Reviewer's report

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

Version: 3 Date: 6 July 2006
Reviewer: Michael Clatts

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General

P1. HCM City is not the capital.

P7. It appears that low density settings were excluded, potentially skewing the types of subjects included in the study. Notably, the low density neighborhoods might be more likely employed by IDUs' with a higher socio-economic status, noteworthy because the authors specifically note the potential significance of economic status in interpreting the results. While the use of this sampling approach is a reasonable approach to the problems of constructing at least broadly representative samples of out of treatment populations, these approaches are also vulnerable to exactly the kinds of undisclosed biases that seem to be operating here. This is not fatal, but it does require care and thought in interpreting the results. In explaining the sampling, the authors need to be more reflective about the potential biases, particularly in terms of socio-economic representation, that may be operant in sample construction and to be mindful of these issues in the subsequent interpretation of the data that is offered.

P7. The paper states that the interviews were done in field settings. Was the HIV testing also done in the field settings. Also, was agreement to testing a de facto eligibility criteria? In other words, could subjects participate if they did not want to be tested? Again, this issue is relevant to understanding potential biases since the research was conducted under the aegis of the Ministry of Health and many IDUs' woud be very cautious about interactions with agencies of the Vietnam government.

P7. The authors use a lot of sampling jargon, often without definition or references. Adding some citations regarding these kinds of sampling approaches may make the article more accessible for readers who may not be familiar with these approaches to research in out of treatment populations.

Some general comments on analysis, interpretation, and discussion:

It is not clear what the rational is for collapsing the response categories related to needle sharing and condom use into two groups, always and never. These extremes do not really illuminate the complexities of these practices and their potential interaction, presumably important questions related to the development of interventions. A stated goal of the paper. Since the data was collected using a continuous measure, why isn't it being analysed as a continuous variable(?) , elaborating variability in practices across time, setting, and social context. It is not clear what the underlying theory or model that is being used to underpin the analysis. In some places, the analyses seem to be wholly driven by the biological data and this seems to be problematic given the concern raised above regarding the fact that the two sources of behavioral risk have been collapsed into all or nothing groups.

I continue to be under-whelmed by the television watching data. It is not clear how this variable fits into the model, what theoretical foundation exists for the use of this model, and what basis is there for interpreting this data. Moreover, without far more detailed assessments of media exposure, its hard to see that there is a firm foundation for offering any kind of coherent interpretation of these data.

I am sympathetic to some of the arguments made in the discussion but many of them seem to have little or no foundation in the data that is being presented. For example, while it is no doubt true that greater coordination between ministries would be helpful, it is not clear how we get to this conclusion from the data that has been presented.

In many places I see that the authors have inserted some of my earlier comments or questions into the text of the manuscript itself. This is not an appropriate approach to developing this kind of presentation and it will be virtually unintelligible to most readers since they will not have the context in which my original comments
were offered.

In summary, and with some regret, I think that while potentially of interest, the present manuscript suffers from problems in presentation and analysis and that much work remains to be done before it will be ready for publication.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)