Author's response to reviews

Title: Feasibility and acceptability of point of care HIV testing in community outreach and GUM drop-in services in the North West of England: A programmatic evaluation

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Author's response to reviews: see over
Dear Editor

Re: MS: 7994406595066068 – Feasibility and acceptability of point of care HIV testing in community outreach and GUM drop-in services in the North West of England: A programmatic evaluation

I write on behalf of my co-authors to thank you for the reply to our submitted manuscript and the helpful comments made by yourself and the reviewers. In accordance with the decision letter, we have responded to the comments made and questions raised, and these are addressed in detail below.

We would once again like to express our gratitude for the timely and helpful reviews provided.

Yours Sincerely,

Dr Peter MacPherson MBChB MPH
(On behalf of the authors)

Response to Associate Editor’s Comments

1. “The authors are strongly advised to seek input for statistical revision to clarify and improve the statistical section.”

   Statistical advise and input has been sought and revisions have been made to the paragraph detailing statistical methods (Page 6, Paragraph 4) and the Results (Page 8-9).

2. “Please provide information on whether at a test location POCT only was offered or also regular (ELISA) testing. If so, please provide numbers.”

   At the community-based sites, only point of care testing with fourth generation rapid HIV test kits was offered. Prior to the commencement of this study, same day HIV testing was not being offered at these sites and so this study describes the first introduction of HIV testing in these community-based sites.
3. “Please provide some characteristics on the 154 clients who filled in the questionnaire.”

Baseline demographic characteristics of the 154 clients who completed the questionnaire have been added (Page 9, Paragraph 2).

Response to Reviewer 1’s Comments (Hugo McClean)

1. “Abstract/Background/Line 3-4 – Suggest: ‘increase testing uptake in targeted marginalized groups’”.

We agreed with the suggested change and the manuscript has been changed to reflect this.

2. “Abstract/Conclusions/Line 3 – Suggest ‘…many of whom would not have otherwise tested’”.

We agreed with the suggested change and the manuscript has been changed to reflect this.

3. “Author attribution statement regarding equality of work should be omitted.”

This statement has been removed.

4. “Abstract/Line 1 - MSM should be inserted after the first full spelling of the term.”

We have inserted the abbreviation after the first full spelling.

5. “Background/Second paragraph/Line 6-8 – does reference 5 really support this statement about these groups specifically in Liverpool?”

We apologise that this reference appears to have been placed out of sequence. The UKHPA report is referenced with regards to risk of HIV in the UK (and Liverpool). We have corrected the sequence of the references.

6. “Methods/Planning and Implementation of POCT of HIV/Line 6 - Please describe what these criteria were for services likely to interact with individuals at risk of HIV infection who may also find it difficult to access specific health care for HIV infection.”

The criteria used to assess appropriateness as a possible site community-based site for POCT were: community-based programmes that were likely to interact with individuals at risk of HIV infection and marginalised people who may find it difficult to access health care, as specified in the previous sentence. In addition we required the support and commitment of the management structures in the organisation. We have added some extra detail for clarification.

7. “Methods/HIV testing Procedures – Please specify that a blood sample was collected by fingerstick. Please say a bit more about the environment used to support this being done… Also please comment on the system used to communicate and provide support for confirmed
positive results"

We have included a statement specifying that blood was collected by fingerstick.

In terms of the HIV testing environment, as would be expected, specific facilities varied with regards to the actual location of testing across the 6 sites (for example, the GUM clinic was based in an outpatient medical department, whereas the IVDU outreach project was based in a drug dependency support building. However, all HIV testing procedures and pre- and post-test counselling were provided in a private room within each of the sites. Rooms were also inspected for the presence of adequate lighting; a clean, flat and washable testing surface and accessible hand washing facilities. All HIV testing (and counselling) procedures were undertaken by registered nurses who received 2 days of training in POCT procedures, pre- and post-test counselling and health and safety. Training for POCT was overseen by the Department of Virology at the Royal Liverpool Hospital and included an assessment of competency. Training on counselling skills was conducted by the HIV community nurses, who also provided regular supervision sessions and telephone support to new counsellors. Distribution and collection of all equipment for HIV testing (including test kits, lancets and sharps disposal boxes was overseen by the Virology Department. Additionally both internal and external quality assurance systems were developed and implemented by them. The Project Co-ordinating Nurse and Clinicians provided oversight of testing procedure at the testing sites.

HIV test results that were confirmed to be positive by the Virology Department at the Royal Liverpool Hospital were communicated immediately by telephone and in written form (lab report) to the study clinician (MT). Study nurses based at the relevant testing site were then informed as to the positive result and established telephone contact with the client as is current standard practice for communicating positive results in established same-day venous blood-based HIV testing at the GUM department in the Royal Liverpool Hospital. Clients were invited to attend the study site where they received their positive result (either from the study nurse, the study clinician, or both) and post-test counselling. Confirmed positive individuals were referred to the outpatient HIV clinic in the GUM Department at the Royal Liverpool Hospital for comprehensive HIV care with the study Clinician acting as a link contact person. New positive diagnoses from the community were seen within 24 hours if pregnant or unwell and at the earliest possible appointment for new patients if routine referral was requested. All but one of the new diagnoses were seen within a week. The remaining one was an IVDU who was given several appointments but never attended for care despite repeated follow up.

