Reviewer's report

Title: Contact with HIV prevention services highest in gay and bisexual men at greatest risk: cross-sectional survey in Scotland

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Reviewer: Richard Wolitski

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1. The authors have rightly chosen to focus their attention on gay, bisexual, and other men who have sex with men (MSM). There is a critical need to better understand how HIV prevention services are being provided to this population, the extent to which (and by whom) they are utilized, and their individual and combined effects. Although MSM have been, and continue to be, the group most heavily impacted by HIV in many high-income countries (and HIV infections are increasing among MSM in many of these countries) we continue to lack an adequate understanding of how prevention works within this key group. The paper is methodologically sound overall, the data appear to be sound, and the paper is clearly written.

Major Compulsory Revisions

2. Although the present research addresses an issue of critical importance, the available data and the approach to the data analysis limit the contribution of this paper to the field. The data provide only limited information about the types of HIV prevention that MSM have received in the prior 12 months. No information is available about the quality, intensity, or frequency of exposure to these prevention services, making it difficult to accurately assess their value or potential to change risk behavior on either a short-term or sustained basis.

3. The authors clearly make the point about the importance of combination approaches to prevention that include biomedical, behavioral, and structural approaches, but the prevention services that were assessed was not comprehensive. Along this same line, it was surprising given the authors’ (and the much of the field’s) perspective on combination prevention that the data analysis took a very traditional dichotomous approach to assessing intervention activities. For example, it would have been interesting to know something about the percentage of men who had received HIV prevention services from a combination of approaches and how men who received HIV prevention services from many or most of the sources assessed were different from those who received services from few sources and those who received no services.

Minor Essential Revisions

4. In interpreting the present data, it seems important to keep in mind that STIs can be transmitted by sexual practices other than UAI (i.e., they are not a perfect marker for very high-risk sexual behavior among MSM given that lower risk
activities can also transmit some STIs). Also, the risk with main partners and casual partners are not necessarily the same---it would have been nice to have seen more done with the data regarding sexual risk with casual partners.

Discretionary Revisions

5. It would have been good to have seen more consideration given to the different prevention needs and experiences of HIV-positive and HIV-negative men.

6. The CDC has published data on exposure to HIV prevention services among MSM in the United States that provides more recent data on this population than the Kellerman article (reference 18). It can be found at: http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5506a1.htm.

**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 I have no competing interests.