Author's response to reviews

Title: Using population attributable risk to choose HIV prevention strategies in gay men

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RE: 1942917355452732 - Using population attributable risk to choose HIV prevention strategies in gay men

Thank you for the referees’ comments received on the 4th April 2011. Our responses are detailed below in red.

Reviewer 3

Discretionary revisions:
1. Abstract: Insert the word "yearly" in reporting the cost results, similar to how it is used in the text.

The costs estimates were changed in the previous revision from yearly to lifetime. We did however find a few instances where ‘lifetime’ should have been included to make this clearer (once in the abstract, and once in the results). This has been added.

2. In Tables 2 and 3 add a footnote explaining that the cost ranges are calculated "according to the bounds in delays in durations of time between infection and diagnoses and commencement of antiretroviral treatment" based on the best estimated PAR of the risk factors.

The following footnote was added:
The average healthcare costs incurred from HIV seroconversions associated with specific risk factors were calculated by multiplying the PAR percent for each specific risk factor, by the 700 HIV infections associated with male homosexual exposure, by the average healthcare costs per HIV-infected person. We performed sensitivity analyses by rate of discounting and according to the bounds in delays in durations of time between infection and diagnoses and commencement of antiretroviral treatment but calculations were based on the best estimated PAR of the risk factors and not the 95% CI of the PAR.

3. In the discussion section (last paragraph before conclusion) consider adding that although other health care costs and societal costs are not included, offsetting costs that would have been incurred anyway in the absence of HIV are also not deducted (e.g. for individuals diagnosed but not yet on ART).

The following text in red has been added:

Finally, we only focused on the costs associated with HIV treatment and not other health care costs or societal costs such as time off work due to hospitalisations, or costs incurred for individuals diagnosed with HIV but not yet on HIV treatment.

Yours sincerely

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