Author's response to reviews

Title: Reasons for compliance or noncompliance with advice to test for hepatitis C via an internet-mediated blood screening service: a qualitative study

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Author's response to reviews: see over
To:  
Editor, BMC Public Health

From:  
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Concerning: revision of manuscript no.1538890999428710  
Amsterdam, April 3rd, 2011

Dear editor,

Thank you for reviewing our manuscript entitled **“Reasons for compliance or noncompliance with advice to test for hepatitis C via an internet-mediated blood screening service: a qualitative study”**. We very much appreciate the helpful comments of the reviewer and editor which substantially improved the manuscript. A point-by-point response to each suggestion of the reviewer and a supplementary file in which we describe the adherence to the RATS guidelines are enclosed. We hope our revised manuscript is acceptable for publication.

Yours sincerely, on behalf of the co-authors as well,

Freke Zuure

List of all authors: Freke R Zuure, Titia RLJ Heijman, Anouk T Urbanus, Maria Prins, Gerjo Kok, Udi Davidovich
We would like to thank both the reviewer and the editor for their helpful comments that have substantially improved the manuscript. A point-by-point response to each of the comments follows below.

**Reviewer's report**

**Title:** Reasons for compliance or noncompliance with advice to test for hepatitis C via an internet-mediated blood screening service: a qualitative study  
**Version:** 1  
**Date:** 25 January 2011  
**Reviewer:** Carla Treloar

**Reviewer's report:**
Reasons for compliance or noncompliance with advice to test for hepatitis C via an internet-mediated blood screening service: a qualitative study. This is a qualitative study of respondents to an online intervention promoting testing for hepatitis C among the general population in the Netherlands. The study involved telephone interviews with 33 people including 18 who had undertaken hepatitis C testing as a result of the online intervention. Three theoretical frameworks are used to examine and understand the findings. The authors have made appropriate, specific, theoretically-informed and implementable recommendations to improve the provision of online hepatitis C testing interventions. As more health interventions use online resources and technology, this type of qualitative and theoretically informed study can support the development of new interventions.

**Major compulsory revisions:**

**Importance:**
The authors could make a more convincing case for the importance of this study (and intervention) by providing details of the epidemiology of hepatitis C in the Netherlands, including data about the rate of testing, or undiagnosed hepatitis C in the general population.  
**Author’s reply:** We agree with the reviewer that the need for hepatitis C screening should be outlined better. Therefore, in the revised manuscript, we have reformulated the first paragraph of the manuscript (see page 3) and the abstract’s background section. Since the rate of
hepatitis C testing and the proportion of undiagnosed hepatitis C infected persons in the Netherlands is unknown, we could not include these data.

Data analysis
I would have anticipated that the coding process was informed by the theoretical frameworks discussed in the introduction, given that these frameworks appeared to shape the development of the interview schedule and the interpretation of the results.

Author’s reply: The assignment of codes was actually intentionally free of theoretical frameworks, as this was an open, flexible analysis based coding, that tried to stay as close as possible to the phenomenon described by the participants and only later on assigned meanings according to the theory. In the revised manuscript, we have described this in a more elaborated manner (see lower section of page 8).

Further, the description of the method appears to fall short and is somewhat confusing. The authors move from codes, to categories, then back to codes. If there is an error in the last sentence of the methods (ie “codes” should be “categories”), then the process following this should be elaborated. That is, what happened after the “category” names were assigned? “Focusing on the research question, the team then merged relevant codes into broader categories based on the theoretical background of the HBM, TBP and EPPM. And reached consensus on the general themes and related category names. Each category was based on at least one quote. The first author reread the 33 transcripts and assigned the newly generated code names accordingly”

Author’s reply: We agree with the reviewer that the description of the data analysis is confusing. After the process of open coding, we reached consensus on the assigned code names and – if appropriate – merged codes together. Then the codes were interpreted and grouped on the basis of theoretical concepts (e.g., codes such as ‘seeking reassurance’ and ‘preventing further transmission’ were found to represent the theoretical concept ‘benefits of testing’ and were grouped accordingly). In the revised version, we have clarified the process (see upper section of page 9).

Results
Paragraph 1 – “other reported risks were former drug use” – the authors should be more precise. Do they mean cannabis? Alcohol? Tobacco? Do the authors mean “injecting drug use” in relation to hepatitis C risk?
Author’s reply: Of the three individuals that reported former drug use, two reported former injecting drug use, whereas one person had frequently used one or more of the following drugs in a non-injecting manner: cocaine, heroine, amphetamines, LSD, GHB, poppers. We have no details on the specific drugs that were used by this person. We do know that the drugs were used on a regular basis (i.e., at least 3 times a week during a period of at least 3 months). In the revised manuscript, we have included this information (see page 10, under ‘Sample characteristics’).

Reflecting on theory – there are a number of elements presented in the results which could be more strongly tied to theory to allow the theoretically-informed sections of the discussion to be more closely aligned with the presentation of the results. For example, “downplaying personal risk” could be linked to the relevant theory as could “discoursing individuals in the social environment”.

