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: 2 Date: 4 March 2008

Reviewer: Haroon Saloojee

Reviewer’s report:

Major Compulsory Revisions

1. P17 “In this context the best combination of indicators for ruling out the diagnosis of paediatric HIV was a combination of nutritional (MUAC < 110 mm) and one or more proxy indicators. This suggests that simple assessments for ruling out HIV can be made where testing is not available and that CTC protocols should be adapted accordingly.”

The authors interpretation of a negative likelihood ratio of 0.1 is flawed. It should be “severely malnourished children with a MUAC >110 mm and no proxy indicators were 10-fold less likely to test HIV positive”.

I’m unsure which proxy indicator combinations were used in the calculation, but disagree that getting info on about household dynamics or establishing TB status of the child is “simple”.

2. Why was the prevalence of HIV in parents in the study cohort (61/1214 [5%]) half that of adult population in region (9.8%)?

The explanation offered is unsatisfactory

3. Explain reasons for the higher default rate in the HIV positive children.

Add the information offered in the author query response into the text-“ The particularly long average length of stay in the programme by HIV positive children who defaulted at (? a mean of) 70 days, suggests that the slow improvement and the opportunity cost of continuing the programme are the likely reasons.”

4. “Approximately 15 months after discharge, 24 out of 28 (85.7%) HIV-infected RC children were not malnourished (WFH > 80% reference median and no bilateral pitting oedema). However, 6 of the 24 with WFH>80% and no oedema had a MUAC below 125 cm including 1 with a MUAC<110 mm giving an overall malnutrition rate of 35.7% (10 out of 28) in HIV-infected children compared with a malnutrition rate of 2.0% (22/1094) in HIV-negative children (p=0.001).

How was malnutrition defined? Is a MUAC < 125 mm (not cm) a criterion for defining malnutrition? (If so, provide reference)
Minor Essential Revisions

1. P9 Is it true that severe malnutrition does not improve without ART? Is the reference [24] being quoted correctly? Is this an opinion?

   Unclear how this has been responded to in the text

   “2. Table 5: The sensitivity, specificity and positive (PPV) and negative (NPV) predictive values of proxy indicators and clinical algorithms for identifying HIV infection in severely malnourished children”

   Add likelihood ratio to table title

What next?: Accept after minor essential revisions

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:

I declare that I have no competing interests.