Author's response to reviews

**Title:** High Acceptance of Home-Based HIV Counseling and Testing in an Urban Setting in Uganda

**Authors:**
- Juliet N Sekandi (juliet.sekandi5@gmail.com)
- Hassard Sempeera (hassardsempra@gmail.com)
- Justin List (justin.List@gmail.com)
- Micheal Angel Mugerwa (mmugerwa@mucwru.or.ug)
- Stephen Asiimwe (Asiimwes@uga.edu)
- Xiaoping Yin (xpyin@uga.edu)
- Christopher C Whalen (ccwhalen@uga.edu)

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**Author's response to reviews:** see over
Reviewer’s comments: MS: 6124843655249436

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Reviewer 1: Elly Katabira

1) First sentence mentioned 588 participants were surveyed and yet the main text page 9 mentions 698 participants were surveyed and 588 enrolled.

Response: The discrepancy in the abstract has been addressed by correcting the sentence to read “We enrolled 588 participants…”.

2) Page 9: Description of the study participants: The sentence that starts with about two thirds of the study participants…… having had a test within twelve” is incomplete

Response: This sentence has been completed to read “About two-thirds of the of the study participants self reported as ever had an HIV test, with the majority reporting having had a test within the past twelve months.

Reviewer 2 Comments: (Damalie Nakanjako)

Abstract:

1) Background
Second sentence; ......uptake of HIV testing remains low in Uganda. This statement is not accurate. It is actually coverage of HIV testing that is low whereas uptake is high in the different settings if the HIV test is available and readily offered.

Response: This sentence has been corrected to indicate that coverage is low, the sentence reads “however, coverage and access to testing remains low in Uganda”.

2) Objectives: the authors should add that it is HBHCT in an urban community setting and not just an urban setting

Response: word community has been added to the statement of objectives

3) Methods: The authors need to describe here that acceptance of HBHCT includes consenting and taking the HIV test plus receiving the test results. In the current status, it is not clear whether receipt of the results was considered in the measurement of acceptance yet it is an important step and determines the subsequent benefits of the test result (negative or positive).

Response: The definition of Acceptance has been revised to include receipt of test results.

4) Results: ...30% unknown HIV positive HIV individuals identified .... The authors need to clarify that these were unknown prior to the study; since they were referred after diagnosis during the study.
Response: 30 individuals were unknown prior to the study because they had never tested or had never known their HIV status to be positive and clarification is make to the text.

3) Background: Line 10; the authors again talk about low uptake and limited reach of HIV testing services. This should be limited access because once HIV testing is provided, the uptake or acceptability is high in Uganda (Wanyenze R 2007, Nakanjako D 2007).
Response: This issue of limited access has been clarified in the text and uptake has been replaced with access.

4) Line 14: Some text missing after potential to....
Response: Sentence is completed to read; Home-Based HIV Counseling and Testing (HBHCT) has the potential to address the challenges of limited access to testing

5) Line 18: Rephrase the sentence beginning with HBHCT for clarity
Response: Sentence begins with HBCHCT

6) Page 4: line1; facility should be in plural—
Response: facility corrected to facilities

7) Line 3:.....scale up implementation of ..........in Africa. Some text is missing. I suppose it is to scale up of implementation of this HIV testing model.
Response: correction made to sentence to read: scale up implementation of this model in sub-saharan Africa

8) Page 5: Line 7 and 8. This is to clarify to the authors that these health facilities actually offer provider-initiated HIV testing as part of routine medical care. However there are other VCT sites in Kampala.
Response: The sentence now reads as such “All these health facilities offer provider-initiated HIV testing as part of routine medical care routine. However HIV testing services are available from other stand-alone voluntary HIV counseling and testing centers in Kampala.”

9) Under study setting and population, the authors should describe diameter of the study area (Rubaga) and the mean distance from the participants residence to the nearest testing site. This will present the difference of this setting form the rural settings where patients have to walk long distances to the nearest testing sites.
Response: The actual diameter of the study area was not measure in this study but we estimate that the participants resided no more than 5-10 km from at least one or more health facilities that mentioned in this paragraph.

10) Line 21: The authors should describe in detail how the random sample of the 5 villages was done. The current description is not reproducible.
Response: The 5 villages were selected using simple random sampling, we used a computer based random number generator covering the entire range of numbers of villages totaling 123 each assigned a unique number. After obtaining the 5 random numbers, we matched them to their respective village names and prepare a sampling strategy from the starting point of each
village. To determine the number to sample from each village we used proportion-to-population size and sampled the largest number of participants from the village with the highest population. For purposes of brevity, reference was made to another paper where a similar sampling procedure is described in detail.

11) Page 6; Under the section on study measurements, the authors need to add that results were delivered to clients

Response: Receipt of results has been added in the text in the study measurement section.

12) Line 18: Describe briefly how the group counselling was done. This is an attractive model for scaling up HIV testing given the large numbers of people in need of the service in African communities.

Response: A brief description of how group pre-test counseling done.

13) Results
The authors need to give a working definition of a household in this study. According to the data presented, it looks like the average family size was 2 or the average number of people tested per family is 2. This could give an underestimation of the prevalence given the high average family size in Uganda.

Response: Household in this study refers to all the people who shared the same room for a given house at the time of the study. The average family size in the study is not presented in the study results, however we do acknowledge that since some household members were likely not be at home during the survey we could have missed a sizable proportion of the members especially. This was acknowledged as a study limitation.

14) Page 9; line 15. This sentence should be taken to the discussion section

Response:

15) Line 21 and 22; The authors should mention the specific factors e.g married individuals, age>_ years, high education level where associated with.....instead of just mentioning the variable (age, education level, marital status) etc.

Response: Correction has been to the text

16) Discussion:
Line 2: Describe the actual factors and not the variable (as explained above). This should also be applied to the last sentence under the conclusion section.

Response: This has been corrected

17) Last sentence on page 12; which reasons did the patients give for not testing?
These are not presented in the results. These are important in order to help the Formulation of interventions tailored to this and similar populations.

Response: The reasons for not testing are given in the text, last paragraph, last sentence of the results section. Sentence has been modified to read “Based on the reasons given by those
individuals for not accepting to take the home-based test in our study including not being emotionally prepared and having to consult spouses or parents, it is evident that HIV programs would still need to be aware of existing barriers and seek to address them”

18) General questions
Within the family setting, describe how couples were handled in terms of HIV testing and delivery of results including discordant results. Issues of couple counselling, disclosure of results to sexual partner and HIV sero-discordance present major challenges to the scale of HIV testing, prevention and care services. The authors should include these in the methods and results section.

Response:
We appreciate the importance of couple counseling especially in a home-setting and the related issues of discordant results; however the focus of this pilot study was to assess the acceptability of home-based HIV testing in general. We did not analyze the data in such a manner to answer this specific question, additionally our population as we mentioned was heavily female-biased. Another study would be useful to examine the couple specific questions.