Author's response to reviews

Title: High Risk for Occupational Exposure to HIV and Utilization of Post-Exposure Prophylaxis in a Teaching Hospital in Pune, India

Authors:

Amita Gupta (agupta25@jhmi.edu)
Shuchi Anand (SANAND2@PARTNERS.ORG)
Jayagowri Sastry (gowsas@gmail.com)
Anandini Krisagar (labro1@jhumitpune.com)
Anita Basavaraj (anita.basavaraj@rediffmail.com)
Sriphad Bhat (smb.med@gmail.com)
Nikhil Gupte (nikhil@jhumitpune.com)
Robert C Bollinger (rcb@jhmi.edu)
Arjun L Kakrani (kakrani@hotmail.com)

Version: 3 Date: 8 October 2008

Author's response to reviews: see over
**Title of paper:** High Risk for Occupational Exposure to HIV and Utilization of Post-Exposure Prophylaxis in a Teaching Hospital in Pune, India

**Corresponding author:** Amita Gupta, MD MHS

Dr Jo Appleford, PhD  
Senior Editor/Deputy Medical Editor  
BioMed Central  
Middlesex House  
32-42 Cleveland Street  
London W1T 4LB UK

Dear Dr. Appleford,

On behalf of my co-authors, I submit the revised manuscript for consideration by BMC Infectious Diseases.

We have responded to the editors comments as well as each of the reviewers comments as shown below. We have included a competing interests statement, the authors’ contributions and a separate conclusions section as requested.

All authors have read and approved the paper, have met the criteria for authorship as established by the International Committee of Medical Journal Editors, have no conflict of interests to declare, believe that the paper represents honest work, and are able to verify the validity of the results reported.

Sincerely,

Amita Gupta, MD, MHS  
Corresponding Author
Reviewer: Patrizia Carrieri
Reviewer’s report:
The discussion is developed in an appropriate way but more international comparisons should be made.

Thank you for this comment. We have added more international comparisons to the discussion. Please see pages 13-14.

1. Add a paragraph to better identify the pattern of independent predictors of adherence to CDC guidelines in case of HIV exposure, maybe a multivariate analysis of factors associated with inappropriate PEP prescription in case of low HIV exposure.

We have added a paragraph discussing a multivariate analysis of factors associated with inappropriate PEP prescription in case of low HIV exposure (see page 9).

2. Know more about factors associated with early discontinuation of PEP treatment.

We have added information about the factors associated with early discontinuation of PEP treatment (see pages 14-15). Early discontinuation of PEP was often due to GI side effects of AZT. Ward attendants and sweepers more often discontinued PEP than interns or residents. While we do not have the exact reasons for this; we surmise it is likely because they did not perceive themselves to be at high risk for HIV infection and they were also less likely to truly have high risk exposures. They also may have been less knowledgeable about importance of adherence to PEP and may have experienced side effects of the PEP medications. Several persons started PEP due to intense fear and misconceptions about the exposure risk even after 10-15 minutes of counseling by on-call PEP physician. However, in the initial few weeks post-exposure many of them reviewed the indications for PEP and health care worker risk from available books and the internet and many of them subsequently realized that PEP was not indicated in them and hence discontinued. This was particularly true about the residents in Medicine, Obstetrics/Gynecology and Pathology.

As a consequence also the methods should be a little bit more detailed.

We have accordingly made the methods more detailed to provide information on the MV model we developed (see page 9).
Reviewer: Mitchell H Katz

pg 5, first paragraph, last sentence needs comparative clause: HCW in India....compared to ?

A comparative clause has been added to this sentence on page 5.

pg 8 there needs to be some rationale for why each hcw were assumed to work all year round--is the amount of vacation too trivial to subtract from the 12 month year or was it done because you want the reader to think of a person year as a year in the life of a hcw as opposed to a year of work.

Yes the amount of vacation is trivial to subtract from the 12 month year. Residents have a total of 8 days off per year and there is no provision of leave even on Saturday or Sunday. Interns have only 6 days off per year. Nurses also have less than 14 days off per year. In addition, we did want to calculate the incidence rates using person-year as year in the life of a HCW, which in the Indian teaching hospital setting is closely approximated to a true person-year of time since so few days of leave are granted to HCW taking direct care of patients at the public hospital.

In the discussion it would be worth a short acknowledgement that indinavir would not be currently the choice for a third drug for pep.

We agree with the reviewer and have added this acknowledgement (i.e. indinavir is no longer considered a drug of choice for PEP) to our discussion on page 15 (last sentence of last paragraph).

pg 9, given the higher rates among interns it might be worth defining that interns are in their first post medical school year, while residents are in years X to X.

The definition of intern and resident are now explicitly stated on page 9 in first paragraph of results.

discretionary revisions
pg 7 would cut clause about HBsAG testing being outsourced. this is not an important detail and the term is confusing with "source"

We have removed the word outsourced on page 7.