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

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Reviewer: Carla Treloar

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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.

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. 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”
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?

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 “discouraging individuals in the social environment”.

Minor essential revisions

Methods

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

The authors could provide information about the informed consent procedures for the interview and any other ethical considerations.

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”.

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.

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

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.

Discretionary revisions

The use of abbreviations for the theoretical frameworks is probably not necessary.
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.