Reviewer's report

Title: Same-Visit HIV Testing in Trinidad and Tobago

Version: 2 Date: 1 August 2009

Reviewer: Benjamin Chi

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The innovation described by the authors – same-day HIV testing with rapid diagnostics – has become quite common worldwide since the Trinidad and Tobago MOH policy was developed over 3 years ago. This would be a stronger contribution if the authors were able to describe the public health impact of such a policy. Unfortunately, the paper seems more focused on the policy-making process, which probably does not have much current relevance.

MAJOR COMPULSORY REVISIONS

In general, the writing needs to be more concise. The authors place far too much emphasis on the process (e.g. timeline), making it difficult to understand the bigger picture at times. This is particularly true of the Approach section. One solution may be to include some of this data in tables or figures, so it is more accessible. For example, if the authors feel that the timeline is crucial, could it instead be included as a Figure and referenced in the text?

The “Outcomes” section should provide more detail about the policy’s impact. Although the authors hint at this in their pilot program description, I think a more systematic review of the data is needed. For example, what were the testing rates and what the HIV prevalence was among attendees on a month-by-month basis? This could easily represented by a bar graph.

Since the pilot was implemented over 3 years ago, I would also like to see how HIV testing has expanded since then, as this strategy was presumably rolled out throughout the country. Other interesting data would have included turn-around time for results, number of staff trained, number of sites supported, and data (if available) on patient satisfaction. I recognize that this may not be routinely collected. If they were not, this should at least be acknowledged in the limitations, since they speak to the public health impact of the policy.

The cost of testing requires further development by the authors. In the current version, costs are incompletely determined, since it should include provider time, space, transport, etc. While the authors make valid points regarding the additional cost for QA/QC, I would have liked to see that cost required for a positive HIV test – further validating the cost-effectiveness of such a strategy. The authors could compare the cost of rapid testing with that of “traditional” laboratory-based HIV testing. Without such comparisons, it may be difficult for other program implementers to understand the relative benefit of such a policy. If
further development of this issue is not possible, I would suggest removing this section entirely.

In the final sentences of the abstract and the manuscript, the authors describe their program as a “model” for others looking to initiate similar services. In order to make that claim, more data are required to demonstrate the effectiveness of their same-day testing strategy. Has it increased HIV testing? Are turn-around times faster? Do patients report better satisfaction? The answers to these questions cannot be assumed. Recent work by Mwanazi and colleagues, for example, demonstrated that same-day reporting of HIV results in South Africa did not lead to better uptake of services. If the answers to such questions are unavailable, then the strength of their conclusions should be appropriately dialed down.

In “Perspectives,” the authors fail to place their findings into a global context. Areas that might have been interesting to explore may have included: (1) the implications and challenges of such a policy in a lower prevalence setting, compared to more commonly described programs in sub-Saharan Africa, (2) relevance of this program to HIV testing strategies, such as provider-initiated counseling and testing or “opt-out” strategies, or (3) integration of HIV testing into other services, such as outpatient care. Not all need to be included, but there should be more discussion on how their experiences related to those of others, either in programs or in research. This omission is notable in the paper’s bibliography, which appears underdeveloped and focuses mostly on policy guidelines.

Although it is referenced in Table 1, the authors should be clear about the HIV rapid test kits approved by the MOH. Also, what was the testing algorithm? Were all patients tested with two different kits? If so, was there consideration to testing only with one rapid test for those who are negative, as is commonly done in African settings? Such a policy could result in substantial cost savings in a lower prevalence setting.

The quality assurance program needs a little clarification. Are the QC materials real participant samples? Are the providers blinded to their result? Clearly, those are important considerations for program evaluation.

MINOR ESSENTIAL REVISIONS

Table 1 seems unnecessary, as the results are described in the manuscript.

DISCRETIONARY REVISIONS

Unless this is a format recommended by BMC Public Health for “Correspondence” submissions, I would consider changing the formatting to something a little more traditional (i.e. introduction, methods, results, discussion). I found this non-traditional format difficult to follow. Reducing the number of subtitles might be helpful, so that the prose flows better. Addition of appendices –
particularly these lengthy ones – is not typical and should only be included in rare cases where the text cannot fully describe their content.

**Level of interest:** An article whose findings are important to those with closely related research interests

**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.