Author's response to reviews

Title: HIV prevalence and factors associated with HIV infection among male injection drug users under 30: a cross-sectional study in Long An, Vietnam

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Version: 6 Date: 21 September 2006

Author's response to reviews: see over
21 September 2006

Dr. Annabel Phillips
Assistant Editor
The BioMed Central Editorial Team
BMC Public Health

Dear Dr. Phillips,

We would like to submit final revision of our manuscript entitled “HIV prevalence and factors associated with HIV infection among male injection drug users under 30: a cross-sectional study in Long An, Vietnam”. We have carefully considered all the comments and suggestions raised by the reviewer, and have revised the manuscript accordingly. Our point-by-point responses were provided in separated sheets of paper. The changes we have made in the revised manuscript are underlined. The material has not been submitted for publication elsewhere and we wish it to be evaluated as a research paper for publication in “BMC Public Health” because the journal guarantees open access to all the readers in the world. The manuscript has been read and approved by all authors.

Sincerely yours,

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Dear Dr. Michael Clatts

We are extremely grateful for your incisive and important comments. We have incorporated your comments to the revised manuscript. Our responses and changes made in the revised manuscript are listed below point-by-point according to your comments.

*P1. The first sentence in Background section needs to be slightly revised. Presumably, what the authors intend to say is that "HIV has reached epidemic proportions among IDU's," not in the country as a whole, as is presently stated. There is a similar problem with the last sentence in the first paragraph of the discussion section.*

[Authors’ response]
We are grateful for your pertinent comment. As the reviewer suggested, HIV has reached epidemic proportions among IDUs. We have corrected the following two sentences.

[Changes in the revised manuscript]

**Background, P4, L2:**
The HIV Sentinel Surveillance in Vietnam shows that HIV infection has reached epidemic proportions among IDUs in Vietnam

**Discussion, P12, L8:**
These results first suggest that current measures have not been sufficient to reduce risk behaviors in Vietnam

*First, I wonder if the authors might have something specific in mind about how to advance sexual risk reduction among IDU's. Some reflection based on their experience with this population might be useful here.*

[Authors’ response]
We are grateful for your important comment. In order to reduce sexual risks among IDUs, we should consider increasing awareness not only of IDUs but also of others including HIV/AIDS staff or health care workers about the fact that IDUs are at high risk of HIV infection and transmission by unsafe sex as well as by sharing needles. Emphasis should be placed on the fact that many IDUs are sexually active and their primary sexual partners are at especially increased risk of HIV infection. At the same time, all information, education, and communication activities and behavior change interventions should
include condom promotion component for safer sex. Condom distribution/promotion activities can be integrated to exchange/provision campaign of clean needles and syringes.

[Changes in the revised manuscript]

Discussion, P14, L20:
More specifically in order to reduce sexual risks among IDUs, continuous efforts should be made to increase awareness not only of IDUs but also of others including HIV/AIDS staff or health care workers about the fact that IDUs are at high risk of HIV infection and transmission by unsafe sex as well as by sharing needles. Emphasis should be placed on the fact that many IDUs are sexually active and their primary sexual partners are at high infection risk. All information, education, and communication activities and behavior change interventions should include condom promotion component, and condom distribution/promotion activities can also be integrated to exchange/provision campaign of clean needles and syringes.

Second, I generally agree that longitudinal research is needed. However, I would also point out that there are several as yet unanswered questions posed by this data that could have been at least partially resolved with the use of better cross-sectional instrumentation. Some of the limitations in this data set are a function of the fact that the measures were developed for the purposes of multi-site sentinel surveillance and designed to support standardized assessments across multiple sites, contexts, and populations. The development of some instrumentation based on local questions, perhaps as adjunct to sentinel surveillance activities, would be a useful alternative to costly longitudinal studies. For example, while it is not clear to me that this population can really be characterized as "migrant," as that terms has generally been used in the existing literature, there is certainly substantial geographic movement operating. This has potentially important implications for understanding both sources of behavioral risk amongst the injectors themselves as well as for understanding how injection and sexual risk among IDU's contribute to the larger epidemic. Some creative thinking about how to better model the impact of geographic movement, even within cross-sectional design, is clearly needed. And again, this need is not limited to Vietnam. It is a critical question for the region as a whole.

[Authors’ response]
We are grateful for your pertinent comment. As the reviewer suggested, the present data had been obtained, in principle, by a standardized instrument across multiple sites to ensure comparability among provinces. We agree on that this shortcoming can practically
be solved by the adoption of locally tailored additional instrumentation, not merely by prospective observation. Namely, with more detailed and qualitative assessment of IDUs’ geographic movement in relation to their sexual and injection behaviors in the present study area, for example, it would be possible to disentangle why this factor was related to IDUs’ own HIV infection risk, or to speculate how injection and sexual risk among IDUs may have been contributing to the larger epidemic. In addition, in-depth qualitative study of female sex workers (FSWs) are also urgently needed to reduce HIV wide-spraying since many FSWs are IDUs, and are more apt to move geographically than are male IDUs. Furthermore, they are more vulnerable to HIV risk due to the lack of power or supportive environment for safe behavior, or peer pressure in a new area or in a new network.

[Changes in the revised manuscript]

Discussion, P16, L1:

Further investigations are warranted with more detailed assessment of IDUs’ geographic movement in relation to their sexual and injection behaviors so as to disentangle why this factor was related to IDUs’ own HIV infection risk. In-depth qualitative studies on FSWs are also urgently needed since they often use injection drugs, are highly mobile, and are more vulnerable to HIV due to the lack of power or supportive environment, or peer pressure in a new area. Better understanding of these issues would help us to speculate or model how injection and sexual risk among IDUs may contribute to the larger epidemic not only within Vietnam but in the region located near Gold Triangle as a whole.