Reviewer's report

Title: Trends in HIV infection surveillance among men who have sex with men in Norway, 1995-2009

Version: 2 Date: 15 November 2012

Reviewer: Brian Rice

Reviewer's report:

Dear Editor

Thank-you for providing me with the opportunity to review this paper. The authors of this paper report on newly HIV diagnosed MSM over a fifteen year period. The main purpose of the paper is clearly defined and the data are robust.

Although the authors present mainly descriptive analyses of routinely collected data this remains to be of value both as a baseline for future research and for informing future prevention activities. To take this paper forward to publication the overall writing needs to be improved, the results need to be backed up more with figures and test values, and the discussion and conclusion need to be restructured so that they are clearer and more tightly linked to the results.

My specific comments are below.

Discretionary Revisions

1. In the Methods a better description of the systems used would be helpful.
2. Page 10 1st paragraph: should the limitation on undiagnosed HIV be turned into a recommendation for monitoring this?
3. Page 10 1st paragraph: “The increase in cases was predominately due to the recently infected” – this is very definitive and until the reader better understands what is meant by incidence is hard to assess.
4. Page 11 2nd and 3rd paragraphs – some of the references are old – could the references please be updated.
5. Page 12 paragraph 2 – do we think men from the USA and Europe fall into the category of being from cultures where homosexuality is not accessible?
6. In relation to final sentence of paragraph 2 on page 12 could it not also be a lack of self-perceived risk or due to acquisition of HIV post arrival, or screening not being appropriate?
7. Page 13 1st sentence – as there was a discrepancy do the authors mean there was no change in this discrepancy over time?
8. Page 13 1st sentence – the term “rather” should be avoided and replaced with a more specific term.

Minor Essential Revisions
1. Throughout the document the authors should ensure correct sentence and paragraph (i.e. refrain from one sentence paragraphs) structure is followed. In particular, the 3 articles in English (a, an and the) should be applied correctly as they are often missing. Examples of where corrections could be made include:
   a. Background 1st sentence page4 – “Increases in HIV transmission among men who have sex with men have recently…”
   b. Background last sentence page4 – “…..better insight in to the development of the HIV epidemic……”
   c. Results 2nd sentence page 8 – “Thirty-two men had previously tested positive abroad, 15 of whom…”
   d. Results page 8 – “Among 98 men with a simultaneous…..” etc
   e. Discussion page 10 – “…HIV positive people who immigrated to Norway….”

2. Ensure references are provided where necessary. For example, Methods 1st sentence page 5 – a reference should follow this sentence.

3. Could the authors standardise their use of MSM or homosexual as the first includes bi-sexual men whereas the latter does not.

4. Paragraph 3 page 4: Not clear how the authors conclude that HIV incidence is largely influenced by testing uptake – does not surveillance data monitor the incidence of diagnoses rather than transmission? This sentence needs to be clarified, supported, or removed.

5. Paragraph 3 page 4: Second sentence should be included in the discussion as a limitation of the analyses.

6. Page 7: The authors describe an algorithm for assigning cases into three categories; it would be useful to understand data completion / numerical assignment.

7. In the Methods could it be made clearer as to what is meant by “Only one co-existing STI is recorded”? Table 1 refers to “Any” “STI co-infection” – what is meant by this if only one STI is recorded?

8. In the results, please be clear of time periods referred to throughout; an example is where median age at diagnosis is referred to – when?

9. In the results what is meant by “AIDS”? This should be clearly defined and referred at the very least as “an AIDS defining illness” – being specific about which illnesses would be preferable.

10. When it is stated in the last paragraph of page8 that there have been increases it would be useful to understand from what and to what there has been an increase as no table or graph is referenced.

11. Page 9 last paragraph – it is not usual practise to end the results with a sentence on data completion – either remove to the beginning of the results or preferably to methods (and include this for other variables).

12. Table 1 refers to GP testing but this does not appear to be referred to in the results section – please ensure that variables included in tables and graphs are
at least raised in the text (obviously the figures can be referenced to the tables or graphs).

13. The discussion focuses on system attributes rather than the findings and policy implications of the results – please address.


15. Page 13 1st paragraph – the authors should make clearer their thinking around the “rapid and recent HIV spread” and “undiagnosed cases” and possibly, if relevant, how late diagnosis would fit.

16. Page 13 2nd paragraph – are the references in the correct order? If not, please amend.

17. In the conclusions it is not clear how “burden” has been shown – please make clear what is meant by burden.

18. The key conclusion that PEP should be on the PH agenda comes out of the blue – if this is the key conclusion then it would be good to also discuss PEP further in the introduction and discussion.

Major Compulsory Revisions

1. Page 6 and page 7: Could further details please be provided as to how “presumed time and place of infection” is arrived at as this is crucial to the analyses (particularly given that in the results the authors refer to “who were infected in….” rather than “who were probably infected in…”)? Knowing time of infection is hard to ascertain so it is of interest as to how cases are presented by the year of their infection and how “exact date of infection” can be known. It is essential that it is clear to the reader what is meant by “incidence” and by “time and place of infection”.

2. Page 9 first paragraph – I would suggest restructuring this whole paragraph as it is not clear; be clear as to whom certain groups are being compared; refrain from using vague terms such as “They were more likely to have lacking information…” as it is not clear as to whom you are referring, to whom you are comparing and to what extent there was a difference (please insert figures); when stating “After adjustment for other factors….,” please be clear as to what these factors are in the text or clearly reference the relevant table or graph.

3. In results it is usual practice to make clear to the reader what was found to be significant in univariate analyses, what remained significant in multivariate analyses, and to provide specific figures and p values throughout. Please amend accordingly.

4. Page 13 3rd paragraph – the limitation described is a very important one and should be described in better detail (and quantified if possible) and moved closer to the beginning of the discussion.

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Needs some language corrections before being published

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.