Author's response to reviews

Title: Hepatitis B knowledge, perceptions and practices in the French general population: the room for improvement

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Authors’ responses to reviews

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Author’s response to reviews: see over
Reviewer's report

Title: Hepatitis B knowledge, perceptions and practices in the French general population: the room for improvement

Version: 2 Date: 17 April 2013

Reviewer: Valérie Buthion

Reviewer's report:

Minor revision

The title is not adapted. Where could we find what is the “room for improvement”? What does it mean? This point has to be consolidated, or adapted to remain descriptive with at least the definition of the amplitude of the “room that authors suggest to fill : at least have the same perception that for HIV I suppose, which is the reference that have been taken, or something else ? Why is it so important to improve perception while France has been considered as a place where hepatitis is quite well treated ? (see Euro Hepatitis Index)

The paper is mainly descriptive, and the conclusion is a bit “short” to suggest that we need more targeted communication without any references to what have been done in the French context. When authors talk about screening, they compare to declared tests by biologists, but as they talk about communication, there is nothing that have been check about what has been done. More, there is an abundant literature in sociology that say that communicate is not sufficient in itself. More, in the French context, it has been already done by three successive program for nearly two decades, that run several communication campaign. INPES makes several supports (document, web site…) for gay community or for migrants for example. It probably means that targeted communication is not sufficient by itself. It would certainly be interesting to go further, comparing the weight impact of HIV propaganda (and the cost certainly also) that have go through the all society (movies, TV program, stars coming out), while HBV or HBC are more confidential infection, that benefit mainly from public prevention campaign. Considering the place in the medias The title is, on that point, not adapted.

So the conclusion has in my opinion to be a bit consolidated, or adapted to remain descriptive.

We thank the reviewer for its suggestions.

We added the following sentence in the discussion:

Despite two successive national prevention programs (2002-2005, 2009-2012 [20]) and several information campaigns (documents, website, movies…) targeted to migrants and men who have sex with men, communication campaigns on HBV and resources allocated to HBV remained modest in comparison with HIV.

We also modified the conclusion:

This study provided, for the first time in France, quantitative data on the knowledge, perceptions and practices of the general population with respect to hepatitis B. It highlights a lower level of knowledge about the disease together with less screening in the general population when compared to HIV. Furthermore, it suggests that there is confusion in the general population about the differences between hepatitis B and C. More widely, although France is known to be the country with the best hepatitis care delivery in Europe [28], improvement is needed, in particular concerning screening. Indeed, 55 % of HBV-infected persons were unaware of their status in general population in 2004, this proportion reaching 80% among individuals born in high HBV endemic countries (Asia, Sub Saharan Africa) among whom HBV prevalence was estimated at 4% [2]. In comparison, about 19% of
persons living with HIV were undiagnosed [29]. Moreover, despite recent progress in HBV vaccine coverage in toddlers, situation is still critical for adolescents aged of 15 years (< 50%) who will begin their sexual life [12]. All these results demonstrate that there is a room for improvement in HBV, notably in comparison to HIV.

The results of the present study should prove useful for interventions targeted at healthcare professionals and for future information and prevention campaigns directed at the general population and populations at highest risk of HBV [24,26] even if communication is not sufficient in itself [30]. It would certainly seem important to improve public understanding of the specificities of both hepatitis B and C in order to contribute to improvement of screening and vaccination practices.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**
I declare that I have no competing interests'below.
Reviewer's report

Title: Hepatitis B knowledge, perceptions and practices in the French general population: the room for improvement

Version: 2 Date: 3 May 2013

Reviewer: Elisabeth MONNET

Reviewer's report:
Comments to the Authors
This interesting paper reports the first KABP survey regarding Hepatitis B conducted in metropolitan France. The study, performed in 2010 and based on a random sample of 9,014 persons, is carefully designed and analyzed. The paper provides original data about respondents’ knowledge of the transmission modes of HBV, their risk perception and their practices concerning HBV screening and vaccination while comparing answers with those obtained for HIV. Comparison with HIV is relevant as both infections have close transmission modes. In addition, the paper includes multivariate analyses in order to identify independent factors related to four dependent variables: having a good level of knowledge about HBV transmission modes, considering oneself to be at higher risk of HBV infection than an average person, self-reported screening for HBV and self-reported HBV vaccination. Results are clearly and concisely reported. The discussion gives interesting insights into context in France regarding epidemiological situation and public health policies for HBV and HIV infections and includes comparative data from other European studies. The study limits and possible biases are briefly mentioned. Some minor points should be examined: We thank the reviewer for its suggestions.

1. Table 1: the summarizing count of all observations for each tabulated variable is not always 9,014: please indicate numbers of observations with missing data.

Numbers of observations with missing data were added in footnote of Table 1.

2. In multivariate analysis, after adjusting for educational and income levels, self-reporting of HBV screening was more frequent among inhabitants of the Ile de France region than among other respondents, with an adjusted OR of 1.2 95% CI :1.04-1.3 (Table 5). Could the authors comment this result? Was such difference ever found concerning reported HIV screening or other declared preventive health practices as well?

This result was described in the results: Multivariate analysis highlighted that reporting to have been screened for hepatitis B was more frequent in the following situations: as the educational level achieved increased, in the 31-44 year-old population (compared with the 18-30 year-old one), in those who considered themselves at greater risk than the average person, in those who knew an infected person, in those born in areas with high HBV endemicity (when compared with those born in low endemicity areas), in those who declared intravenous drug use in their lifetime and in inhabitants of Île-de-France administrative district (Table 5).

And a section was added in the discussion: Independently of other factors, in particular educational and income levels, HBV screening was more frequently reported by inhabitants of Île-de-
France. This trend was also observed in multivariate analyses for HIV (data not shown) as well as in numbers of HIV and HBV screening tests performed in laboratories [22,23] might be linked to a better access to screening in Île-de-France.

3. The authors report a participation rate of about 66%. Does it correspond to usual values for this kind of phone survey? To what extent some estimates could be altered by non-response bias?

In the paragraph where limits of the study are discussed, we have detailed this point as follows: Finally, in this study, the participation rate (about 66%) was rather good and close to those observed in other random sampling telephone surveys [27] and data were adjusted for socio-demographic data (age, gender, living in couple and professional activity). However, some people were certainly underrepresented, in particular migrants in the most vulnerable economic and social situations (given that being a French speaker was one of the criteria for eligibility) and consequently it is possible that the reported prevalence of infection was underreported [2].

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: No competing interest to declare.