Author’s response to reviews

Title: Acceptability of intrapartum HIV counselling and testing in Cameroon

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Author’s response to reviews: see over
Dear Editors,

Ref: Acceptability of intrapartum HIV counselling and testing in Cameroon.

Thanks for giving us the opportunity to resubmit the manuscript. We have addressed the comments of reviewers point-by-point and the next pages present these comments in quotation marks and in bold. Our responses follow the comments.

The comments have helped improved the manuscript, for which we are grateful. We hope this will meet the standards for publication in your journal.

Sincerely,

Eugene Kongnyuy
Minor Essential revisions

"1. A total of 8043 patients were admitted to 4 hospitals over a two year period, what were the actual numbers per hospital. There are hospitals that attend to over 10,000 deliveries per year, what recommendations do authors have for high volume so as to maintain the same level of acceptance?"

The number of patients per hospital have been specified under the METHODS section. A recommendation has been given for high volume hospitals under DISCUSSION. Thanks.

"2. The rapid test can be done by counselors, why were lab. Technicians employed to conduct these tests on the labor wards (safe guarding the turf?)"

Counselors were midwives trained on appropriate counseling techniques and laboratory technicians were technicians who normally work in the hospitals; so the was no extra cost of recruiting new staff. This has been explained under METHODS. Thanks.

"3. Was there an added cost to maintaining counsellors and technicians round the clock on the labour wards?"

There was no extra cost. Thanks.
Reviewer: Dermot Maher

Minor essential revisions

"1. In the Introduction a reference is provided from a 2002 UNAIDS report to support the statement of global HIV burden infants and young children referring to more recent UNAIDS reports would be better."

The old reference has been replaced. Thanks.

"3. In the Introduction, HIV testing during labour is said to provide the last window of opportunity for PMTCT interventions. This should be qualified as the last window of opportunity before delivery, in view of the interventions available post-partum, e.g. 6 months exclusive breastfeeding."

This has been corrected. Thanks.

"4. The study gives a picture of acceptability of intrapartum HIV counseling and testing in the capital and in 2 districts hospitals – it would be useful for the authors to comment on whether anything is known in other rural health facilities where women deliver in Cameroon, and if not whether research is envisaged to get a more complete picture in the country."

Little is known about acceptability of intrapartum HIV counseling and testing in rural areas in Cameroon. A recommendation has been added for future research. Thanks.

"5. In Methods, the authors refer to rapid testing initially with Determine followed by Capillus, although in the Discussion they say they used parallel testing – clarification is necessary whether they used serial or parallel testing."

Parallel testing was used and this has been clarified in the METHODS. Thanks.

"6. In the Discussion the authors might take the opportunity to comment on new internationally recommended treatment regimens for PMTCT that have superseded nevirapine alone."

This has been added under DISCUSSION. Thanks.

"7. In Discussion, it would be useful for the authors to explain a bit more how differences in acceptability of intrapartum HIV testing may be explained by socio-economic and cultural differences in perceived risk of HIV infection, and in what ways parallel testing was found in the systematic literature to be superior to a strategy of a single test."

This explanation has been given under DISCUSSION. Thanks.
"8. Without having seen women undergoing intrapartum HIV counseling and testing, it seems to me surprising that the acceptability is so high when women in labour are busy with the business of childbirth which must occupy most of their attention. So some information would be helpful as to how women manage to take on board the important elements of counseling as described in the Methods, when their minds may be very much on the process of childbirth."

It is true that counseling is difficult during labour. However inbetween the labour pains especially during early labour counseling is possible. Thanks.
Reviewer: Anita Shankar
"This is an interesting article about a very important issue related to maternal and infant transmission. However, the article would greatly benefit from a more in-depth review of the existing current literature and greater detail in their explanation of their findings."

Thanks. The article has been revised in light to the current literature especially the introduction and Discussion sections.

Minor Essential Revisions

"Table 2 and 3 should include % next to the numbers in the table"

The % have been included. Thanks.

Major Compulsory Revisions

"Introduction
There has been considerable research that has been done in Africa and elsewhere in the world related to HIV VCT for pregnant women that should be referenced (for example please see Rahangdale L, Sarnquist C, Feakins C, Nassos P, Haller B, Cohan D. J Acquir Immune Defic Syndr. 2007 Nov 1;46(3):376-8. Rapdi HIV testing on labor and delivery: lessons from the field). In addition, the authors should indicate why their study is unique or if it is a 'me-too' study, should indicate why this adds to the existing literature.

The introduction has been revised as suggested. The study is the first of its kind in Cameroon and this has been made clear in the introduction.

"Methods
To clarify is it correct that all presenting labouring women were interviewed? Were there specific reasons for refusing to be tested specified?

Women in the second stage of labour were not included in the counselling (METHODS section has been revised) and specific reasons for refusing having been mentioned in the DISCUSSION.