Author’s reply: If we understand the reviewer well, she suggests to connect the findings in the results section to the relevant theory. For example, ‘discoursing individuals in the social environment’ should be described according to the theory of planned behaviour as negative subjective norms. However, as the coding process was not based on a theoretical framework, we intentionally did not use theoretical constructs to describe our results in the results section. For example, although we identified five perceived benefits as reasons for testing, we did not present them as such category in the results section. We deliberately chose to keep the results as pure thematic and a phenomenological account of reality, and used the discussion to connect these results with theoretical frameworks and prevention strategies.

Minor essential revisions

Methods
The choice of methods is appropriate. The authors could provide a reference for the mention of “data saturation”.

Author’s reply: In the revised manuscript, we have added a reference for “data saturation” (see lower section of page 7).

The authors could provide information about the informed consent procedures for the interview and any other ethical considerations.
Author’s reply: In the revised manuscript, we have included a separate paragraph in which the ethical framework is described (see lower section of page 9).

Results

“finishing what you started” – I think this section could be presented with more precise language. Do the authors mean that the participants wanted to finish the study? This applies also to the first quote under “feeling morally obliged to test”.

Author’s reply: In the revised manuscript we have changed the code ‘finishing what you started’ into ‘gaining a sense of accomplishment’ in order to make clear that the act of completing the procedure that was started formed a reason to test (personal gratification) (see lower section of page 14). The code ‘feeling morally obliged to test’ refers to finishing the study based on altruistic motives. In the revised manuscript, we have changed the code name to ‘feeling morally obliged to complete participation in the study’ (see the lower sections of pages 14 and 21).

There seems to be significant overlap between the sections “absence of HCV symptoms as an indication of HCV negative status” and “low perceived urgency for testing due to the absence of physical complaints”. The authors should consider combining these, as well as considering the link to theory as noted in the point above.

Author’s reply: Although we can agree with the reviewer that there is some overlap between the two sections, we feel that there also is an important difference between them which has implications for the development of interventions that aim to increase test behaviour. Whereas the first code refers to the belief that one is not infected because there are no symptoms, the latter refers to the feeling of not having something serious to worry about even if one is infected. To address the first code one would target the ‘perceived vulnerability’, whereas for the second one would target the ‘perceived severity’.

In the revised manuscript, we have emphasized this difference (see page 16).

With respect to establishing a link to theory in the results’ section, please see our second reply on the comments on the results’ section. To note, in the discussion section, we changed ‘perceived threat’ to ‘perceived vulnerability’ or ‘perceived severity’ when appropriate to be more precise (see page 23-24).

The heading “reasons for testing among noncompliant participants” would be more precise as “reason for intention to test among noncompliant participants”.

[Note: The rest of the document contains detailed responses to specific reviewer comments, focusing on the results section and the development of interventions based on the findings.]
Author’s reply: We thank the author for the well-formulated suggestion, and have changed the heading accordingly (see lower section of page 18).

Discussion
Precise language – “Furthermore, we found that getting an HCV test was also motivated by the fact that the test can prevent liver disease and inhibit the further transmission of HCV” – the test itself cannot do these things. It may be that participants perceive that they can prevent liver disease and further transmission by knowing their status and taking appropriate steps after that.
Author’s reply: We agree with the reviewer and reformulated the sentence (see middle section of page 20).

Discretionary revisions
The use of abbreviations for the theoretical frameworks is probably not necessary.
Author’s reply: In the revised manuscript we now fully mention the theoretical frameworks instead of using abbreviations.

Level of interest: An article of importance in its field
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.

Editorial points

1. Ethics - Experimental research that is reported in the manuscript must have been performed with the approval of an appropriate ethics committee. Research carried out on humans must be in compliance with the Helsinki Declaration (http://www.wma.net/en/30publications/10policies/b3/index.html), and any experimental research on animals must follow internationally recognized guidelines. A statement to this effect must appear in the Methods section of the manuscript, including the name of the body which gave approval, with a reference number where appropriate. Manuscripts may be rejected if the editorial office considers that the research has not been carried out within an
ethical framework, e.g. if the severity of the experimental procedure is not justified by the value of the knowledge gained.

**Author’s reply:** In the revised manuscript, we have included a separate paragraph in which the ethical framework is described (see lower section of page 9).

2. BMC Public Health supports initiatives aimed at improving the reporting of biomedical research. Please revise your manuscript according to the RATS guidelines for qualitative research, which can be found at: [http://www.biomedcentral.com/info/ifora/rats](http://www.biomedcentral.com/info/ifora/rats)

Please also ensure that your revised manuscript includes a supplementary file, which reproduces all details concerning the adherence to these guidelines.

**Author’s reply:** We have included a supplementary document that addresses the adherence to the RATS guidelines. Following these guidelines, we have adapted the following aspects of the manuscript: 1) we have motivated the decision to use a qualitative research design (see last sentence introduction, page 5, and under the heading ‘procedures’, page 8); 2) the data analysis and the use of theory is now explained in a more elaborated way (see pages 8-9); 3) a section describing the ethical framework has been added to the methods’ section (see upper section of page 10).