Author's response to reviews

Title: An assessment of fishing communities around Lake Victoria, Uganda, as potential populations for future HIV vaccine efficacy studies: an observational cohort study

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Author's response to reviews:

The Editor, September 09, 2014
BMC Public Health

Dear Sir/Madam

RE: SUBMISSION OF A REVISED VERSION OF MS: 1344447146135355

We would like to thank the two reviewers for their insightful comments on our manuscript. We have addressed all the comments in a revised version of MS: 1344447146135355 article entitled “An assessment of fishing communities around Lake Victoria, Uganda, as potential populations for future HIV vaccine efficacy studies.”

We have endeavoured to improve the English and writing style of the manuscript.

Below are our responses to reviewers comments

Reviewer 1: Shayesta Dhalla
Comment: Explain why fishing communities in Uganda are at high risk for HIV
Response: An explanation has been added at the end of the 2nd paragraph of
the introduction/background section.

Comment: Were interviews done be trained interviewers or self-administered?
Response: Interviews were administered by trained interviewers and this has been clarified in the study population and procedures section.

Comment: The Baganda tribe/ethnic group should be defined
Response: We have stated that the study was conducted in central Uganda which is predominantly inhabited by Baganda tribe. It is not clear to us how to "define" this tribe/ethnic group.

Comment: Participants given any reimbursement or financial incentive?
Response: After completion of the study procedures at each visit, each study participant was reimbursed 5000 Uganda shillings (2 USD) for time and travel. This figure was approved by our ethics regulatory bodies. We have added a statement regarding reimbursement in the study population and procedures section.

Comment: Repeating results from Kiwanuka N et al, PLoS One 2014?
Response: It is true that the absolute HIV incidence rates in table 2 of this manuscript are similar to those reported in our earlier paper published in PLoS One this year. However, the table in this manuscript is not a repeat of the table in the PLoS One paper. The table in this manuscript shows retention rates and absolute HIV incidence rates with the goal of indicating the characteristics of fisherfolk that would maximize both retention and incidence in case of targeted recruitment from fishing communities. The results in the earlier paper were only incidence rates and did not include retention rates. The goal then was to show HIV incidence by single and combined characteristics of the study population. The other reviewer wanted to put more results on HIV incidence but this would lead to duplication of results in both papers.

Comment: Clarify the years to which PPR of 1.59 (95% CI, 1.44 - 1.76) on line 132 refers to?
Response: A clarification has been added.

Comment: Discussion section. "Our observed retention rate of 77% is quite low for vaccine trials" Give a reference for the statement. What is your definition of high or low retention rate?
Response: In the revised statement, the words "quite low for vaccine trials" have been removed. References for retention rates in HIV vaccine efficacy trials for
been added.

Comment: Discussion section. Discrepancy between high retention and high lack of WTP among persons with more than 10 years stay in fishing communities
Response: At this time we do not have an explanation for that discrepancy and we added a statement to that effect.

Comment: Adding a limitation of cross-sectional representation of retention rate
Response: Limitation added.

Comment: Adding dates of data collection to methods section
Response: Dates of data collection have been added.

Comment: Adding the word "multivariate" to the title of table 3
Response: We added the word "multivariable" to the title of table 3

Reviewer 2: Susan Buchbinder
Comment: Was the study de novo or drawn from annual surveillance
Response: The study was de novo and was conducted between September 2011 and March 2013 as explained in methods section.

Comment: Were HIV positive participants at baseline included in analysis
Response: Only HIV negative participants were included in analysis and this has been clarified at the end of the statistical analyses section.

Comment: Strengthening the paper by providing more info on HIV incidence, the numbers and risk factors.
Response: Detailed info on HIV incidence and risk factors were provided in our earlier paper (Kiwanuka N et al, PLoS One 2014) which is referenced in this manuscript. We believe that adding more info in this manuscript would lead to duplication of results between the two papers.

Comment: WTP assessment, were participants given a single question or more information of goals/benefits
Response: Only a single question was used for the assessment of WTP and no detailed info was given. The actual questions is stated in the methods section.
Comment: Introduction. Unnecessary information on the structure of phase 1-3 trials and clarification on higher incidence for efficacy trials vis-a-vis moderate incidence.

Response: This unnecessary info on structure of clinical trial phases has been removed. Clarification on moderate HIV incidence has been made.

Comment: Was the census complete?

Response: WTP questions were asked once and this has been clarified in the statistical methods section.

Comment: Were WTP questions asked more than one?

Response: In the revised statement, the words "quite low for vaccine trials" have been removed. References for retention rates in HIV vaccine efficacy trials for been added.

Comment: Making table 2 a table of independent risk factors for HIV infection.

Response: The purpose of table 2 is to show retention rates and absolute HIV incidence with a goal of examining participant characteristics that would maximize both incidence and retention in case of targeted recruitment from fishing communities. The rates of HIV given in table 2 are absolute rates for each combination of characteristics. They are not intended for comparative analysis of relative risks or rate ratios. A detailed table of risk factors was published in our earlier paper (Kiwanuka N et al, PLoS One 2014) which is referenced.