Reviewer's report

**Title:** Feasibility and Validity of On-The-Phone Screening of Adverse Events after Voluntary Medical Male Circumcision in Swaziland

**Version:** 3  **Date:** 27 September 2013

**Reviewer:** Helen Weiss

**Reviewer's report:**

Major compulsory revisions
This is a potentially interesting paper, but in the current format I found it confusing. The aim needs to be stated more clearly, and a figure showing the flow between the circumcisions at the VMMC clinic and the calls to the EPR is needed.

**Abstract**
This is long and unclear to a reader not familiar with the study. Perhaps start with the calls from the 9862 clients, as the purpose of the EPH was (I think?) was to improve management of AEs? (not clear). It is then confusing to start describing the 17,059 calls of which the majority were about VMMC education and counseling, not management of AEs. The conclusion is also not clear - please specify what you are assessing sensitivity, PPV and NPV for all AE or moderate/severe AE? The %s given in the conclusion are not obvious from the results given in the abstract.

**Methods**
Swelling is a common AE (as the authors state on page 5) so it is puzzling that this was not included in the algorithm. Why was this?

**Results**
Figure 5-7 would be better to present as Tables than pie charts.

It is not clear to me who was given the EPR number and when? It is stated that the purpose was to help manage AEs, and Figure 1 refers only to post-operative VMMC patients - but the majority of calls were for VMMC education and counseling.

I find the link between the 17,059 calls and the 9,862 VMMCs a bit confusing. It would be helpful to have a Figure summarizing all the information, including the overlap between the two.

The section on ‘AE graded by telephone triage and confirmed by clinical diagnosis’ is very confusing. For example, the first sentence states that 89 of the 184 clients diagnosed with a moderate/severe AE by clinicians at a VMMC site had called the EPR. I assume these are the 89 shown in Table 2. However, Table 2 suggests that 27 did not have a clinically confirmed moderate or severe
AE.

Minor Essential Revisions
The proportions with each type of AE (in Fig 7) should be given in the text

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

**Quality of written English:** Not suitable for publication unless extensively edited

**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