Reviewer's report

Title: Feasibility of an HIV self-test kit voucher program to raise community-level serostatus awareness, Los Angeles

Version: Date: 17 June 2014

Reviewer: Jennifer Toller Erausquin

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Major compulsory revisions

1. Frame this study from the beginning as a pilot study. This will help to address some concerns about small sample size and the related potential limitations of study implications.

2. Abstract, line 40: “Fifty of 53 voucher-redeemers were surveyed,” is an incorrect statement. Fifty of 230 individuals who received home-test vouchers were surveyed. (See comment below about inconsistent reporting of voucher redemption.)

3. Results, p. 6: in line 111, you indicate that 43 of the distributed vouchers were redeemed in the second test period. Then in line 122, you indicate that survey results show 49 respondents say they redeemed vouchers. There are a couple of issues of importance with this. First, having 49 of 50 respondents say they redeemed a voucher is a very high. Keeping in mind that 230 vouchers with survey recruitment materials attached were distributed, it would appear the lack of data on individuals who did not test may be a significant limitation. Second, the discrepancy between 43 tracked vouchers and 49 survey respondents who report redeeming a voucher is a significant issue for the quality of your survey data. This could be due to individuals completing more than one survey or individuals incorrectly reporting their voucher redemption; both of these may imply significant problems for the accuracy of your survey data as a whole.

4. Results, p. 7: you report that 44% preferred self-testing over clinic based testing. First, the fast that 56% of respondents were neutral or disagree, which is a potentially important result. Second, the corresponding numbers in Figure 1 add up to 90%, not 100%.

5. Discussion, p. 7, line 141-142: To what number or standard should we compare the proportion of voucher recipients who redeemed them [20%]? The potential reach and cost of expanding other testing options? Doing nothing at all? Furthermore, is 20% high or low, successful or unsuccessful? The proportion lacks meaning without some additional context or discussion.

6. Discussion, p. 8, lines 152-158: The discussion of CBO strategies needs additional explanation. With additional detail, this paragraph could be very useful to service providers and others interested in increasing serostatus awareness among high-risk populations.
Minor essential revisions

1. Explain that Walgreens is a US-based pharmacy chain. Provide the number of stores in the Los Angeles area (presumably, where people who received vouchers could redeem them).

2. Background, p. 4, line 57: How many cases of prevalent HIV are there?

3. Background, p. 4, line 68-70: The first part of the sentence needs citation(s): “Stigma toward HIV infection is particularly high in the African American MSM community…”

4. Methods, p. 5, first paragraph: The language in this paragraph should be more precise. For example, your study did not determine feasibility based on the ability to “collect and analyze data” (item 3); rather, your study determined feasibility based on survey findings including demographics, sexual behavior, prior testing practices, etc. In addition, a “functional redemption system” would not “be assessed by the ability of vouchers to be supplied;” instead, the functioning of the redemption system would be assessed.

5. Results, p. 6, lines 108 and 110: were the “persons at risk for HIV” in the second test period defined in the same way as “high-risk MSM” in the first test period? Clarify.

6. Results: Make clear how you treated missing data on the survey items (Figure 1 and Table 1).

7. Discussion, p. 8, line 162: sentence ending in “self-collection for laboratory testing,” needs a citation.

8. Discussion, p. 8, lines 165-166: describe what this comprehensive testing strategy would look like.

9. Discussion, p. 9, lines 169-171: (a) typo: missing “as a supplement;” (b) citation needed for both Katz et al and the “recent editorial.”

10. Discussion, p. 9: there are a number of issues with language precision and clarity. For example, lines 173-175 would more accurately read, “Programs utilizing vouchers to promote in-home testing as a supplement to clinic-based testing can be used to evaluate these assertions, but determination of the effectiveness of such programs to decrease HIV prevalence among African American MSM will require rigorous evaluation on a larger scale.” Additionally, the last sentence of the paragraph (lines 184-185) appears to be missing some information.

Discretionary revisions

1. The title of the paper might be improved to emphasize that this is a pilot study of feasibility and the specific target population was high-risk African American MSM in Los Angeles.

2. It may be useful to clarify throughout the paper that the survey was only distributed during the second test period.

3. There is little to suggest how this pilot study, which had a stated aim to
specifically target African American MSM, actually targeted that group.

4. Regarding the last paragraph of the manuscript: you may consider that motivation for testing varies greatly across “high-risk groups,” and even within high-risk groups such as MSM. For example, motivation for testing varies by ethnicity and SES among MSM.

**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.