Reviewer's report

Title: Uptake of HIV testing and outcomes within a Community-based Therapeutic Care (CTC) programme to treat Severe Acute Malnutrition in Malawi: a descriptive study

Version: 1 Date: 1 November 2007

Reviewer: Andre Briend

Reviewer's report:

General

This paper is important and fills a major gap on the response to dietary therapy of HIV-infected children with severe acute malnutrition (SAM). So far, we had limited information on this topic based on a first preliminary study (ref 2) which required confirmation. The findings of these study, suggesting a high uptake of HIV testing and a good response to nutritional therapy of most HIV-infected children, have major public health implications.

The statistical analysis is sound

The paper is clear, well written, easy to read.

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

None

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

The authors introduce the acronym SAM for severe acute malnutrition but do not use it all over the text. See last line of the abstract and first line of Treatment provided para p 6.

Some references are misplaced. I would put ref 4 at the end of the sentence, not in the middle. Some references are quoted in the text and not in the bibliography, with no clear rationale (see for instance the reference on adult HIV prevalence, first para of the methods section, or last line of the RC para, end of p 4, or reference to the AAH algorithm p 5). Ref 18 should be after the first part of the sentence, not at the end. Ref 33 and 34 both refer to NRU, not as far as I know to outpatient treatment programmes.

The description of the outcome for both the RC and PC cohorts is not easy to follow. Instead of giving them both, with some repetition, say something like: "The
outcome of the PC cohort was the same as for the RC, with the exception of … change in nutritional status which could not be examined for the same follow up period ??"

p 6 can you specify the treatment given for anaemia ?

p 6 Mention the units used to calculate weight gain. The method used gives weight gain in g/kg/day as used in the result section only if weight gain is expressed in grams.

There should be more consistency between the result section and Figure 1. For instance, the number of eligible families 1490 is not shown in the figure. The 1174 children eventually included shown in the figure are not mentioned in the text. Overall, more details are needed both in the text and in the figure.

p 8 The proportion of children getting inpatient treatment is rather high compared to similar programmes elsewhere. Any reason for that ? Can you say a few words about it in the discussion ?

p 11 Delaying ART does have economical benefits, but also is preferable as it avoid unneeded exposure of these children to ARV drugs who have side effects and some toxicity.

p 11. Spell nevertheless without -.

Discretionary Revisions (which the author can choose to ignore)

The rationale for having both a retrospective and a prospective cohorts are not clear. I assume HIV testing became available while a CTC programme had been going for already a few months. In this case, this should be explained.

This paper showed a lower proportion of HIV-infected children having oedema compared to the non-infected. This is not the first time this is reported. See for instance: Beau JP, Imboua-Coulibaly L. Kwashiorkor and HIV: new questions. J Trop Pediatr. 1997 Feb;43(1):50-1. This should be mentioned in the discussion and a few references given.

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
I declare I have no competing interests