Additional information has been added to Page 6, Paragraph 3 to describe these procedures.

8. “Mention is made of the chi-square test, but in Table 2, use of a two sample test for proportions is stated…”. Perhaps it would be better to state that a chi-square test was used.

Chi-square tests were used to compare proportions. The caption of Table 2 and the statistical methods paragraph has been changed to reflect this.

9. “Results/Second Paragraph/lines 6-7. Not sure what this means: “POCT was conducted in-situ, as opportunistic screening on individuals with self-identified risk behaviour.”
In this sentence, we attempted to convey that POCT was conducted within the department on individuals who self-presented for clinical care. This sentence has been reworded for clarity.

10. “Results/Third Paragraph/line 4. Not sure what this means “community mobilisation”

In the study, “community mobilisation” included activities undertaken by members of the target groups to encourage uptake of POCT amongst their peers. This also included activities such as church vigils, radio interviews, internet advertising and poster campaigns. This sentence has been reworded for clarity.

11. “Table 2. Suggest omitting N=953 at the bottom of Table 2…However, I am afraid I find the variation in the denominators for the target groups difficult…Some explanation for the missing data is needed. Please obtain further statistical advice about the effect of this.

Further statistical has been obtained and greater description of the limitations inherent within the data given within the Discussion section (Page 16, Paragraph 3).

The reviewer is correct in assuming that the varying baseline is due to missing data on certain categories, due to participants not answering questions, or data been incorrectly captured. We agree that the N=953 heading may be confusing and so have removed this figure. Alternatively, we have presented denominators within each row of the table to convey where data was missing. We note that complete risk behaviour data was available for 926/953 (97.2%) of participants and, as such, missing data is unlikely to unduly bias of findings.

12. “Also the ‡ does not link to where the non-parametric test was used (note that this should be Wilcoxon and not Wilcoxan). Finally confidence intervals should be stated”.

The non-parametric Wilcoxon rank sum test was used in comparing differences between the two ages distributions. The symbol has been inserted at the correct point.

The spelling of “Wilcoxon” has been corrected.

Confidence intervals for difference have been added.

Response to Reviewer 2’s Comments

1. “My main concern is regarding the definition of the “target population”. Currently target population was categorised as IDUs, MSM and UK African origin. I don’t understand this categorization. If someone is MSM and African, where will he/she go?

In this study, the intention was to target point of care testing for HIV to groups who may have been at risk of HIV infection, or in a marginalised group who may find it difficult to access health care. In Liverpool, the HIV epidemic is concentrated among MSM, IDUs and individuals of Africa origin. However, we also recognise that individuals within other groups (e.g. homeless people, commercial sex workers) may have limited access to healthcare and, as
such, may have had undiagnosed HIV infection. This was the rational for selecting the study to be both community-based (including MSM projects, asylum seekers outreach services, drug dependency units and care services for homeless people and commercial sex workers) and at the GUM clinic.

However, we also recognise that within this target population (and of the population who actually tested), some individuals may have been at higher risk of HIV than others. Therefore, we categorised participants to be at “high-risk” of HIV if they were in any of the following groups: IVDU, MSM, UK African, had bought or sold sex, had reported being raped, or had an HIV positive partners.

To clarify this definition – we have changed the manuscript to ensure that the term “high-risk” is used consistently throughout.

2. “I don’t think that the authors have enough evidence to claim that POCT for HIV using 4th generation tests was feasible and acceptable.”

This is a mixed methods paper, presenting qualitative, quantitative and programmatic evaluation data to support the conclusion that POCT was both feasible and acceptable to clients and service providers.

We note that in the questionnaire offered during the World AIDS Day campaign, 2 quantitative questions were asked about the acceptability of POCT: preference of POCT compared to lab testing; and willingness to recommend POCT to others based on their experience.

We present considerable additional qualitative and programmatic evaluation data to support the conclusion that POCT is feasible and acceptable. We do not agree with the statement that “this is an approximately 20 page manuscript based on one table…” The qualitative results are presented as text with illustrative quotations. Such results by their very nature are difficult to present in tabular form.


This acronym has been spelled out fully.


This acronym has been spelled out fully.

5. “Results – 3rd sentence: start with “Participants in the community… of UK African etc” very confusing.”

This sentence has been reworded for clarity
6. “Statistical Method – 3rd sentence needs to be corrected; It is not non-parametric data (as stated), but the test, Wilcoxon rank sum test, is non-parametric.”

We have corrected this sentence accordingly

7. “Page 8 – First sentence: very long and very confusing”

We have reworded for clarity.