Reviewer's report

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

Version: 1 Date: 26 June 2008

Reviewer: Patrizia Carrieri

Reviewer's report:

The authors report interesting results about access to PEP after professional exposure in a teaching hospital in Pune, India. The paper is very well written and also gives a global insight of measures used also in case of risk of transmission of other bloodborn diseases.

The results of the paper are also important because there is still limited knowledge about this topic in resource-limited setting.

The question and the objectives of the paper are reached, the methods and the data are very well described and clearly presented.

The discussion is developed in an appropriate way but more international comparisons should be made.

The conclusions are adequately supported by the data.

It is true that it is possible that what has been done in this setting is not representative of what is done in similar situations in the rest of the country, but the authors show that these measures can be easily implemented even in resource-limited setting.

The paper is mainly descriptive but some additional elements could be useful to better orient future strategies for implementing PEP in similar contexts.

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.

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

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

I enjoyed reading this paper.

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.