obtained? Are overseas workers tested routinely on arrival in Saudi Arabia?

Results

A map would be helpful. Is there any information on how many HIV tests were carried out by region? Because of the potential variation in the extent of testing, it would be useful to see a separate analysis of time trends, sex and risk factors that was restricted to AIDS cases only.

The proportion of Saudi women with HIV seems quite high. Is there any indication of transmission mode breakdowns by sex and Saudi/non-Saudi origin?

Table 2: Presumably the prevalence is the cumulative prevalence of diagnosis per 100 000 total population. If so, what year is the population drawn from, or is it an average over the time period? Is it possible to analyse prevalence separately for Saudi/non-Saudi, ie are there denominator data available on these populations either nationally or by region?

Table 3: Are any prevalence data available by group tested, eg for tuberculosis patients, blood donors, surgical patients?

Figure 2: Presumably by year of HIV diagnosis (not transmission as implied by the title).

Discussion
This section presents a number of interesting issues "from [an] Islamic perspective", to quote the article's title. However it might be reasonable for the authors to note the heterogeneity of both doctrine and practice across Islamic societies. Some additional points follow.

The first paragraph makes reference to higher numbers of HIV diagnoses in expatriates and regions where expatriates live. This section should note the possibility that testing rates might be higher among expatriates, and give relevant data on testing if they are available.

Third paragraph should note that some countries in both Asia and Africa appear to have had success in reducing levels of transmission. In the same paragraph, the last sentence seems to imply that transmission in developing countries is due to the lack of antiretroviral therapy.

Fifth paragraph (p 12): It has been well documented in both Asia and Africa that a substantial amount of transmission occurs within married couples, generally from male to female. In some countries this is probably the main pathway of HIV transmission. In the same paragraph, what is the evidence that drug use is increasing in Saudi Arabia?

Sixth paragraph: Various forms of safe sex promotion and needle and syringe distribution have been supported in several countries with predominantly Islamic populations, including Bangladesh and Indonesia. There is a considerable body of scientific literature indicating that these programs do not encourage extra-marital sex or drug injecting, but that they do reduce the risk of HIV transmission in individuals and communities at risk of HIV.

Eighth paragraph (p 13): Do the authors have evidence that men with more than one wife are less likely to have extra-marital sex than those with one wife? The use of the term "provocation of men" in the same paragraph seems to suggest that men are somehow the victims and are unable to make informed choices that protect their health and that of their sexual partners.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

None.