Reviewer's report

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

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Reviewer: Yujiang Jia

Reviewer's report:

- Major Revisions

This study examines the HIV knowledge, uptake of HIV-related intervention services, and attitudes toward being informed of HIV testing results among 979 detainees recruited from 10 detention facilities in Hunan Province of China. The authors should highlighted that the finding of this study suggested a relatively low level of HIV-knowledge, low uptake of HIV-related intervention services including HIV testing, and high level of willingness to be informed the testing results among these participants. Given China scaling up HIV intervention efforts, low uptake of services remains challenges, such settings could not only serve as the venues for sentinel surveillance surveys to monitor the epidemics, it could also provide the window opportunities for intervention prevention for the drug abuse treatment and HIV/AIDS.

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

Abstract: Last sentence should be deleted.

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.

Methods:

1. Clarify the sampling frame? How much is the “N”?

2. What does the “self-report questionnaire” mean? More details for the interview
and participation procedure may be appropriate.

3. Does the compulsory detoxification program conduct the testing forcefully or voluntary? Have the informed consent been received from the detainee participants?

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.

Results:

1. “Sample (s)” in the result section should be revised as “participant (s)”.

2. In line 26 on page 4, “transit” should be defined in the method section.

3. In line 29 on page 4, the word of “compulsory” in 9 year compulsory education” may be deleted.

Discussion:

1. The limitations of the study should be addressed.

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.

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.

- Minor Essential Revisions

Revisions of grammar-related errors in the abstract and the text are highly recommended.
**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

No competing interests