"Discussion: The authors should review the papers cited to ensure there is accuracy in reporting, for example in the Discussion, does the 97% acceptability in Uganda refer to consent during labour or just during any maternity services?"

The actual acceptability in this study was 86%. Thanks.

"What type of socio-economic and cultural differences could lead to differences in perceived risk of HIV in Cameroon as compared to other places?"

Reasons given by women for refusing HIV testing such as stigma, discrimination and rejection could vary across different strata. This has been explained. Thanks.
"What is the cost of HIV testing during labour and would this be feasible and affordable approach to recommend?"

The cost is 4 US$ and it is feasible and affordable. This has been added under DISCUSSION. Thanks.

"What is meant by the statement that educated and uneducated women differ in their perceived risk of HIV (please clarify)."

This has been explained under DISCUSSION.

"How representative are these hospitals to that elsewhere in Cameroon."

The hospitals are all located in the Centre Province and they cannot be said to represent the whole country. This has been mentioned under DISCUSSION.

"What proportion of women in Cameroon deliver within hospitals such as those investigated in this study?"

A small proportion delivers in the four hospitals and they do not accurately represent the whole country. Thanks.

"References: The literature review should be updated to include the most recent information on the subject."

It has been updated. Thanks.

"Specific questions related to the manuscript:
When assessing he work, please consider the following points:
  1. Is the question posed by the authors well defined? – Yes
  2. Are methods appropriate and well described? – Yes
  3. Are data sound? Yes they appear to be
  4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Yes"

Thanks for the compliment

"5. Are the discussion and conclusions well balanced and adequately supported by the data? The discussion and conclusions should be expanded more to discuss the results found in the data".

This has been expanded. Thanks.

"6. Are limitations of the work clearly stated. No, any limitations should be discussed in the discussion"

This has been discussed. Thanks.
"7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? Yes, but greater effort needs to be made to review the current existing literature on the subject and incorporate this in paper."

This has been done. Thanks.

"8. Do the title and abstract accurately convey what has been found? Yes
9. Is the writing acceptable. Yes"

Thanks.
Reviewer: Marcel Manzi
"Congratulations to authors of this document which is excellent and well done."

Thanks.

"Few comments:
The question posed by the authors is well defined about the acceptability of the mothers, but what about feasibility? The HIV counseling and testing in the labour ward is a challenging endeavour, and the authors say that all labouring women with unknown HIV status presenting to the labour room during the study were eligible for inclusion in the study: the question is how did they manage to counsel the women presenting late in labour even with some complications?. Because, I guess it was very difficult for the obstetricians or the midwives or for the counselors to counsel them on HIV when they are in pre-rupture or when the baby is suffering? The priority is to intervene not to counsel? It is also not clear in the methodology how did they deal with these inconveniences: confidentiality and social support on the emotional health of the mothers who are tested HIV positive! This is a very important issue: the pregnant women in labour, with high stress of delivery and announcement of the positive status in labour"

In reality women in the 2\textsuperscript{nd} stage of labour were not included in the study. This has been clarified under METHODS. In addition, how the emotional stress of HIV positive women was handled has been described. Thanks.

"This below rises an other questions: was it planned to exclude some women if so what were exclusion criteria? (as I said if the women comes with complications and you have no time to counsel her) maybe you should add them."

Women in the 2\textsuperscript{nd} stage of labour were excluded. Apart from that attempts were made to counsel all other women. It is practically difficult to operate a woman in less than 1 hour of arrival in the four hospitals. In cases that needed an operation, while the maternity were busy preparing for the operation, the counselor did the counseling.

"You are recommending an opt-out approach for HIV testing during the labour in Cameroon, this will be difficult in developing country, where human resources, trained counselors and laboratory technicians, are rare. Before proposing this to the government, they should think to assess the precise cost to implement this routine HIV counseling and testing in labour room in poor setting with lack of resources"

thanks for this comment

"The last not the least, I don’t see the limitations of this study: is it possible to implement this HIV counseling and testing an all the maternities in Cameroon, if no why?"

The 4 hospitals do not represent the entire country and we have recommended further assessment of this approach in rural areas.

Discretionary revisions: how to deal with confidentiality and social support?
This has been described under METHODS. Thanks.

"Minor revisions: the range around the mean age"

A range has been added under Socio-demographic characteristics.

"Major compulsory revisions: do they have limitations and what are there? Do they plan to look at the cost effectiveness of the study before proposing the implementation of the whole package of counseling and testing in the labour rooms to the government to be sure that this should be done as routine task, or they need to precise their limitations and to recommend where it should be possible to implement! For instance, only in the district and the referral hospitals, and not in the low level health infrastructures."

Limitations have been added. We have added a recommendation to evaluate the cost-effectiveness and feasibility in rural areas before implementing this approach nationwide. Thanks.