Author's response to reviews

Title: HIV/AIDS knowledge in detention in Hunan province, China

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Author's response to reviews: see over
Dear editors,

On behalf of my coauthors I send you enclosed a revised manuscript entitled “HIV/AIDS knowledge in detention in Hunan province, China” that we want to submit for publication as a research article in BMC Public Health.

The article under number MS: 1269255328278881, we revised it and want to send it again.

Response to the reviewers and description of the changes made please see the following text.

This work has not been published in this or a substantially similar form [in print or electronically, including on a web site], nor accepted for publication elsewhere, nor is it under consideration by another publication. All authors have read and approved of the manuscript. None of the authors has any conflicts of interest.

We hope you find our manuscript suitable for publication in your journal.

With kind regards,
Weidong Zhang
Description of the changes made

Response to the Reviewer: Sten Vermund

1. Q: The manuscript needs substantial English language editing for grammar and vocabulary (a few examples: detainees, not détenens, all pages; crowded, not crowed, p.3; exposure, not expose, p.3; from, not form, p.4; Table 2 professions). I have not pointed out all of the examples because there are too many. The paper will require a full, careful copyediting.
   A: The English was edited.

2. Q: Abstract: Better to alert the readers that all the detention centers were in Hunan Province in the Methods section rather than in the Conclusion.
   A: Hunan province was addressed in abstract.

3. Q: Abstract: One cannot say that the detainees improved their knowledge of HIV/AIDS because this was not a pre-/post- comparison study, nor was there a control group. From a cross-sectional study, one can only comment on their knowledge without attributing that knowledge to their being in detention.
   A: Changed.

4. Q: p.3, paragr.2: Can you tell us what proportion of IDUs in China participate in needle exchange or in methadone maintenance therapy (MMT)? This would give the reader a sense of magnitude of still unmet need, if any.
   A: Information added.

5. Q: p.3: para.4: Please introduce all abbreviations (e.g., KAP, STD) first by writing them out the first time used. Whether or not HIV and AIDS should also be introduced is up to the journal editor as journals are not consistent on this.
   A: Changed.

Methods

6. Q: p.4, last para of 2.1: I agree that having a diversity of detention centers improved generalizability. Can you tell us what the differences were? For example, were there rural centers? Centers only for women? Centers that were much smaller or much bigger? Centers that had higher proportions of minority (i.e., non-Han) populations?
   A: There are different detentions in China, most in the suburb, there are centers only for women, and the size is different, centers with higher proportions of minority are only in rural and minority areas. Explained in the paper.

7 Q: p.4: Was there IRB approval for this study? This is especially important to cite when a vulnerable population, like prisoners, is being studied. The study is “minimal risk” as far as I can tell, but it is good to know if the IRB reviewed and approved it.
A: Not reviewed by IRB, but approved by ethic committee of China CDC.

Results

8 Q: p.4, 3.1, para.1: Do we know what the sex ratio was of the total detainee population at the time of the survey, i.e., was it also near 2.24 M to F?
A: we did not get such information.

9: Q: p.4: This sentence came as a surprise: “Illegal drug use was the causes of detention…” because I thought these were drug detention centers. In fact, only half the detainees are drug users. Can you tell us what the other detainees were there for? I assume that the sum of the two values is <100% due to missing data, but this should be made explicit.
A: here means in drug detention center and explained in the paper. Some detainees were drug users, in China all registered drug users were sent to drug detention center for a period of detoxification therapy.

10. Q: p.4 and elsewhere: Now that I realize that these are not drug abuse-specific detention centers, can you help clarify what types of facilities these are? Are these facilities analogous to jails where people are kept temporarily, or are they prisons where people are kept to serve out their sentences? Or perhaps they house both pre-trial and post-trial persons, such that they have both jail and prison functions. What is the age distribution of the detainees? This detail will be helpful since many countries only refer to detention centers for youth, and talk about jails and prisons for adults.
A: here detention referred to different kinds of detention center, it included jail, prison, and temporary detention centers and detention centers only for women.

11: Q: p.5, 3.3: Did all the detention centers offer the same services, such as the information distribution and the condom distribution? Were the condoms intended for use within the detention centers, or were they distributed only related to conjugal visits?
A: Most services were formulated by the same agency and similar, questions related to condom were asked about the behavior outside detentions.

12 Q: p.5, 3.4: This section is a bit confusing. Could it be restructured to say that of 956 persons, 204 were tested prior to detention, and 580 in detention (xxx retested and yyy tested for the first time), leaving zzz who were never tested. Also, could you separate the drug users from the others, to see if the very highest risk persons were getting tested at higher or lower rates than others? Are there sex workers in detention? Perhaps they could also be separated for subgroup analysis.
A: Revised, some sub-groups were too small, and considering the missing of data, we could not get significant results.

13 Q: p.5, 3.5: The way this is worded, it seems that everyone was tested, but this is
not true as per section 3.4. Was this question a theoretical one such that they all said what they would want vis-à-vis disclosure IF they had been tested? It would be helpful to have these disclosure data presented with three subgroups: those who had been tested previously, those tested in detention, and those never tested.

A: it was a theoretical question.

14: Q: p.5, 3.5: Do we know how many persons among the 204 who were tested previously had actually disclosed their status to others? If so, this should be stated here, too.
A: we did not get such information.

