Reviewer's report

Title: Prevalence of hepatitis C in a Swiss sample of men who have sex with men. Who to screen for HCV infection?

Version: 1 Date: 24 October 2013

Reviewer: Ulrich Marcus

Reviewer's report:

Prevalence of hepatitis C in a Swiss sample of men who have sex with men. Who to screen for HCV infection?

General Comments

The paper explores HCV prevalence in a convenience sample of Swiss MSM attending the Zurich Checkpoint or a mobile Checkpoint service in order to address the question whether general screening for HCV in MSM irrespective of HIV serostatus or other risk factors is justified. One shortcoming of the study is the lack of HIV testing data for the study participants. HIV status of study participants is based on self-reported status. Some of the participants who refused to give information on their perceived HIV status, and some participants who were tested during the study for HIV with rapid tests may have been HIV positive or have seroconverted since their last negative test result. The consequence would be a lower proportion of HCV among men diagnosed with HIV and a slightly higher proportion among men not diagnosed with HIV. However, if increased HCV risk among MSM diagnosed with HIV is rather due to behavioural than due to biological factors, it might be appropriate to calculate the proportion of MSM with HIV-HCV co-infection based on self-reported HIV status. Still, one might consider excluding those study participants who refused to give information on their HIV status, because an unknown proportion of them might be diagnosed with HIV and know it.

1. Is the question posed by the authors well defined? Yes.

2. Are the methods appropriate and well described? In principle yes, with two possible restrictions regarding the construction of the proxy measure for lesion-prone STIs and the definition of the group of men not diagnosed with HIV (see specific comments below).

3. Are the data sound? Yes.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Yes.

5. Are the discussion and conclusions well balanced and adequately supported by the data? Yes.

6. Are limitations of the work clearly stated? Yes.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? Yes.
8. Do the title and abstract accurately convey what has been found? Yes.
9. Is the writing acceptable? Yes.

Specific comments

Abstract:
The Abstract appropriately summarizes the data presented in the manuscript.

Background:

Discretionary Revisions
1) In the first sentence, instead of referring to reported HCV infections “in the last three years” I would suggest to write “in the years 2010-2012”.

2) In the second paragraph I would suggest to moderate the statement: “… Hepatitis C is nearly impossible to transmit through sexual contact … “, e.g. “sexual transmission of hepatitis C is very rare among HCV-discordant heterosexual couples”.

Methods:

Discretionary revision
3) (optional) I am just curious about the outreach on-site testing for HIV and syphilis: is the test result also communicated immediately on-site or are the clients required to come to the Checkpoint office for the test result and post-test counseling? This was not totally clear for me from the description.

Minor essential revision
4) Constructed measures: Unfortunately the reviewer doesn’t have access to the full text of reference 29. However, to the reviewers understanding a pure mucosal infection, as is usually the case for rectal gonorrhea and chlamydia infections (except LGV) would not be a sufficient disruption of the mucosal barrier to allow HCV transmission. Contrastingly, a rectal Herpes genitalis infection could very well represent such a disruption. Could the authors justify their selection for the proxy measure “lesion-prone STIs”?

5) I have no objections or problems with the construction of the proxy measure for group sex.

Results:

Major compulsory revision
6) The reviewer finds it questionable to include the 54 participants who choose to not disclose their current HIV status in the anonymous questionnaire into the group of “men without HIV diagnosis”. The reviewer does not know to what extent individuals already diagnosed with HIV could have been approached to participate in the study. In an own study where men were approached in gay venues to participate in a study, non-disclosure of HIV status in the anonymous questionnaire was highly suspicious of having been diagnosed with HIV based on other sexual behavior questions. Alternatively these men could be excluded
from respective analyses.

Minor essential revision

7) On page 9 at the end of paragraph 3 the authors refer to a Figure 2. This is likely a typo and should be corrected to Figure 1.

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 have no competing interests