Reviewer's report

Title: Five-year monitoring of a gay-friendly voluntary counselling and testing facility in Switzerland: who got tested and why?

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Reviewer: Axel J Schmidt

Reviewer's report:

Major Compulsory Revisions

P4 (Background): "The reported prevalence of HIV among MSM in Switzerland was estimated to be between 6.4 and 10.2". Apart from the missing percentage signs, the quote is not correct. The cited publication of S Lociciro et al. says that among MSM surveyed (Gaysurvey 2009), the proportion of known HIV diagnoses among respondents tested for HIV was 6.4% among online respondents and 10.2% among offline respondents. These are neither estimates for the prevalence of HIV among MSM in Switzerland (rather than survey results), nor do these numbers reflect upper and lower borders of estimates of HIV prevalence among MSM in Switzerland, as suggested by the wording "to be between". It is crucial to not confuse percentages from convenience samples with respective percentages in the real population. Of note, the proportion of tested MSM with diagnosed HIV among offline participants of the quoted publication was rather stable at 10% between 1992 and 2009. This conflicts with the notion of increasing HIV prevalence among MSM in the following paragraph.

Minor Essential Revisions (critical suggestions)

P3: The conclusion that "a noticeable proportion of new HIV cases among MSM living in Geneva were identified by the facility" is not supported by the results presented in the abstract.

P5 (Background): "the quality counseling seems to be inconsistent". If the national behavioural survey also queried the QUALITY of counseling, then this should definitely be described here. It is the EXTENT of MSM-specific counseling that might be particularly low in the setting of physicians' offices.

P17 (Discussion) has the same problem. Not the quality, but the high extent of counseling in MSM-specific settings was confirmed in the 2009 survey.

The phrase: “MSM-specific counseling is needed AS” is lacking logic. Why is it needed if some PEOPLE feel reluctant to undergo testing for HIV in common testing sites? It is also very possible that MSM or other people might prefer a setting without counseling. It would be more plausible to argue that MSM-specific testing sites are needed as some MSM might feel reluctant to talk about the sex they have in non-MSM-specific testing-sites.

The last line "results within 20 minutes" suggests that a test-result is received
after 20 minutes. However this is the time needed to read a result from the rapid test after application of blood. It would be very interesting to learn how long it typically takes for a client from entering the facility until results are presented in the post-test-counseling.

P6: "Checkpoint is open 8 hours a week". As the article argues for changing of opening times to be a reason for increasing numbers of all clients AS WELL AS decreasing proportions of MSM clients (p11), it would be important to learn what these opening times are, and whether 8 hours a week mean that the Checkpoint is open one day for 8 hours, or during two days for 4 hours, etc.

P9: "psychotropic use": It is unclear how this was queried, and which of the substances consumed were psychotropic. Table 4 presents "Frequent (vs. occasional) use of drugs or alcohol before or during sexual intercourse". In Western European societies, consumption of alcohol in social, including sexual, encounters is frequent, but does not necessarily have a psychotropic effect. 4-9% of all groups (table 4) reported "Frequent (vs. occasional) use of drugs or alcohol before or during sexual intercourse" (non-significant differences) - it is unclear why the conclusion highlights this as being particularly high.

Table 3: "In a steady relationship" needs to be specified: "In a steady relationship with a man" (as outlined in the methods section). The same is true for p11 (middle paragraph), for table 4, and probably for p12 (last line).

Table 3, Legend: "sexual relationship" is an unclear concept, "sexual contacts" is clearer and more appropriate to define "MSM". "*** Among people in a relationship" should be rephrased as "*** Among MSM with a steady male partner". The same is true for table 4.

P11 (Results): "Among MSM who had sexual relationships with such partners" conflicts with the legend (****) in table 3: "Percentages are calculated among clients who reported anal intercourse with this type of partner in the previous 12 months".

P16 (Discussion): "their mean number of AI partners". The table provides a median, not a mean.

Discretionary Revisions (need to be addressed for clarity)

P3 (Abstract Results): “more likely”: If something is (significantly) more likely, the standard measure would be an Odds Ratio. If this cannot be given, the proportions of the 'control group(s)' should also be given (e.g. 57.3% vs. xy%). Otherwise the reader cannot see if and to what extent MSM in the first group are at higher risk for HIV infection than MSM in the other group(s).

P7 (Methods): It would be very interesting for the reader to learn about the STI tests that are offered at checkpoint Geneva. Particularly, whether men are actually tested for HPV, or rather checked for the presence of anal or genital warts.
P8: The paragraph on risk would gain clarity if it was made clear that three measures of "risk" are reported. Currently, it reads as if if risk was defined as having engaged in UAI with at least one steady partner AND one at least one casual partner in the last 12 months.

P10: The reason for pooling the years 2007-2009 would become clearer if the sentence was: "To increase statistical power, data available in 2007, 2008, and 2009 was pooled".

Table 2: The proportion of men whose main reason for visiting the checkpoint was "STI test" declined from 12.1% to 0.0%. This sharp decline should be addressed. On page 12 ("Main reason for testing") "table 1" must be changed to "table 3".

P12 (Results): Wording: "stable" relationship should be replaced with "steady" relationship. Stability is a quality of some but not of all steady relationships.

P12: "Only the most relevant findings with significant differences among groups (...) are provided here." However the table also shows non-significant findings.

P12, last sentence: "Few if these clients (41.1%)" (had a steady male partner). It suggests that the proportion of MSM with a steady male partner are usually higher. This should be contextualised, as typical proportions from convenience samples (including Gaysurvey 2009) are not much higher. In any case, it is misleading to compare this proportion with the 83.6% of the 'condom stopping' group. For a group that is defined by testing for HIV because they would like to not use condoms with their steady (male or female) partner it is part of the definition.

P16 (Discussion): It should be explained why the group with the lowest reported risk (non-concordant UAI) "deserves special attention and counseling".

P17 and Table 4, remark: The low percentage of men in the 'condom stopping' group who "felt sad or depressed during the last months" is an interesting finding. Does this low percentage correspond with the high proportion of men in this group who have a steady partner?

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.