15: Q: p.5-6, sections 3.6, 3.7: These sections are best in the Methods rather than the Results sections.
A: Changed and revised.

Discussion

16: Q: I would advise the authors to reconsider this section. The first paragraph would be an excellent venue to summarize the key findings and their interpretation. The next paragraph or two would be good for nesting these findings into the global literature on these same subjects (KAP, testing, disclosure, etc) among prisoners, including drug detainees). One might also comment as to whether other venues in China are very different or are similar to Hunan Province facilities. This would entail citing both the international and Chinese literature. Then one could comment on study strengths and limitations. finally one could comment on the scientific and public health implications of these findings, including how programs could be improved to do an even better job. I thought the current discussion was too “generic” and might have been written independent of the findings of the study itself.
A: Discussion section has revised and added needed information.

Tables

17: Q: Tables 1 and 2: These could be integrated fairly easily. Also, the core data are already in the text, so a bit more detail in the text could enable these tables to be deleted.
A: Table 1 and 2 were integrated.

18 Q: Table 3: Since there are no missing data, the N=956 can be placed at the top and the first column deleted. It would be wonderful if there could be a column for the drug users and another for sex workers (if there are enough who were surveyed) and one for everyone else, as well as a total column.
A: we delete this table, for we did not have support data.
19: Q: Table 4: Could a line be drawn between the 3rd and 4th data lines to make clear that one is not adding up these numbers?
   A: added.

20: A: Table 5: The public health implications of these findings can be discussed in the Discussion section. For example, does the fact that some persons do not want to know their results until they leave the facility mean that post-test counseling should be adjusted for them, or do the authors think that more education should be offered this subgroup to understand the benefits of knowing their status right away, to access care and treatment, and to protect others?
   A: Explained in discussion section.

Response to the Reviewer: Yujiang Jia

1 Q: It needs to be revised to reflect the use of HIV-related intervention services, and attitudes toward being informed of HIV testing results.
   A: revised.

2 Q: Abstract: Last sentence should be deleted.
   A: deleted.

3: Q: Background:
The overall introduction of detention facilities and its detainees would be useful background information. This manuscript is really a study of HIV-related knowledge, intervention service uptakes, including HIV testing, not injection drug use, so a shift in emphasis would be appropriate. Recommend deleting, "Up to the end of 2004 injecting drug users (IDUs) accounted for about 70% of total cumulative reported HIV infections in China [3]". The significant difference between 70% and 44.3% could miss lead the general audience. The former reflects the contribution of IDU in the 2004 estimate and the later are the proportion of HIV contributed in the reported cases in 2005. I think that it may more meaningful, if the authors used the latest reference, the 2007 revised estimates, and particularly, “the proportion of IDU contributed to new HIV infection” should be better reference for this purpose.
   A: 2007 estimation added, and revised for IDU information.

4: Q: Methods:
   1. Clarify the sampling frame? How much is the “N”?
      A: information added.
   2. What does the “self-report questionnaire” mean? More details for the interview and participation procedure may be appropriate.
      A: information added, the detainees filled the questionnaires and checked by the interviewers.
   3. Does the compulsory detoxification program conduct the testing forcefully or
voluntary? Have the informed consent been received from the detainee participants?
A: tested voluntary, informed consent were received from participants and cited in the paper.

4. It may be better if the authors use consistent names for the different detention facilities in both background and methods, e.g., detoxification centers, re-education centers, custody houses, etc.
A: revised.

5. Q: Results:
1. “Sample (s)” in the result section should be revised as “participant (s)”.
A: Revised.
2. In line 26 on page 4, “transit” should be defined in the method section.
A: changed.
3. In line 29 on page 4, the word of “compulsory” in 9 year compulsory education” may be deleted.
A: deleted.

6 Q: Discussion:
1. The limitations of the study should be addressed.
A: Addressed in this section.
2. The authors appropriately discussed that the Chinese government has committed resources and energy to tackle the epidemic, including its nationwide “Four Frees, One Care” program. The discussion should also underscore the importance of detention facilities as venues for both surveillance and intervention efforts. The challenge of low uptakes of HIV-related intervention services should be highlighted. Due to the low rate of HIV testing, the large proportion of people living with HIV/AIDS doesn’t know their status continue to spread the virus. HIV counseling and testing plays a pivotal role in the public health response to the HIV epidemic and is a vital point of entry to HIV/AIDS services and attendant “positive prevention”. The majority of persons who are aware of their HIV-positive status reduce sexual behaviors that might transmit HIV. Even in the context of continued HIV risk behavior, suppressing plasma HIV RNA to undetectable levels through ART may further control HIV transmission, offering a public health benefit alongside the health benefits to the individual. Recent modeling work suggested that universal voluntary counseling and testing with immediate ART, combined with present prevention approaches, could control generalized epidemics. Observational data from the Netherlands, Canada, and the U.S. have all suggested benefits of earlier ART. Although China has endorsed the early ART, the coverage of HIV testing and adherence of ART remain challenges.
A: discussed abovementioned issues in the discussion section.
3. It might be more appropriate if the authors develop a table presenting the more details of sociodemographics of the participants, with including information from current table 1 and 2. Table 4 should be revised.
A: changed.